



Class of 2025 | BGSU

Clinical Education Handbook

2025

Bowling Green State University

School of Physical Therapy

BGSU | Doctor of
Physical Therapy

BOWLING GREEN STATE UNIVERSITY

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**BOWLING GREEN STATE UNIVERSITY
DOCTOR OF PHYSICAL THERAPY**

CLINICAL EDUCATION CURRICULUM

Clinical education is a critical component of the Doctor of Physical Therapy (DPT) curriculum at Bowling Green State University. Clinical education supports our student-centered mission by identifying student interests and professional goals and aligning those goals with their clinical education plan. The clinical education curriculum supports the program goals to develop future Doctors of Physical Therapy that are 1) practicing on diverse populations across the lifespan; 2) integrating contemporary evidence through practice; 3) making appropriate clinical judgements; 4) promoting and improving healthcare delivery; 5) generating effective communication within the healthcare environment; 6) formulating strategies for life-long learning. The clinical education curriculum is designed to offer a variety of clinical settings to expose students to diverse patient populations, offer a chance to apply contemporary knowledge and practice from different specialties, establish effective communication and clinical reasoning skills, practice patient advocacy for health care promotion, and promote clinical inquiry for life-long learning.

Clinical education experiences provide students the opportunity to apply their knowledge and skills to clinical situations under the direct supervision and guidance of experienced physical therapist clinicians. In clinical learning environments, students develop safe and effective skills in all aspects of patient care while also developing the ability to work as an integral part of the interprofessional healthcare team.

The Student Handbook and the Clinical Education Handbook are intended as reference guides and do not constitute as contracts between the student and the university and Physical Therapy Program. Clinical education standards and behaviors still fall under the Doctor of Physical Therapy Program's [Student Handbook](#).

CLINICAL EDUCATION HANDBOOK

STUDENT ACKNOWLEDGMENT STATEMENT

As a Doctor of Physical Therapy Student within Bowling Green State University School of Physical Therapy, I understand that it is my responsibility to read and review the material presented in this handbook. I recognize that information may change, and policies may need to be updated throughout my enrollment in the Doctor of Physical Therapy Program at Bowling Green State University. I appreciate that it is my responsibility to remain current with the policies and due dates in this handbook; I know where to locate an electronic version of this document in the Clinical Education Course in Canvas.

Students must fulfill all the following requirements to proceed to clinical education:

- Successful completion of all preceding didactic coursework;
 - Review and acknowledgment of the Bowling Green State University DPT [Student Handbook](#) and Clinical Education Handbook;
 - Proof of completion of all required health assessments, immunizations and testing;
- 1) Please refer to the Clinical Education Handbook [section 1.8](#) for details on the maintenance of health assessments, immunizations and testing within the Exxat STEPS Clinical Management Database and the [Clinical Site Requirements Form](#).
- a. Refer to section [1.8](#) of this handbook for information on communicating health assessment, immunization and testing records with Clinical Sites via Exxat STEPS Clinical Management Database.
 - b. Review of applicable State PT Practice Act;
 - c. Any other requirements of a clinical center to which a student is assigned.

I understand that in order to participate in clinical education experiences, there are tasks that must be completed each semester and outside of any didactic course work.

I understand that I am required to submit information to clinical sites as a condition of participation in clinical education experiences.

I understand that I am to abide by the Policies, Procedures, and expectations outlined in the DPT Program and Bowling Green State University Student Clinical Education Handbook, as well as the clinical site during clinical education experiences.

I understand that traveling for clinical education will likely be required and I am responsible for all expenses associated with temporary relocation, including housing.

Student Signature

_____/_____/_____

Date

My signature above demonstrates my acknowledgment that I have received and read a copy of this handbook; further that I was given an opportunity to ask questions regarding the contents of this handbook and how it applies to me.

SECTION 1.0: CLINICAL EDUCATION PROGRAM

1.1 CLINICAL EDUCATION PROGRAM DESIGN

1. The clinical education curriculum consists of 30 weeks of clinical experiences distributed across the program as follows:
 - a. PHYT 7971 Physical Therapy Practice I is an integrated 8-week full time clinical experience scheduled for the 4th academic semester. Students spend a minimum of 36 hours per week in direct patient care. This clinical experience may be in either the inpatient or outpatient setting but may not be a primary pediatric-specialty setting.
 - b. PHYT 7972 Physical Therapy Practice II is the second integrated 8-week full time clinical during the 5th academic semester and may be in any practice setting. Students engage in a minimum of 36 hours per week of direct patient care and 2-4 hours of concurrent didactic coursework. This clinical experience may be in either the inpatient or outpatient setting.
 - c. PHYT 7973 Physical Therapy Practice III is a 14-week full time clinical experience during the 6th academic semester. Students engage in a minimum of 36 hours per week of direct patient care and 2-4 hours of concurrent didactic coursework. The terminal experience is designed to provide exposure to a variety of patient presentations and diagnoses to develop strong entry-level skills. The depth of knowledge and skill is the specific goal of this experience, thereby preparing the student for licensure and clinical practice. This clinical experience may be in either the inpatient or outpatient setting.
2. Didactic courses taken concurrently with clinical education allow students to *bring the classroom into the clinic, and the clinic into the classroom*. Students directly apply the concepts learned in these didactic courses to their patients and then share these clinical experiences with their class during case-based discussions and assignments.
- d. PHYT 7971 Physical Therapy Practice I Concurrent Coursework
 - i. Management of Complex PT
- e. PHYT 7972 Physical Therapy Practice II Concurrent Coursework
 - i. Business Management
 - ii. Primary Care PT
- f. PHYT 7973 Physical Therapy Practice III Concurrent Coursework
 - i. Professional Competencies II

ii. Capstone Course

1.2 CLINICAL EDUCATION FACULTY ROLES AND RESPONSIBILITIES

1. Bowling Green State University DPT Program Clinical Education is a partnered effort between Bowling Green State University Clinical Education Team (*Director of Clinical Education*, and *Clinical Education Administrative Coordinator*) and the contracted *Clinical Sites*, the *Site Coordinators of Clinical Education (SCCE)* and *Clinical Instructor (CI)*. Through mutual agreement, the *Clinical Sites*, *SCCEs* and *CI*s integrate didactic and clinical education components of the curriculum plan and deliver a high-quality clinical education program.

2. The *Director of Clinical Education (DCE)*: The DCE is responsible for planning, directing, and evaluating the clinical education program for the Bowling Green State University DPT program to ensure adherence to the curriculum, university, and program missions and goals; and professional and regional accreditation standards. The DCE coordinates the administrative oversight of the clinical education program with academic and clinical faculty, students, and clinical sites. The specific roles and responsibilities are below. The DCE:
 - a. Acts as a liaison to clinical centers in determining if standards for clinical education are met, the development and enforcement of affiliation agreements, and evaluation of the effectiveness of clinical instructors.
 - b. Coordinates the development and implementation of continuing education programming; in-service and training offerings available to clinical education partners (including but not limited to the APTA CI Credentialing Course), and continuing education presentations delivered by PT program faculty;
 - c. Has final responsibility for grading all clinical education courses based on the review of [Clinical Internship Evaluation Tool \(CIET\)](#) completed by assigned clinical instructors;
 - d. Acts as the liaison between the faculty and the clinical community through formal reporting at faculty meetings and information gathering during visits to clinical sites;
 - e. Assists in coordinating Integrated Clinical & Patient Experiences with the faculty responsible for selected courses. This responsibility includes the recruitment of patient participants and development of criteria for evaluation of student performance.
 - f. Responsibilities:
 - i. Serves as the key contact person/liaison between the Program and clinical sites/faculty;
 - ii. Coordinates with Evidence In Motion’s Director of Clinical Education for clinical internship site agreements and availability;
 - iii. Recruits, evaluates, and retains clinical affiliation sites;
 - iv. Communicates regularly with clinical sites and clinical

- instructors in planning for student affiliations;
- v. Works with the facility and the university's legal counsel to establish affiliation agreements that meet the needs of the university, student and facility;
- vi. Schedules the dates and assignments for clinical education experiences, including special scheduling (i.e., holidays, atypical arrangements, missed clinical educational time);
- vii. Assigns students to sites for clinical experiences;
- viii. Provides or facilitates continuing education and training of clinical instructors in collaboration with the facility SCCE;
- ix. Monitors and facilitates student progress toward individual and course goals/objectives during clinical experiences;
- x. Counsels students individually on clinical performance and professional behavior issues;
- xi. Determines the grades for clinical practice courses;
- xii. Evaluates the effectiveness of clinical instructors, clinical facilities, student programs, and the Program's clinical education component;
- xiii. Communicates information related to student clinical performance to Program core faculty;
- xiv. Maintains necessary/appropriate documentation related to student clinical performance and the Program's clinical education courses;
- xv. Addresses any changes within the clinical education site that may affect students' clinical educational experiences;
- xvi. Provides intervention, guidance, and problem-solving strategies for both the student and clinical instructor, when necessary. Determines an action plan when issues of student performance and/or conduct arise.
- xvii. Synthesizes information from students, sites, and CIs for reporting to core faculty and Program Curriculum and Outcomes assessment.

2. *Assistant Director of Clinical Education (ADCE)* serves as an extension of the DCE in the administrative oversight of the clinical education program with academic and clinical faculty, students, and clinical sites. The specific roles and responsibilities are below. The ADCE will assist the DCE under the guidance and supervision of the DCE with the following:

- a) For clinical affiliation centers:
 - i) Serve as a key contact person/liaison between BGSU DPT clinical sites/faculty;
 - ii) Determine if standards for clinical education are met, the development and enforcement of affiliation agreements, and evaluation of the effectiveness of clinical instructors.
 - iii) Communicate regularly with clinical sites and instructors in planning

for student affiliations.

- iv) Recruit, evaluate, and retain clinical affiliation sites.
- v) Evaluate the effectiveness of clinical instructors, clinical facilities, student programs, and the Program's clinical education component;
- vi) Communicates information related to student clinical performance to Program core faculty in the DCEs absence;
- vii) Maintain necessary/appropriate documentation related to student clinical performance and the Program's clinical education courses.;
- viii) Address changes within the clinical education site that may affect students' clinical educational experiences.;
- ix) Provides intervention, guidance, and problem-solving -strategies for both the student and clinical instructor, -when necessary. Determines an action plan when issues of student performance and/or conduct arise.
- x) Monitor and facilitate student progress toward individual and course goals/objectives during clinical experiences.
- xi) Counsel students individually on clinical performance and professional behavior issues as needed.
- xii) Coordinate the development and implementation of continuing education programming; in-service and training offerings available to clinical education partners (including but not limited to the APTA CI Credentialing Course), and continuing education presentations delivered by DPT program faculty.;
- xiii) Course grading and administration for PHYT 7971 Physical Therapy Practice I, PHYT 7972 Physical Therapy Practice II, and PHYT 7973 Physical Therapy Practice III;
- xiv) Act as the liaison between the faculty and the clinical community through information gathering during phone calls, web meetings or visits to clinical sites and assisting the DCE in the development of formal reports for faculty meetings.
- xv) Coordinates with Evidence In Motion's (EIM) Director of Clinical Education for clinical internship site agreements and availability;
- xvi) Works with the facility and the university's legal counsel to establish affiliation agreements that meet the needs of the university, student and facility;
- xvii) Schedule-dates and assignments for clinical education experiences, including special scheduling (i.e., holidays, atypical arrangements, missed clinical educational time);
- xviii) Synthesize information from students and sites for reporting to core faculty, Curriculum Committee, and Oversight Committee for assessment purposes.
- xix) Determines the grades for clinical practice courses;
- xx) Regularly communicate and consult with the DCE as needed to

ensure consistency.

4. *Director of Student Support and Belonging:* The Director of Diversity and Belonging (DSSB) is responsible for the day-to-day administrative functions of the DPT Program as related to Clinical Education. The DSSB coordinates the collecting, maintaining, and reporting of student clinical records, and ensures that records compliance and confidentiality are maintained in all administrative processes. The DSSB is also responsible for managing a variety of documents, databases, and reports for the DPT Program.

g. Primary Functions

- i. Assist the DCE in the development and maintenance of clinical education sites and clinical education contracts/agreements in adequate number and specialty to meet program goals and outcomes.
- ii. Create and maintain all electronic education records and databases related to clinical education, to include but not limited to:
 - iii. Current database of clinical education sites;
 - iv. Current information on clinical education site and clinical faculty;
 - v. Status of negotiated clinical education agreement between the academic program and clinical education site;
 - vi. Utilization of clinical education sites;
 - vii. Reports on the performance of students in clinical education, and
 - viii. Reports on clinical site/faculty performance in clinical education.
- ix. Assist the DCE with clinical site placements as needed. Coordinate student interview schedules to facilitate internship and/or residency matching and placement.
- x. Assist the DCE with ongoing communication between the DPT program and administrative and clinical personnel at each clinical education site.
- xi. Assist in the development and maintenance of clinical education LMS courses and sites.
- xii. Create and maintain paper and electronic student records and databases related to clinical education, to include but not limited to:
 - xiii. Clinical site placements and specialty/patient exposures;
 - xiv. Student records related to BLS certification, immunizations, health assessments, tests, background checks, drug screenings, and health insurance.
- xv. Assists the DCE to create, update and produce a variety of written materials such as clinical education contracts, handbooks, forms, correspondence, invoices, charts, matrices,

- reports, records, schedules, templates, models, and other documents of similar complexity.
- xvi. Coordinate documents and track pertinent data to meet the information and reporting needs of the DPT program; evaluates reports/record keeping requirements and recommends best means of tracking data.
 - xvii. Assists in establishing and enforcing standards, policies, and procedures for the purpose of ensuring that electronic and paper files and records are accurate, complete, maintain confidentiality, and compliant with all applicable requirements.
 - xviii. Collects and compiles data from a wide variety of sources; determines most appropriate information source and researches records to locate specific information.
 - xix. Compose and send letters, memoranda, and electronic correspondence and receive and answer correspondence and assist in the timely management of all communications, both written and electronic.
 - xx. Type reports and other documents as needed and provide clerical functions such as printing, photocopy, faxing, and filing.
 - xxi. Coordinate travel arrangements, authorizations and expense reimbursements for clinical education site visits or planning meetings.
 - xxii. Prepare agendas and materials, and record and produce minutes, for designated meetings.
 - xxiii. Schedule appointments, meetings, and other engagements related to clinical education.
 - xxiv. Participates in department/student events as appropriate i.e.- orientation, career fair, etc.

5. *Site Coordinator of Clinical Education (SCCE)*: The Site Coordinator for Clinical Education (SCCE) may be a physical therapist, physical therapist assistant, or other non-physical therapist professional who possesses the requisite skills to develop and implement an effective clinical education program. This role includes coordinating learning activities available at the clinical facility, determining the readiness of facility-based physical therapists to serve as clinical instructors, and developing the instructional skills of the clinical instructors. The specific roles and responsibilities are below. The SCCE:

The SCCE administers, manages, and coordinates the assignment of Clinical Instructors (CIs) to incoming physical therapy students within the clinical site. The SCCE works with the DCE/ADCE to execute a clinical affiliation agreement, completes and updates the [Clinical Site Information Form \(CSIF\)](#), and provides oversight to the student's clinical education experience.

- a. Responsibilities:

- i. Serves as the key contact person for the DCE/ADCE in planning for upcoming clinical education rotations/experiences;
- ii. Facilitates the completion of the Affiliation Agreement with the University;
- iii. Ensures the Program is provided with the current clinical site and clinical instructor information through the completion and update of the [CSIF](#);
- iv. Provides the Program with current information regarding student prerequisite requirements (immunizations, laboratory tests, certifications, screenings, etc.);
- v. Selects Clinical Instructors (CI) to supervise and educate physical therapy students based on the Program's criteria for CIs, and delegates clinical supervision of students to approved physical therapy CI's;
- vi. Provides or arranges for education and training of CIs in collaboration with the DCE;
- vii. Informs the Clinical Instructor of all pertinent information from the Program;
- viii. Oversees the orientation of the student to the clinical facility;
- ix. Acts as a liaison between the student and Clinical Instructor;
- x. Supervises the performance assessment of the student;
- xi. Evaluates, in consultation with the DCE, the effectiveness of the clinical education program and the facility's Clinical Instructors;
- xii. Maintains necessary/appropriate documentation related to the site's clinical education program.

6. *Clinical Instructor (CI)*: The Clinical Instructor (CI) is a licensed physical therapist selected by the SCCE to directly supervise the student. This individual provides direct supervision to the student in the clinic and delivers the data for assessment of student performance. The CI must be willing to work with students and be able to develop an appropriate environment for learning in the clinic.

- a. Qualifications. Minimum requirements for clinical instructors include:
 - i. Clinical competence (determined by the SCCE or clinic supervisor) in the practice area(s) in which they will be providing clinical instruction;
 - ii. Licensure as a physical therapist in the jurisdiction in which they practice
 - iii. A minimum of one year of experience in clinical practice;
 - iv. Legal and ethical behavior that meets or exceeds the expectations of members of the profession of physical therapy; and
 - v. Communication, interpersonal, instructional, supervisory, and evaluation skills conducive to effective clinical education.
 - vi. Additional preferred, but not required, qualifications for a clinical instructor include:
 - Professional membership in the APTA;
 - APTA clinical instructor credentialing;

- ABPTS clinical specialist certification; or
- Other advanced certifications or competencies in the practice area(s) in which clinical instruction is provided.

b. Responsibilities:

- i. Collaborates with the DCE/ADCE, SCCE, and with the student to identify appropriate student-centered goals for the clinical experience within the specific setting, identifies unique learning experiences, and provides the student with "hands on" learning opportunities;
- ii. Supervises the student appropriately to provide quality learning experiences in all appropriate areas of the patient management experience as well as research and administration as applicable
- iii. Provides the students with clinical instruction and experiences that develop the student's skills and behaviors toward the identified benchmarks (course objectives and CIET benchmarks) for the given clinical experience
- iv. Ensure that student learning does not compromise the delivery or safety of patient/client care;
- v. Completes training module [on Clinical Internship Evaluation Tool \(CIET\)](#) grading via Exxat.
- vi. Provides both formal and informal feedback to the student regarding his/her performance on a regular basis, including the completion of a midterm and final evaluation using the [Clinical Internship Evaluation Tool \(CIET\)](#)
- vii. Communicates with the SCCE and DCE regarding student performance; identifies problems in student's performance and conduct, communicates with the student regarding these issues and plans remedial activities in collaboration with the SCCE, DCE and the student, if necessary;
- viii. Completes Program required documentation in a timely manner.
- ix. Adjusts clinical teaching based on the varying needs of clinical students in terms of experience, learning style, and progress within the curriculum and interpersonal communication characteristics.
- x. Models professional behaviors including, but not limited to, legal and ethical physical therapy practice.

7. *Clinical Education Student:* The student is responsible for taking an active role in directing his or her learning.

a. Responsibilities:

- xiii. Submit to the DCE/DSSB preferences and all other required paperwork for clinical education placements by appropriate deadlines.
- xiv. Plan for transportation, food, housing, and other necessities associated with clinical education.

- xv. Secure and wear appropriate uniform/dress designated by each site.
- xvi. Demonstrate appropriate technical competence for the level of professional education achieved prior to a clinical education experience.
- xvii. Read and abide by the policies, procedures, and standards of the university, the Program, the clinical facility, and the profession. This includes following facility/school policies and procedures regarding such items as confidentiality, conduct, dress, hours of attendance, etc.
- xviii. Notify the CI and DCE/DSSB when unable to attend the clinic (this includes late arrival and early departure).
- xix. Plans with the CI to make up missed clinical educational time and notify the DCE/DSSB of these arrangements.
- xx. Participate actively in the clinical education process by developing technical and professional skills, behaviors, and attitudes.
- xxi. Demonstrate mindful practice and professional behaviors.
- xxii. Communicate any issues or concerns during the clinical education experience to the appropriate individual (CI, SCCE, DCE/DSSB).
- xxiii. Complete all assignments during the clinical education experience.
- xxiv. Provide formal and informal feedback to the clinical instructor, SCCE and DCE/DSSB regarding the learning experience.
- xxv. Complete the [DPT Student Mid-Rotation Survey](#) in Exxat by the appropriate deadline. by the appropriate deadline.
- xxvi. Complete self-assessments of clinical performance and affective/professional skills using the [Clinical Internship Evaluation Tool \(CIET\)](#) (midterm and final).
- xxvii. Complete the [Physical Therapy Student Evaluation of the Clinical Experience and Clinical Instruction \(PTSE\)](#) in Exxat

1.3 CLINICAL EDUCATION FACULTY RIGHTS AND PRIVILEGES

1. Clinical education faculty are valued members of the collective DPT faculty and vital to the success of the Program, graduates, and students. As such, current clinical education faculty for the Bowling Green State University DPT Program will have rights and privileges commensurate with those of similar appointments within the institution. Current clinical faculty are defined as those who have served as a clinical faculty for students during the preceding 12 months.
2. Clinical education faculty rights and privileges are as follows:
 - a. Recognition/appointment as official clinical education faculty for Bowling Green State University.
 - b. Right to provide feedback on the curriculum and the performance of students and to have that feedback documented.

- c. Right to request a conference or to have a student removed from a clinical rotation at any time.
- d. Opportunity to request individual training and/or information related to their areas of clinical education.
- e. Right to provide input on future program applicants.
- f. Opportunities to attend selected continuing education programs at a reduced or free rate when sponsored by the college.
- g. Opportunity to attend APTA Clinical Instructor Certification Course at a reduced rate (with APTA membership) when sponsored by the college.
- h. Opportunity to take approved courses offered by the college.
- i. Opportunity to attend selected guest lectures in the DPT program curriculum.
- j. Access to Canvas learning modules within the clinical education curriculum upon request.
- k. Opportunities for collaboration in research.

1.4 CLINICAL EDUCATION SITES (FACILITIES)

1. Clinical education is conducted in approved facilities that meet Bowling Green State University and the School of Physical Therapy standards. In general, the DPT Program partners with clinical sites that provide:
 - a. Exposure to patients/clients that are representative of those commonly seen in practice across the lifespan and the continuum of care;
 - b. Exposure to practice settings that are representative of those in which physical therapy is commonly practiced;
 - c. Interactions with and mentorship by physical therapist role models whose practice is consistent with evidence-based and outcomes-oriented patient care and the program's philosophy of practice;
 - d. Opportunities for involvement in interdisciplinary care; and
 - e. Other experiences that lead to the achievement of expected student outcomes.
2. The facility representative (usually the SCCE) provides evidence and certifies that the clinical site meets these standards on the facility's Clinical Site Information Form (CSIF) or Clinic Profile Page located in Exxat.
3. Prior to student placement, an Affiliation Agreement must be executed between Bowling Green State University School of Physical Therapy and the clinical site. The Director of Clinical Education (DCE) is responsible for coordinating and maintaining all agreements. Occasionally, clinical sites may require the use of their internal contract/agreement

format. In such cases, the DCE, appropriate administrators, and legal counsel (if needed) will review the facility's contract/agreement prior to formal execution of signatures. Copies of fully executed agreements are kept on file in the DPT program files.

4. The DCE maintains current information on all clinical sites with active affiliation agreements in place. The DCE verifies this information prior to and in preparation for placing students in appropriate facilities for clinical experiences.

1.5 STUDENT PREPAREDNESS FOR CLINICAL EDUCATION

1. Core faculty members play a crucial role in establishing and maintaining continuity between the didactic and clinical education components of the program. Core faculty members have the following responsibilities in assuring student preparedness for, and success in, the clinical education phase of the curriculum:
 2. Assess student performance during academic preparation and make recommendations for improvement.
 3. Enforce safe, professional, and ethical student behavior during all learning activities (e.g., practical exams, role playing scenarios, etc.) to prepare students for clinical education.
 4. Determine expectations for professional development, skill acquisition, and clinical competence for each clinical education experience.
 5. Assure that only students who meet academic and other professional expectations are progressed into clinical education experiences.
 6. Perform midterm clinical education conferences with student advisees and their respective clinical instructor using the [Midterm Conference/Evaluation Form survey](#). Provide completed forms/surveys to the DCE along with an overview of student performance and any concerns requiring DCE action or follow-up in a timely manner.
 7. Communicate regularly with student advisees on clinical experiences to keep them connected to the Program.
 8. Support the DCE and/or clinical site in all decisions relative to student performance. Support decisions to dismiss a student from the facility for lack of professional behavior or poor clinical performance, if such dismissal is warranted due to illegal, unsafe, unprofessional, and/or unethical behavior.
 9. Support the DCE and student in remediation planning and activities as needed.
10. The criteria used to determine student preparedness for clinical education are as follows:

11. Successfully pass all courses prior to each clinical education experience, indicating competence in examination, evaluation, diagnosis, prognosis, intervention and outcomes with no safety deficits.
12. The DCE will verify that all prerequisites are met, including pre-clinical orientation, and that the student may proceed to Clinical Experience. Prerequisites include but are not limited to:
 - a. Successful completion of all preceding didactic coursework;
 - b. Review and acknowledgment of the Bowling Green State University DPT [Student Handbook](#) and Clinical Education Handbook;
 - c. Proof of completion of all required immunizations and testing;
 - d. Please refer to the Clinical Education Handbook, [section 1.8](#), for details on the maintenance of health assessments, immunizations and tests.
 - e. Refer to [section 1.8](#) of this handbook for information on communicating health assessment, immunization and test records with Clinical Sites
 - f. Review of applicable State PT Practice Act;
 - g. Any other requirements of a clinical center to which a student is assigned.
13. Demonstrate competence in examination and intervention skills on all practical examinations and skills checks with a minimum grade of 75% and no safety or professional behavior deficits. Specific skills are identified in Practical Examination/Skills Check rubrics for all course syllabi that require these assessments.
14. Demonstrate professional behaviors in all program activities to include, but not limited to, student self-assessments, active participation and interactions with faculty in didactic courses, and appropriate patient-therapist interactions during practical examinations and competency skills checks.
15. Procedure for determining student preparedness:
 - a. Faculty advisors and the Committee of the Whole will complete [the Clinical Education Preparedness Form](#) and discuss concerns during faculty meetings and make recommendation for each student's readiness to the Academic Standards and Progression Committee. (The three options for student disposition are defined below.) Clinical education preparedness is determined by majority vote of the core faculty of the program. In addition to faculty discussion, the following data are evaluated:
 - Navigate alerts for average written exam scores
 - Cumulative GPA
 - Navigate alerts for practical exam retakes
 - Navigate alerts for professional conduct concerns/violations
 - b. In collaboration with the Director of Student Affairs, the DCE tracks and documents student progression through the curriculum, completion of all practical examination and

skills checks, and any faculty concerns related to patient management skills, professionalism, and/or safety.

- **Prepared** – Students may be determined **prepared** for clinical education based on meeting the following criteria: no more than 1 course with an avg. written exam <70% in the prior session, cumulative GPA ≥ 3.00 in the prior session, no history of practical retakes, and no history of professional conduct concerns/violations. Students demonstrate a trajectory of progress and likelihood for success in clinical education, as determined by the core faculty of the program.
 - **Prepared with Concerns** – Students may be voted **prepared with concerns** for clinical education if they meet any number of the following criteria: are currently on probation or will be on probation at the start of the clinical education experience, have more than 1 course with an average written exam score <70% in the prior session, have a cumulative GPA < 3.00 in the prior session, have a history of practical retakes, or have a history of 2 or more professional conduct concerns, or have a history of any professional conduct violations. Students who are **prepared with concerns** demonstrate a trajectory of progress and likelihood for success in clinical education, as determined by the core faculty of the program.
 - **Unprepared** – Students may be voted **unprepared** for clinical education if they do **not** demonstrate a trajectory of progress or likelihood for success in clinical education, as determined by the core faculty of the program, or meet any number of the following criteria: are currently on probation or will be on probation at the start of the clinical education experience, have more than 1 course with an avg. written exam <70% in the prior session, have a cumulative GPA < 3.00 in the prior session, have a history of practical retakes, or have a history of more than 2 professional conduct concerns, or have a history of any professional conduct violations.
- c. A student who is not in good academic standing, as defined by the [Graduate College Academic Progress Policy](#), may not meet the criteria of the clinical education contract for their site and therefore may not be eligible for their current clinical education placement. Students not in good academic standing must speak with the Director of Clinical Education.
16. Students must achieve a minimum grade of 75% on each practical examination. and competency skills check to pass the assessment and pass the course. In addition to testing psychomotor skills, these assessments include required demonstration of appropriate professional behaviors and safety awareness throughout the activity. Any demonstration of unsafe, unprofessional, or unethical behavior during these assessments will result in an automatic failure regardless of the student's overall score. Essential safety and professional behavior elements that must be passed during each practical examination or skills check include:

- i. Establishes and maintains safe environment
- ii. Ensures the safety of self, patient, and others (e.g., universal precautions, responding and reporting emergency situations, etc.)
- iii. Recognizes "red flag" signs and/or symptoms and appropriately identifies the need for referral or consultation
- iv. Uses acceptable techniques for safe handling of patients (e.g., body mechanics, guarding, level of assistance, etc.)
- v. Demonstrates awareness of contraindications and precautions of patient intervention
- vi. Applies interventions using appropriate treatment parameters to maintain patient safety and achieve desired therapeutic outcomes
- vii. Recognizes physiological and psychological changes in simulated patient scenarios and adjusts patient interactions or interventions accordingly
- viii. Establishes professional rapport
 - ix. Uses clear communication with appropriate word choices
 - x. Responds appropriately to feedback (verbal/nonverbal) to feedback
 - xi. Demonstrates appropriate clinical reasoning

1.6 CLINICAL EDUCATION PLACEMENT PROCEDURES

1. Clinical placements ensure that students receive exposure to a variety of practice settings that demonstrate the breadth of physical therapy practice. To the maximum extent possible, students will be exposed to:
 - a. A minimum of two clinical practice settings, including general outpatient physical therapy practice and a second setting within the continuum of care (i.e., inpatient acute, post- acute, rehabilitation, skilled nursing, home health, etc.).
 - b. A minimum of two specialty practice areas. Types of specialty area exposures include orthopedics, neurologic, pediatrics, geriatrics, sports medicine, aquatics, women's health, cardiovascular and pulmonary, and wound care.
2. The DCE will maintain a database of clinical education sites using Exxat.
 - a. Exxat contains a list of *active* and *inactive* clinical sites.
 - i. *Active sites* are sites with which Bowling Green State University has an executed contract for clinical education.
 - ii. *Inactive sites* are sites without an active contract, but familiar with the programmatic model.
 - b. Addition of new clinical sites
 - i. As students are admitted to the DPT Program and based on geographical needs, the DCE/DSSB may request that incoming students identify a potential clinical site in his/her community that may serve as a clinical education placement.
 - ii. The DCE/DSSB will contact these potential sites to determine their suitability for clinical education (i.e., available CI, appropriate learning experiences, etc.), ascertain availability for placement, and initiate new clinical affiliation agreements with these facilities.
 - iii. Upon contracting, the site will be added to the list of clinical sites in Exxat
3. Clinical sites will be contacted requesting slots through the March 1st mailing.
4. As slots are confirmed by clinical sites, the DCE/DSSB maintains a list of available clinical slots for each clinical experience in Exxat. Regular updates occur with:
 - a. Completed Student Commitments via Exxat slot management system (annual request for placements via the March 1 mailing)
 - b. Informal communications with sites regarding available student placements (email, phone calls).
5. Students will develop and maintain a Student Profile page in Exxat. Please refer to the Clinical Education Canvas Course for details on the development and maintenance of the Student Profile in Exxat.

6. The DCE assign clinical sites to students after considering the following factors:
 - a. Site availability;
 - b. Student's prior experiences before entering the DPT program;
 - c. Location of the clinical facility;
 - d. Type of facility and expectations/considerations of the clinical faculty;
 - e. Educational and personal goals of the student;
 - f. Student preference; and
 - g. Residency options (as desired by the student).
 - h. Academic and professional student performance
7. The DCE strive to achieve the best fit for each student, in terms of the clinical site, clinical faculty, and his/her educational learning needs. If several students are requesting the same site, decisions are made either by draw or collaboration with students on alternative placements.
8. Students are typically not placed in facilities in which they are (or have been) employed, in which a family member is employed, or in other settings in which the DCE deems there is a conflict of interests.
9. The DCE/DDB coordinates with clinical sites to confirm availability and finalize all student placements with formal requests sent to the SCCEs on or after March 1st.
10. Students should be aware that any or all their clinical experiences may be scheduled outside of the local region or out of state. Students are responsible for all travel to clinical sites, including associated expenses. Costs of any necessary emergency services are the responsibility of the student. The student should inform the DCE of potential hardships related to travel which may factor into circumstances when making placement considerations. However, depending on the circumstances, there is no guarantee that allowances for personal preference or special accommodations will occur. Students need to plan and prepare for relocation as necessary to complete their clinical education experiences. However, if a student presents with extenuating circumstances limiting ability to travel for a clinical experience, students will be asked to complete a [Clinical Education Hardship Form](#). The Academics Standards and Progression Committee will approve the form on a case-by-case basis with proof of military status, primary caregiver status, chronic illness, and dependents within the home.
11. General timelines for clinical experiences/Physical Therapy Practice Course is outlined below:
 - a. Semester 1
 - i. Students will complete a location based *Wishlist* in Exxat to assist the DCE with future site matching.
 - ii. The DCE will provide students with a list of available clinical sites prior to and during the 1st academic semester.
 - iii. Students are encouraged to begin researching the Clinical Profile Page in Exxat,

- and/or website for each of these facilities.
- iv. Students develop a personal profile in Exxat for review by potential clinical sites.
- b. Semester 2
 - i. Academic advisor reviews and approves the student personal profile page.
 - ii. Students provide the DCE with their clinical preference list (top 3 choices) for the 1st clinical experience using the *Wishlist* in Exxat.
 - iii. The DCE coordinates with clinical sites to verify availability and finalize all student placements.
- c. Semester 3
 - i. Students are informed of their clinical placement for the 1st clinical experience no later than the start of Summer Session 1.
 - ii. Students provide the DCE with their clinical preference list (top 3 choices) for the 2nd and 3rd clinical experiences using the *Wishlist* in Exxat. *Students also provide preliminary decisions/choices regarding their desires for follow-on residency training.*
 - iii. Sites chosen by a student are provided online access to the student's profile page.
 - iv. Students *may be* scheduled for interviews (in-person/web-based) as required by specific sites. Sites requiring interviews will indicate this requirement on the clinical site page in Exxat.
 - v. The DCE/DSSB coordinates with clinical sites to verify availability and finalize all student placements for the 2nd and 3rd experiences.
 - vi. Students are informed of their clinical placements for the 2nd and 3rd experiences once finalized and no later than the start of Fall Session 2 of year 2.

1.7 CLINICAL PLACEMENT CHANGES OR CANCELLATIONS

1. Clinical sites occasionally cancel clinical placements if circumstances (staffing, caseload, facility ownership, etc.) change to the extent that they are unable to provide a learning environment for the student. In the event of cancellation by the facility, the student is notified by the DCE promptly. In most cases, the DCE can find an alternate placement without a significant loss of clinical clock hours or clinical "continuity" for the student. In certain cases, however, depending upon the timeline of the cancellation and other specific circumstances, student placement into an alternate facility may require the re-scheduling or addition of clinical practice hours.
2. Students are not allowed to change their own clinical site assignments. A student wishing to appeal a placement decision should submit an appeal in writing to the DCE. The resulting decision will be made by the Academic Standards and Progression Committee based on the information provided by the student. Only illness/injury, immediate family/personal emergency, unsafe travel conditions, military obligations, or officially sanctioned activity with

appropriate documentation (e.g. physician's note, supporting paperwork) will be considered as reason to appeal. Situations such as weddings, employment opportunities or other circumstances that existed before the clinical site was selected usually do not warrant the DCE to change the clinical placement.

3. Clinical sites also have the right to request removal of a student from the site. Early termination and withdrawal from a clinical site are discussed in detail within this handbook.

1.8 COMMUNICATION WITH CLINICAL EDUCATION SITES

1. Sharing of Student Information with Clinical Sites

- a. Students are required to sign the [Student Agreement to Clinical Education](#) and an information release waiver within the Exxat database upon initial entrance into the Program.
- b. Students will load standard information required by the DPT Program and clinical sites prior to orientation and clinical experiences into their Student Profile page in Exxat. Students will refer to Exxat for due dates on each item below:
 - i. Student Data Sheet / Exxat Profile Page (information provided by the student)
 - ii. Contact and identification information
 - iii. Verification of Health Assessment, Immunizations, and testing including the following:
 - 1) Tetanus/diphtheria/acellular pertussis (Tdap)
 - 2) Measles, Mumps, Rubella (MMR) vaccination dates or proof of titer
 - 3) Hepatitis B series with proof of positive surface antibody test or [HepB Waiver Form](#)
 - 4) Tuberculosis: 2-step PPD or Quantiferon Gold test (annually while enrolled in program)
 - 5) Varicella vaccine or proof of positive titer
 - 6) Influenza vaccine (annually while enrolled in program)
 - 7) COVID-19 vaccine
 - 8) [Health Physical Assessment](#) (annually while enrolled in program) Physical Assessment (annually while enrolled in program)
 - iv. Proof of health insurance
 - v. Emergency contact information in Exxat Student Profile
 - vi. Verification of BLS certification through the **American Heart Association**.
 - vii. OSHA training/certification
 - viii. HIPAA training/certification
 - ix. PT-CIET training attestation
 - x. Accommodation letters
 - xi. Background check
- c. Two months prior to the first clinical education experience, these medical tests/procedures must be completed and uploaded into Exxat, unless specified by the

clinical site. Medical exemptions to these requirements will be considered for approval upon submission to the DCE. Medical exemptions to these requirements will be considered for approval upon submission to the university's Chief Health Officer. If the medical exemption is approved, the student must sign an acknowledgement statement outlining the risks associated with completion of degree and licensure. The specific information about mandatory medical tests/procedures for an individual clinical education site can be found in the Clinical Affiliation Agreement and/or the Clinical Site Information Form (CSIF) in Exxat.

The student has the right to keep medical information confidential between themselves and their physician. However, the physician still needs to verify that the student does not have any physical and/or emotional conditions, which may interfere with functioning as a physical therapy student.

Individuals who have any physical and/or mental condition, which may interfere with their ability to function as a student physical therapist, are advised to contact Accessibility Services and the DCE as early in the professional curriculum as possible. After a student has submitted an accommodation request for the clinical experience, an interactive process between Accessibility Services, the DCE, the clinical site's CI and/or SCCE, and the student will occur. All student accommodation requests will be shared with the DCE and the clinical site's faculty as appropriate. Such individuals may be asked to provide a medical release to facilitate participation, optimal benefits, and safety while participating in clinical education experiences. Please know that at any time when a student suffers an injury or condition that requires the student to limit their activities in classes/clinical education experiences, a release to return to normal student activities is necessary. All injuries which are work or educational related regardless of where they occur (on or off campus) and any injury on BGSU property must be reported through the [Injury/Illness Form](#). The injured or ill party is encouraged to complete the online form but if that is not possible, anyone from BGSU with a sign-on username and password who has intimate knowledge of the incident can submit a report on behalf of that person.

Students who are pregnant will also be required to provide a medical release relating to their participation in clinical education. Many of the activities and/or agents used in physical therapy are contraindicated in the event of pregnancy. If the student is pregnant or suspects pregnancy, it is the student's responsibility to contact the instructor, DCE, SCCE and CI so that accommodations can be made.

- d. The DPT Program Clinical Education Team will load each student's profile page in Exxat with
 - i. Verification of each student's background check (both state and federal) to be completed prior to the start of the program and annually (reimbursable)

- expense).
 - ii. Applicable academic and clinical performance
- e. Some clinical sites may require additional information unique to that site;
 - i. Such required information may include but not be limited to
 - 1) Verification of Health Insurance
 - 2) Drug screening
 - 3) COVID-19 testing
 - 4) Office of Inspector General (OIG) exclusions
 - 5) System for Award Management (SAM) registry
 - 6) Vehicle registration information
 - 7) Any other requirements of the site
 - ii. These unique requirements will be indicated on the site page in Exxat and viewable to the student when the list of available sites is made available to the student.
 - iii. Students will not load these additional documents to their profile page, as doing so will share documents to all sites with which the student is matched.
 - iv. Upon matching the student to a clinical site, the student will send the site any unique and additional required documents.
- f. Once matched to a clinical site, the student will release the required (standard and site specific) information to the clinical site via Exxat.
- g. The ability to place a student in selected clinical facilities is not possible without the sharing of information; therefore, failure to release required information may result in an inability to complete the clinical education component of the Program.
- h. Clinical facilities and those involved with the clinical education process (such as, but not limited to, SCCEs and CIs) are also required to protect student information according to university and Family Educational Rights and Privacy Act (FERPA) guidelines; thus, only student information needed to assist in the affiliation should be shared, and only shared with those whom the information is pertinent. Required information may be shared electronically with the facility representative responsible for student records. This information is provided to maintain compliance with an existing affiliation agreement for student placement and may include any information listed above in section 1(a). More information regarding FERPA rights and the release of education records is provided in the DPT Program Student Handbook.
- i. Information about academic standing is not shared with the clinical education site. The student may provide this information to the site or may provide written permission for the information to be provided to the site by the DCE. The DCE will relay any concerns relative to the student's preparedness for clinical education. This process allows the clinical faculty to focus on specific areas for improvement throughout the clinical experience.

2. Students should also be aware that clinical facilities will be providing information to Bowling Green State University regarding all aspects of the student's performance while participating in clinical experiences.
3. The DPT program maintains a close partnership with each clinical education site. The Faculty Advisor or the DCE conducts a mid-term conference (site visit, telephone or web-based) during each clinical experience to assess student progress and identify any areas in need of further development. Prior to the mid-term conference, the student completes a mid-rotation survey to alert the DCE to any issues and to aid in scheduling the mid-term conferences. The DPT program faculty and the SCCE/CIs determine a convenient time and mode of communication. Refer to [section 1.9.11 Student Progress During Clinical Education](#) for information on the process to address concerns raised by either the student or clinical site.

1.9 GUIDELINES AND INFORMATION FOR CLINICAL SITES

1. Orientation. The student should have an adequate orientation to the clinical site. Orientation is one of the most important aspects of a positive and productive experience for the students, as well as the CI. A [Sample Clinical Education Student Orientation](#) document can be found in [Appendix K](#) of this handbook.
2. Clinical experience. Affiliating clinical facilities are expected to provide educational experiences consistent with Physical Therapist professional education for any student accepted for a clinical rotation. This includes all aspects of patient care and practice management as is appropriate to the unique clinical facility and to the student's level of education and experience.
3. Supervision. A physical therapist must be on the premises for any student to perform direct patient care. All supervision of student education must be performed in accordance with state law and applicable state, federal, payer and college policies. For clinical education purposes, Bowling Green State University has adopted the APTA policy as follows:

STUDENT PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT PROVISION OF SERVICES HOD P06-19-10-06 [Amended: HOD P06-00-18-30; HOD 06-96-20-33; Initial: HOD 06-95-2011] [Previously Titled: Student Physical Therapist Provision of Services; Previously Titled: Position on the Provision of Physical Therapy and Physiotherapy Services by Student Physical Therapists) [Position]

Experiential learning focused on development and application of patient- and client-centered skills and behaviors is a crucial component of the education of physical therapists and physical therapist assistants. Clinical instructors and preceptors provide instruction, guidance, and supervision that comply with association policy, positions, guidelines, and ethical standards, and with jurisdictional laws governing supervision.

Student physical therapists, when participating as part of a physical therapist professional education curriculum, are qualified to provide services only under the direct supervision of the physical therapist who is responsible for patient and client management. Student physical therapist assistants, when participating as part of a physical therapist assistant education curriculum, are qualified and may be utilized to provide components of intervention and to collect selected examination and outcomes data only under the direct supervision of either the physical therapist alone or the physical therapist and physical therapist assistant working as a team. The physical therapist maintains responsibility for patient and client management at all times, including management of the services provided by the student physical therapist assistant.

Direct supervision means the physical therapist, or the physical therapist assistant when supervising a student physical therapist assistant, is physically present and immediately available for supervision. In both cases, the physical therapist or physical therapist assistant will have direct contact with the patient or client on each date of service. Telecommunication does not meet the requirement of direct supervision.

[Standards of Practice for Physical Therapy](#) Accessed 03-27-2023.

[American Physical Therapy Association Code of Ethics](#) Accessed 03-27-2023.

[Ohio Physical Therapy Practice Act – Laws & Rules](#) Accessed 03-27-2023.

4. Student Competence. Prior to clinical placement, students are expected to demonstrate safety and competence in appropriate lab and simulated patient evaluation/ intervention skills and knowledge. Clinical instructors are to be aware of this information to assist them in the educational process. Only those skills and knowledge which have been covered prior to clinical placement are covered under the liability policy. If the CI teaches a skill or procedure not addressed in prior academic coursework, the clinician does so at his/her own risk and assumes responsibility and/or liability for such instruction and student performance of those specific tasks. See [Section 1.5](#) on [Student Preparedness for Clinical Education](#) of this handbook, and course descriptions via [BGSU DPT Course List by Term Pillar Descriptions](#) for more specific information on specific topics covered prior to specific clinical affiliations.
5. Unique Learning Opportunities. The student should be provided with opportunities to participate in learning experiences unique to the clinical site. These opportunities may include, but are not limited to, involvement in:
 - a. Surgery observation
 - b. Physician's rounds\
 - c. Quality improvement procedures/projects
 - d. Patient care/family conferences

- e. Department staff meetings and in-services
 - f. Special diagnostic imaging/tests
 - g. Interaction with other specialty departments (OT, speech, prosthetics, orthotics, ICU, etc.)
 - h. Observation of amputee training, prosthetic application, artificial limb training
6. Patient/Client Participation. Students are required to wear a school or facility name badge, identifying them as a student and introduce themselves as such when working with a patient/client. **Patients have the risk-free right to refuse treatment/participation in student training.**
 7. Patient/Client Injury during Clinical Experiences. In the event of an accident resulting in *patient injury* during a clinical experience, the student should immediately notify the clinical instructor of the accident and follow the policies of the facility including completing the appropriate incident report/documentation. The student is also required to notify the DCE, who will direct the student to complete an [Incident Form](#) in the Student Handbook to inform the school about the incident. Students are provided malpractice/professional liability insurance while enrolled in the PT clinical program. Coverage terminates when a student graduates or is no longer enrolled. This policy covers students only during assigned clinical practice.
 8. Documentation. Any documentation written by the student must be in accordance with facility, policy, local state or federal regulations, and/or payer policy. When included in the medical record, documentation should be signed with the student's full name, followed by the abbreviation "Student Physical Therapist" (SPT) unless policy or regulation denotes otherwise. ALL student documentation must be read and co-signed by a physical therapist.

If facility policy or other regulation does not allow for student documentation in the medical record, students are required to practice documentation regarding patient encounters, and have it reviewed by the physical therapist. If necessary, all such documentation should be disposed appropriately according to facility policy to protect patient privacy in accordance with HIPAA rules.

9. Communication with the DCE. The DCE or another DPT faculty/staff member will contact the CI by phone or email to arrange a midpoint visit or phone call to discuss student progress and to answer any questions the CI might have. The CI and/or the SCCE are encouraged to contact the DCE at ANY TIME if questions or concerns arise. They are encouraged to contact the CI *immediately* at the first sign of any concerns regarding student performance that concerns critical skills, patient safety, or other performance/behaviors that would indicate a student may not pass a given clinical experience.
10. Student Attendance/Promptness. Student attendance is required, and promptness is expected during the entire clinical experience. The student is expected to comply with the schedule of the facility. The facility may consider special accommodations with notification of the

program if the required hours and experiences can be met within the allotted time frame. The program does not provide the student with “time off” or “days off” during the clinical.

Internship attendance hours will be established by the Clinical Faculty (CF) are expected to be on average a minimum of 36 hours per week of direct supervised patient care. Students are expected to work this established schedule, to include any required evening, weekend or holiday hours, as required by the facility. The CF must approve all absences and may schedule additional training days on weekends to make up for lost internship time.

It is the policy of the University to make every reasonable effort allowing students to observe their religious holidays without academic penalty. In such cases, it is the obligation of the student to provide the CF and DCE with reasonable notice of the dates of religious holidays on which they will be absent. Absence from the clinic for religious reasons does not relieve the student of responsibility for completing required hours missed. Following the necessary notification, the student should consult with the CF and DCE to determine what appropriate alternative opportunity will be provided, allowing the student to fully complete their academic responsibilities.

It is the responsibility of the student to notify the clinical faculty and DCE if the student will be late or unable to attend clinical education time. Notification must occur not later than 8:00 a.m. or the starting time for the clinical experience. Excused absences will only be permitted for an EMERGENCY OR ILLNESS.

If the student is ill and misses two (2) consecutive clinical days, a note from a physician or primary health care provider must be submitted to the clinical site and to the DPT Program DCE. If a student misses, or plans to miss, a significant portion of the clinical experience (approx. 10%), the individual instructor may refer the matter to the Director of Student Affairs and the Oversight Committee to recommend decisions on student status and ability to progress. The individual instructor reserves the right to require a student to repeat the course.

Failure to notify the clinical instructor or the college of an absence is a serious breach of professional conduct and will not be tolerated. If this situation occurs, the first instance will result in a written warning to the student, placing him or her on probation for the remainder of his or her clinical experience. Subsequent violations may result in the suspension of the student from the clinical education experience. If this action occurs, the student will need to petition the DCE and the Dean for re-entry into the clinical experience.

Conference attendance during clinical rotations is not considered an excused absence unless the student is participating as a presenter at that conference. Attendance is permitted at the discretion of the site/CF with the expectation that the student will provide a deliverable upon return to the clinical site previously agreed upon by the CF and will make up clinical hours missed. The DCE must be notified.

See [Section 1.10](#) for definition and policies regarding excused and unexcused absences.

11. Student Progress during the Clinical Experience.

- a. If a student is dissatisfied or is having difficulty at his/her clinical site, the following steps must be taken:
 - i. The student should first express his or her concerns to the Clinical Instructor. Most problems will be resolved by this approach.
 - ii. If the difficulties persist, the student should contact the DCE in a timely manner. Students do not need to wait until mid-term or final of the clinical experience to inform the DCE of unresolved issues.
 - iii. Students will complete the [DPT Student Mid-rotation Survey](#) via Exxat the week before the CIET mid-term due date. This survey includes the question, “Do you have any concerns that you would like to talk to your advisor about regarding your current rotation?” with answer choices of “yes” and “no”. An affirmative response requires the student to input additional information into a text box and triggers an email to the DCE and faculty advisor. This survey alerts faculty advisors and the DCE to potential site or CI issues early in the clinical experiences.
 - iv. When the student contacts the DCE, the DCE will document the time, date, and concerns as well as recommendations made to the student. The DCE may choose to schedule a phone call or web-meeting to discuss the concerns with the CI and student (an SCCE if necessary) or visit the clinical site to observe the student directly. Collectively, the CI, DCE, and student will attempt to resolve any issues and to develop an in-course remediation plan for a successful clinical experience. The in-course remediation plan will be documented, signed and placed in the student’s file.

- b. If a CI has concerns about the performance of a student
 - i. The CI should address them with the student.
 - ii. The CI should document the date, time, issues/concerns discussed, and recommendations for improvement. This should be signed by the clinical instructor and student.
 - iii. The CI should notify the SCCE and the DCE immediately to share the considerations and the agreed upon performance expectations. CIs do not need to wait until med-term or final of the clinical experience to inform the DCE of unresolved issues.
 - iv. When the CI/SCCE contacts the DCE, the DCE will document the date, time, issues/concerns discussed, recommendations made by the CI and any additional recommended actions from the DCE.

 - v. The Dean of the College of Health and Human Services (HHS) or the DPT

Program has the right to temporarily remove a student from a clinical experience if remaining in the clinical experience is thought to be detrimental to the student, classmates, faculty, or to the delivery of patient care on a temporary basis and is referred to the Academic Standards and Progression Committee per the Professional Behavior Policy in [Student Handbook](#).

- vi. The DCE may choose to schedule a phone call or web-meeting to discuss the concerns with the CI and student or visit the clinical site to observe the student directly. Collectively the DCE, CI/SCCE, and student will attempt to resolve any issues and may develop a detailed, in-course remediation plan for a successful clinical experience. The in-course remediation plan will be documented, signed and placed in the student's file. If, after the in-course remediation, the student does not meet the specific goals and objectives of the clinical education experience, the student will be referred to the Academic Standards and Progression Committee. Next steps may include post-course remediation that includes additional clinical education time. If the deficiencies exceed those which can be achieved by post-course remediation, the student may need to repeat the clinical education experience. See Academic Progression section in the DPT [Student Handbook](#).

12. Facility Rules and Regulations. Students are expected to comply with the rules and regulations of the clinical site. The clinical site must inform the student of these rules and regulations.
13. Student's Relationship to Facility. Any clinical site accepting a PT student for a clinical experience agrees not to hire the student to work at the same clinical site during the clinical course. The student should NOT be substituted for paid staff during the experience. The student may NOT assume the responsibility or place of a qualified staff person. However, as the student demonstrates proficiency in clinical skills, she/he should be permitted to perform with less, but still appropriate, supervision.
14. Early Termination of the Clinical Experience. Following consultation with the SCCE and the CI, the DCE and the PT faculty may remove a student from the clinical site if, in their judgment, the student is performing incompetently or poses a safety threat to the patients or staff of the facility. The student may also be removed if the clinical environment is deemed an unsuitable learning environment. The clinical site supervisor and the CI may immediately remove any student from the premises who poses an immediate threat or danger, or for just cause under the clinical site's disciplinary policy.

A student may occasionally be placed into a clinical education situation that is not meeting the student's clinical development needs or the program's expectations. Once identified, the DCE will immediately work with the SCCE, clinical faculty and student to improve the clinical education experience. The DCE may decide to withdraw the student from the clinical education site if corrective action cannot be implemented in the time remaining. The DCE will reassign the student to a new clinical site as expeditiously as possible to prevent the loss of

valuable clinical education time. The DCE determines the location of the clinical education experience. If the alternative placement does not occur in the time remaining, the student will receive an Incomplete for the course. The student will need to remediate the clinical experience.

15. Evaluation. See [section 1.12](#) regarding the [Clinical Internship Evaluation Tool \(CIET\)](#)

1.10 ACADEMIC PARTICIPATION IN CLINICAL EDUCATION EXPERIENCES

1. Students should plan to be engaged in clinical education full time (36-hours per week), and therefore, employment during clinical experiences is not feasible. Be aware that if a student attempts to work during clinical experiences and employment interferes with attendance and participation in clinical classes, these absences will be unexcused, and students will be subject to disciplinary action or dismissal from the Program.
2. Students are expected to work the “schedule” of the clinical instructor during full-time clinical experiences. This may include (but is not limited to) alternate weekly schedules (four 10-hour days vs. five 8-hour days) and weekend/after-hours coverage.
3. Because clinical faculty/instructors are charged not only with instructing students but also with providing assessment, including documenting of proficiency and safety of student performance across a wide spectrum of care, there is a limit to both the quantity and quality of “make-up” hours/days available for missed clinical time (even “excused” time). The DPT Program has the following expectations regarding student attendance for all clinical education courses (PHYT 7971, PHYT 7972 and PHYT 7973):

a. Definitions:

“Excused Absence” – An absence can be excused ONLY if the student has notified the DCE and clinical instructor/facility prior to the scheduled beginning of the missed day. Excused absences could include illness, injury, immediate family/personal emergency, unsafe travel conditions, military obligation, or officially sanctioned activity with appropriate documentation (e.g. physician’s note, supporting paperwork) or other circumstance with prior approval by DCE and clinical faculty. Excused absences require documentation at the discretion of the DCE.

“Unexcused Absence” - An absence which does not meet the definition of an excused absence or one in which the DCE and clinical instructor were not contacted prior to scheduled clinical time is considered unexcused. Unexcused absences could include car trouble, routine doctor appointments, dentist appointments, job interviews, childcare issues, etc *without* notifying the DCE and the clinical instructor prior to scheduled clinical time.

- b. DPT Program Clinical Education Policy regarding unexcused absences:
 - i. Unexcused absences are unacceptable during clinical practice/rotations. Violation of this policy may result in written counseling and/or failing grade for the course.
 - ii. Unexcused missed clinical practice hours must be made-up by the end of the academic term.

- c. DPT Program Clinical Education Policy regarding excused absences:
 - i. It is the student's responsibility to notify the CI and DCE if you will be late or unable to attend scheduled clinical education time. Notification must occur within 30 minutes of their start time for the clinical experience.
 - ii. Excessive excused absences may result in an inability to successfully complete/pass the clinical experience if those absences put the student at risk for not meeting the total number of required clinical hours in the course and/or clinical education component of the Program. Students will receive a written warning/counseling from the DCE when their number of excused absences places them in that "at risk" category.
 - iii. Students who are tardy may be considered absent and the same procedures and policies apply.
 - iv. All clinical hours missed due to excused absences must be made-up by the end of the academic term. If the clinic or the schedule does not permit, alternative learning experiences and/or outside assignments may be required. The nature of this work will be determined by the clinical instructor (CI) at the clinical site and/or the Director of Clinical Education (DCE) or faculty of the Bowling Green State University DPT program.
 - v. Prolonged absences may require a leave of absence from clinical education or academic experiences. In the event of a leave of absence, the student will work with his/her faculty advisor, the DCE, and Program Director to specify the terms and conditions of the leave as well as conditions under which the student may resume clinical education experiences.

- d. ALL absences and ANY time missed due to tardiness or other reasons must be made up. It is the student's responsibility to initiate planning with the CI and DCE to make up missed clinical education time.

1.11 CLINICAL EXPERIENCE STUDENT INSERVICE

- a) A clinical inservice program is to be developed and presented by the student for at least one clinical education experience and based on site requirement. The specific sample behaviors are listed under the Professional Behavior section of the [Clinical Internship Evaluation Tool](#)

[\(CIET\)](#) The topic and the audience are to be mutually agreed upon by the student and the SCCE. The topic may be specifically related to a particular case or topic of interest among student and the clinical faculty and may be presented in a peer review fashion. A copy of the Inservice Handout/Presentation along with [Inservice Evaluation Forms](#) completed by the audience, should be submitted to the DCE by the end of the clinical education experience.

1.12 CLINICAL INTERNSHIP EVALUATION TOOL (CIET)

1. The assigned clinical instructor and student will perform mid-term and final performance assessments during each clinical education experience using the [Clinical Internship Evaluation Tool \(CIET\)](#) occurs online through the Exxat. Students should seek out frequent feedback from their clinical instructor to complement midterm and final assessments.
2. Students and associated faculty will access the CIET via Exxat in the Resources section.
3. Below, outlines information of the CIET for quick referencing. All students and associated faculty shall complete CIET training and verification of CIET training by accessing the Resources section in Exxat.
4. The CIET is composed of two sections: **Professional Behaviors** and **Patient Management**
 - ☐ **Professional Behaviors** evaluates Safety Skills, Professional Ethics Skills, Initiative Skills, and Communication Skills in the clinic.
 - i) When evaluating a student's **Professional Behaviors**, the frequency of appropriate behavior is the construct being measured. The occurrence of the appropriate behavior is rated as:
 - (a) *Never* (0% occurrence),
 - (b) *Rarely*,
 - (c) *Sometimes* (50% occurrence),
 - (d) *Most of the Time*, or
 - (e) *Always* (100% occurrence).
 - ii) Students are expected to abide by the APTA Code of Ethics and Code of Conduct, and Bowling Green State University's DPT Program Professional Behaviors Policy as outlined in the Student Handbook.
 - iii) The CI will contact the DCE regarding any concerns related to student conduct/behavior. (See [section 1.9.11 Student Progress during the Clinical Experience](#) section of this handbook).
 - iv) Clinical facilities have the right to request removal of a student from the site at any time due to behavior or performance deficits.
 - v) Any conduct in gross violation of the Bowling Green State University DPT Professional Behaviors Policy (Student Handbook) may result in immediate removal from a clinical education experience, and/or referral to the Academic Standing Committee for disciplinary action.

Student Professional Behavior Performance and Progression Expectations During Clinical Education			
Safety	Professional Ethics Skills	Initiative Skills	Communication Skills
<p>We expect the student to achieve 100% “Always” rating in the Safety Skills during <u>all</u> clinical education experiences.</p> <p>Note that you cannot mark “Not Observed” on these behaviors.</p>	<p>We expect the student to achieve 100% rating of “Most of the Time” or above in the Professional Ethics Skills during the initial experience and <i>progress to 100% “Always”</i> by the end of the final experience.</p> <p>Note that you cannot mark “Not Observed” on these behaviors.</p>	<p>We expect the student to achieve 100% “Sometimes” or above in the Initiative Skills during the initial clinical experience and <i>progress to 100% “Always” by the end of the final experience.</i></p> <p>Note that you cannot mark “Not Observed” on these behaviors.</p>	<p>We expect the student to achieve 100% “Sometimes” or above in the Initiative and Communication Skills during the initial clinical experience and <i>progress to 100% “Always”</i> in the final experience.</p> <p>You may mark “not observed” for Communication Skills if the student has not had the opportunity to demonstrate a particular skill. For instance, if the student has had no opportunity to communicate with other professionals this would be “not observed.”</p>
<p>The student will develop their Professional Behaviors in the clinic during the three Physical Therapy Practice to achieve 100% “Always” rating at the conclusion of the final clinical experience in all subcategories.</p> <p>Qualitative comments should support the rating selected</p>			

vi) The second section of the CIET, *Patient Management*, evaluates the student’s

ability to efficiently manage a patient with an effective outcome. It is divided into four sections: *Examination, Evaluation, Diagnosis/Prognosis, and Intervention.*

CIET Patient Management Ratings	
Well Below	<ul style="list-style-type: none"> • Student requires Guidance from their clinical instructor to complete an item for all patients.
Below	<ul style="list-style-type: none"> • The student requires Supervision and/or has difficulty with time management while completing the item for all patients. • The student could continue to require Guidance for the patient with a more complex presentation while only needing Supervision with the patient with a familiar presentation.
At That Level for Familiar Patients	<ul style="list-style-type: none"> • The student is independently managing patients with a familiar presentation; he/she is at the level of a competent clinician with these patients when performing an item. • The student requires Supervision to manage patients with a complex presentation and he/she is below the level of a competent clinician for these patients.
At That Level for All Patients	<ul style="list-style-type: none"> • The student is independently managing both patients with a familiar presentation and patients with a complex presentation. • The student can carry an appropriate caseload for your clinic and achieve an effective outcome with patients. • The student is at the level of a competent clinician in your setting.
Above	<ul style="list-style-type: none"> • Student is performing above the level of a competent clinician in your clinic. • Clinical skills are highly effective and demonstrate the most current evidence in practice. The student can carry a higher than expected caseload. • The student actively seeks out and develops independent learning opportunities. • The student serves as a mentor to other students and provides resources to the clinical staff.

Anchor definitions for each student rating, as defined by the authors of the validated CIET Assessment, are as follows:

Patient Presentation:

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

diagnosis that is rarely seen in this clinic, or the patient who has had a complicated course of care for the present episode of care or a complex medical history.

Level of Clinical Instructor Support:

- 1 **Guidance:** The student is dependent on the CI to direct the evaluation/patient treatment; either the CI is present throughout the patient interaction or the student needs to discuss with the CI after each step of the evaluation and treatment. If the student requires the guidance level of support for an item on the Patient Management Scale for the majority of the patients seen, then he/she should be marked at ***Well Below*** for that item.
- 2 **Supervision:** The student is able to carry out the evaluation and treatment but needs to be monitored to correct minor errors in technique or to facilitate decision making. The student is able to make the correct clinical decisions with only a few verbal cues/suggestions from the CI. The CI is not directing decision-making.
 - a If a student requires supervision for an item for patients with both a familiar and a complex presentation, then he/she should be marked ***Below*** for that item.
 - b If the student requires supervision only for patients with a complex presentation, he/she should be marked ***At That Level for Familiar Patients***.
- 3 **Independent:** A student is considered “independent” if he/she is directing the evaluation and treatment and getting an effective outcome.
 - a If a student is coming to the CI for a consultation about a patient’s evaluation or plan of care or clarifying a clinical decision, this is not considered “Supervision.”
 - b When the student is at the “independent” level of CI support for an item on the Patient Management Scale, the student is demonstrating the skills of a competent clinician.
 - c If the student is independent only for patients with a familiar presentation, she/she would be marked ***At That Level for Familiar Patients***.
 - d If the student is independent for all patients, then he/she would be marked ***At That Level for all Patients***.

Student Patient Management Performance and Progression Expectations During Clinical Education	
PHYT 7971: PT Practice I	The student is able to perform a minimum of 100% of patient management skills rated as “Below” or greater as assessed by the CI
PHYT 7972: PT Practice II	The student is able to perform a minimum of 100% of patient management skills rated “At That Level for Familiar Patients” or greater
PHYT 7973: PT Practice III	The student is able to perform a minimum of 100% of patient management skills rated as “At That Level for ALL Patients”

5. Students need to meet the performance expectations upon completion of each of the three clinical education experiences. Each respective course syllabi also contains the following

performance expectations.

1.13 CLINICAL EDUCATION COURSE GRADING

- 1) The final grade decision for all clinical education courses (PHYT 7971, PHYT 7972, and PHYT 7973) rests with the Director of Clinical Education (DCE). Grades that may be issued for the clinical education courses are Satisfactory/Unsatisfactory.
 - ☒ Student grades will be calculated by the DCE based on
 - i) mid-term and final PT CIET assessments,
 - ii) verbal or written input from the clinical instructor,
 - iii) a review of student assignments, and
 - iv) collaboration with core faculty as needed.
 - v) Additional factors the DCE may consider when making grading decisions include, but are not limited to:
 1. Clinical setting,
 2. Experience with patients or clients in that setting,
 3. Relative weighting or importance of each performance criterion,
 4. Expectations for the clinical experience,
 5. Progression of performance from midterm to final evaluations,
 6. Level of experience within the didactic and clinical components,
 7. Whether or not "No" was marked on the "Met Clinical Benchmarks" for any of the CIET standards.
 8. The congruence between the CI's narrative midterm and final comments related to the performance dimensions and the ratings provided.
 9. Student and CI's understanding of properly completing the CIET.
 - ☒ A student who fails to achieve expected competency levels for a given clinical education experience will be issued an "Unsatisfactory" grade and referred to the Academic Standards & Progression Committee consistent with the Bowling Green State University DPT Program's Academic Progression Policy in the [Student Handbook](#).
 - ☐ A student may receive an "Incomplete" grade if the student fails to complete a specified course requirement, or the clinical site does not meet student learning needs. The student may progress in the didactic curriculum while remediating or needing to repeat a clinical education course. Course remediation is conditional both on the material from the course that requires remediation and the time that is necessary for adequate remediation. Given the accelerated nature of the Program, the time available to remediate clinical education experiences may be limited based on the experience placement within the curriculum.
 - i) The DCE determines the location and duration of the clinical education experience.
 - ii) If a student fails to achieve the expected competency level following

remediation or repeating the experience, the student will fail the course and will be referred to the Academic Standards & Progression Committee. Possible actions include recommendation for Program dismissal.

- ☐ Progression through the Clinical Experiences requires passing of each PT Practice course in sequence.

1.14 CLINICAL EDUCATION CURRICULUM AND PROGRAM ASSESSMENT

1) Assessment of the Clinical Education Curriculum

- a) The DCE solicits input from students, clinical sites/instructors, and core faculty to review the Program's clinical education curriculum. This is an ongoing process with formal reports to the core faculty and Program Director annually at the Annual Curricular Review. Specific sources/tools utilized for assessment include the following:

- **Student Progression and Preparedness Report**
Program file located in Navigate and maintained by the Director of Student Affairs (DSA) and DCE.
- **Clinical Site Information Form (CSIF)**
- **DPT Student Mid-rotation Survey**
Exxat survey completed by students
- **Mid-term Conference Report**

- b) Exxat surveys completed by clinical faculty:

- **Clinical Site Information Form (CSIF)**
Clinical site inputs/uploads information into Exxat
- **Self-assessment of the Clinical Experience and Clinical Instruction**
Exxat survey completed by SCCE/CI annually
- **ADCE/DCE Performance Assessment Faculty Survey**_Qualtrics Survey completed annually by SCCE, CI, and PT Program Core Faculty and Program Director
- **ADCE/DCE Self-Assessment and Academic Administrator Survey**
Qualtrics survey to be completed annually by DCE.
- Summary data from the **Survey on Curriculum and Student Preparedness for Clinical Education** to be completed by CI in Exxat.
- Summary data from **the Clinical Internship Evaluation Tool (CIET)** in Exxat.

- iii. Surveys completed by students.

- Professional Practice course evaluations via Canvas (PHYT 7971, PHYT 7972, and PHYT 7973).
- Summary of Communications with the facility SCCE and staff (email, web-meetings, phone calls, site visits)
- Summary data from the **Physical Therapy Student's Evaluation (PTSE) of the Clinical Education and Clinical Instruction**

- Summary data- clinical site setting, clinical instructor, diagnoses exposure
- Summary data from the [Clinical Internship Evaluation Tool \(CIET\)](#) in Exxat

[Appendix E](#) of this handbook contains an infographic outlining, who is responsible for the completion of each, timeframes, as well as the purpose of each document or survey. Students and clinical faculty should refer to the specific Professional PT Practice Course syllabus for due dates for each assessment.

2) Assessment of the Clinical Facility, SCCE, and CI.

- As a component of the overall Clinical Education Program Assessment, the DCE utilizes review of the following documents, surveys, and reports to gather information and plan the management, performance, and development of clinical sites and faculty:
 - **Clinical Site Information Form (CSIF)**, uploaded by DCE and DSSB into Exxat.
 - Clinical site inputs/uploads information into Exxat
 - Communications with the facility SCCE and staff (email, phone calls)
 - [Mid-term Conference Report](#) completed by faculty advisor in Exxat.
 - [DPT Student Mid-Rotation Survey](#) completed by student in Exxat.
 - **Physical Therapy Student’s Evaluation (PTSE) of the Clinical Education and Clinical Instruction** completed by student upon completion of clinical experience in Exxat.
 - **Self-assessment of the Clinical Experience and Clinical Instruction** Exxat survey completed by SCCE/CI annually in Exxat.
 - Professional Practice course evaluations completed by student upon completion of the clinical experience (PHYT 7971, PHYT 7972, and PHYT 7973) in Canvas.
 - Exxat reports generated by DCE after each clinical experience
- The DCE utilizes information from the following sources in the evaluation of clinical instructors:
 - i) The Clinical Site Information Form (CSIF) upon initial completion of affiliation agreement and updated as needed provides information on clinical faculty experience, licensure, certifications, and other necessary qualifications.
 - ii) [DPT Student Mid-rotation Survey](#) is completed by the student via Exxat the week prior to the CIET mid-term due date. (See section [1.9.11.a](#) of this handbook for additional information on this survey.)
 - iii) [Mid-term Conference Report](#) documents communication between the DCE or the student’s faculty advisor, student, and the CI providing information on

student perceived clinical instructor strengths/weaknesses, the developmental needs of the CI, and clinical site (DCE or Faculty advisor reported; via Exxat.

- iv) **Physical Therapist Student Evaluation (PTSE) of Clinical Experience and Clinical Instruction** (completed by students following every clinical education course) provides information on clinical faculty communication and instruction style, availability and organization, and CI development needs (student-assessed; Exxat PTSE).
- v) **Self-Assessments for Clinical Education and Clinical Instruction** (completed by SCCEs for the Clinical Education Site and CIs annually using an Exxat survey link) provides information on the developmental needs of the CI, SCCE, and clinical facility.

[Appendix E](#) of this handbook contains an infographic outlining of the [Clinical Education Program Assessment](#), who is responsible for the completion of each, timeframes, as well as the purpose of each document or survey. Students and clinical faculty should refer to the specific Physical Therapy Practice Course syllabus for due dates for each assessment.

- As a component of the overall Clinical Education Program Assessment, feedback from these sources is reviewed by the DCE to plan for future clinical instructor training presentations/modules based on identified individual CI development needs and facility specific clinical faculty development needs. Information regarding clinical instructor strengths and development needs is also shared with facility SCCEs as requested and/or needed.

3) Assessment of the DCE

- Each academic year, feedback is solicited from clinical instructors, SCCEs, students, core faculty, and Program Director by utilizing the [ACCE/DCE Performance Assessment Faculty Survey](#). The DCE and other related Academic Administrators, including the DSSB, will evaluate themselves annually using the [ACCE/DCE Self-Assessment and Academic Administrator Survey](#). Both surveys contain the following data related to the following DCE performance indicators:
 - i) Development of student clinicians
 - ii) Development of clinical education faculty
 - iii) Development and assessment of the Clinical Education Program
 - iv) Management and Coordination
 - v) Leadership and Collaboration
 - vi) Communication
 - vii) Professional Behaviors

viii) Overall DCE strengths/weaknesses

- 4) As a component of the Clinical Education Program Assessment, feedback from these stakeholders is reviewed by the DCE along with the Program Director to (1) establish personal/professional development goals (2) evaluate the current policies and processes utilized in the clinical education program (3) plan future clinical faculty development and identify resource needs for the clinical education program.

APPENDIX A



STUDENT AGREEMENT FOR PARTICIPATION IN CLINICAL EDUCATION EXPERIENCES

I, _____ (printed name), as a student in the Bowling Green State University DPT Program, agree to the following terms and conditions related to clinical education experiences:

1. Participate fully in clinical education during hours that the facility designates and arrange for my personal schedule to allow for regular/required hours as required by the clinical facility (Facility) and Clinical Instructor (CI).
2. Notify the Director of Clinical Education (DCE) and the CI in advance of the time that I am scheduled to arrive for work if I am unable to report as scheduled.
3. Conform to the policies, procedures, rules and regulations of Bowling Green State University, the DPT Program, and the Facility.
4. Maintain professional behavior at all times including taking responsibility for my own learning, seeking opportunities and taking initiative for educational experiences, accept and implement feedback; to be honest, courteous, cooperative and punctual, and to exhibit proper dress, grooming and health habits.
5. Consult the CI, SCCE, or DCE about any difficulties arising at the Facility.
6. Submit promptly to the DCE all information and reports required by Bowling Green State University or the DPT Program.
7. Indemnify and hold harmless the Facility and its officers, employees, agents and other representatives from and against liability for damages, claims, lawsuit, judgments, expenses and attorney's fees which may be incurred by the Facility or the CI resulting from any acts or omissions of the Student.
8. Maintain individual health insurance to cover any injuries or illnesses that might arise as a direct or indirect result of my work at the Facility.
9. Strictly protect the confidentiality of all records and information belonging to the Facility, its personnel and patients, including its methods of operation and business and all information that could be considered proprietary or that might be contrary to HIPAA policies.
10. Inform all patients that I am a physical therapist student from Bowling Green State University and that the patients have a risk free right not to participate in clinical education.

Student Signature

Date

APPENDIX B



HEPATITIS B VACCINATION WAIVER FORM

The Hepatitis B vaccination is strongly encouraged by most health care facilities to immunize employees and students against the possibility of infection related to exposure to blood and/or body fluids. Students may also be at risk for exposure to body fluids during clinical experiences.

Hepatitis B infection involves inflammation of the liver and may result in symptoms ranging from no symptoms to jaundice, joint pain, rash, and internal bleeding.

I understand that due to my possible exposure to blood and/or body fluids during my education through Bowling Green State University, I may be at risk of acquiring Hepatitis B virus (HBV) infection. After consultation with my physician or primary care provider following a negative or low-response titer, I have decided to decline a repeat booster or repeat the Hepatitis B vaccination series at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Student Name

Student Signature Date

Witness Date

APPENDIX C



PHYSICAL EXAMINATION FORM

Note: This form or its equivalent must be submitted as a statement of fitness for duty. It is required for all students scheduled for clinical experience. A new-signed statement must be filed annually.

PART ONE: TO BE COMPLETED BY THE STUDENT PRIOR TO THE EXAM

General Information:

Name: _____ Gender: _____ Birth date: _____

Address: _____ Phone _____

City: _____ State: _____ Zip: _____

BGSU ID# _____ Today's Date: _____

Current Level of Fitness:

Are you able to perform the following activities?	YES	NO
Alternately sit, stand, and walk		
Frequently lift, push, pull weights up to 20 lbs.		
Occasionally lift, push, pull weights 20-50 lbs.		
Occasionally carry up to 25 lbs while walking up to 50 feet		
Occasional kneeling, twisting, bending, and stopping		
Occasionally squat, crawl, climb stools, reach above shoulder level, and kneel		
Occasionally climb stairs and negotiate uneven terrain		
Intermittent lifting of heavy loads		
Complete repetitive motions		
Complete simple and firm grasp activities with hands		
Complete manual dexterity activities, such as typing/writing		

Details of any "NO" answers from above:

PART TWO: TO BE COMPLETED BY THE PRIMARY CARE PROVIDER (PCP)

Physical Examination:

	Normal	Abnormal	Comments
Cervical Spine			
Lumbar Spine			
Shoulders			
Elbows			
Wrists/Hands			
Hips			
Knees			
Ankles			
Coordination			
Vision			
Hearing			
Speech			
Sense of smell			

Are there any conditions, physical and/or emotional, which may interfere with functioning as a health professional student in the classroom or clinic?

Yes No If yes, please describe below:

PCP Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I find the above named individual fit for duty and free from communicable disease.

PCP Signature: _____ **Date:** _____

Appendix I

Consent:

I direct that a copy of this exam form, including laboratory results, be sent to my assigned clinical sites and coordinators.

Student Signature: _____ **Date:** _____

APPENDIX D



**DOCTOR OF
PHYSICAL THERAPY**

BOWLING GREEN STATE UNIVERSITY

Site Requirements for Doctor of Physical Therapy Students

Name: _____

Date: _____

Hepatitis B status (Check one and provide data/dates requested)

Please note: sites may allow you to waive this series, see Hep B waiver form.

3 dose immunization series	Date #1	Date #2	Date #3
Surface Antibody Test (6-8 weeks after last dose)	Date	Results	

MMR (Measles, Mumps, Rubella) status:

2 dose immunization series	Date #1	Date #2
Or MMR immunity screen lab tests for each	Date:	Results: Measles (Rubeola) _____ Mumps _____ Rubella _____

Varicella (Chicken Pox) status: written documentation of 2 doses will supersede a negative titer

Immunity screen lab test	Date	Results
--------------------------	------	---------

Tdap/TD (Tetanus/Diphtheria or Tetanus, Diphtheria and Acellular Pertussis) Check one and provide dates completed

Td within past 10 years	Date	or Tdap	Date
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Tuberculosis status:

2 Step PPD (tuberculin skin test)	Date #1	Result	mm	Date# 2	Result	
Date of last yearly PPD	Date	Result	mm			

For persons with a TB skin test reaction > 10 mm

Alternatives to TB skin test:

Normal chest x-ray date:	Quantiferon gold test:
Influenza Vaccine (yearly)	Date:
COVID-19 Vaccine	Date:

Additional requirements:

- Yearly healthcare provider statement/health physical (see form)
- Covid-19 Test (if needed – see site agreement)
- Basic Life Support Certification by American Heart Association
- Drug Screen (if needed -see site agreement)
- Yearly Criminal Records Check – BCI (state) and FBI (federal)
- Proof of personal health insurance
- OSHA/HIPAA Certification
- Letters of accommodation (if needed)
- PT-CIET Training certification
- Emergency contact form

I certify that this information is correct and on file at the college

Signature of responsible administrator from college:

Date: _____

APPENDIX E



Clinical Education Assessments Completed by the Student		
DPT Student Mid-Rotation Survey	Exxat survey	Due during Week 3 of 8-week rotations Due Week 6 of 14-week rotation (the Friday prior to CIET midterm due date)
Online CIET self-assessment-midterm	Exxat CIET online	Due on Friday of Week 4 (8-week rotations) Due on Friday of Week 7 (14-week rotations)
Online CIET self-assessment-final	Exxat CIET online	Due on Friday of Week 8 (8-week rotations) Due on Friday of Week 14 (14-week rotations)
Physical Therapist Student Evaluation (PTSE) of the Clinical Experience & Clinical Site	Exxat PTSE	Upon completion of the clinical experience
Course Evaluation	Canvas	Upon completion of the clinical experience
Clinical Education Assessments Completed by the Clinical Faculty		
Clinical Site Information Form (SCCE)	Exxat	Annually upon slot confirmation
Online CIET assessment-midterm	Exxat CIET online	Due on Friday of Week 4 (8-week rotations) Due on Friday of Week 7 (14-week rotations)
Online CIET assessment-final	Exxat CIET online	Due on Friday of Week 8 (8-week rotations) Due on Friday of Week 14 (14-week rotations)
Self-Assessment of the Clinical Experience (SCCE)	Exxat Survey	Annually upon completion of the clinical experience
Self-Assessment of Clinical Instruction (CI)	Exxat Survey	Annually upon completion of the clinical experience
Survey on Curriculum and Student Preparedness for Clinical Education (CI)	Exxat Survey	Upon completion of the clinical experience
ADCE/DCE Performance Faculty Survey	Exxat Survey	Annually upon completion of the clinical experience
Clinical Education Assessments Completed by the BGSU School of Physical Therapy Faculty Advisor/Coach/DCE		
Student Progression and Preparedness Report	Navigate	Prior to Student Progression Meeting each semester
Mid-term Conference Report	Exxat	Due on Friday of Week 5 (8-week rotations) Due on Friday of Week 8 (14-week rotations)
ADCE/DCE Self-Assessment and Academic Administrators Survey	Qualtrics Survey	Annually by DCE and DSSB
Exxat CAPTE Reports	Exxat	Annually
ADCE/DCE Performance Faculty Survey	Qualtrics Survey	Completed annually by Program Director and Core Faculty

Students should refer to the specific Physical Therapy Practice Course syllabus for due dates for each assessment.

APPENDIX F



CLINICAL EDUCATION PREPAREDNESS FORM

Student Name:
Faculty Advisor:
Graduating Class:

PHYT 7971 PHYSICAL THERAPY PRACTICE I

ACADEMIC PROGRESSION:

Does the student pass all didactic courses for Semesters 1-3?

- Yes**
- No**

Did the student pass all practical exam/skills checks for Semesters 1-3 on first attempt?

- Yes**
- No**

If no, which courses required re-test and what were concerns?

RECOMMENDATIONS:

Faculty Advisor:

- Prepared
- Prepared with Concerns
- Unprepared

Date:

Comments/concerns:

Director of Clinical Education:

- Prepared
- Prepared with Concerns
- Unprepared

Date:

Comments/concerns:

CLINICAL PREPAREDNESS DECISION:

Committee of the Whole:

- Prepared
- Prepared with Concerns
- Unprepared

Date:

Comments/concerns:

PHYT 7972 PHYSICAL THERAPY PRACTICE II and PHYT 7973 PHYSICAL THERAPY PRACTICE III

ACADEMIC PROGRESSION:

Does the student pass all didactic courses for Semesters 4-5?

- Yes
- No

Did the student pass all practical exam/skills checks for Semesters 4-5 on first attempt?

- Yes
- No

If no, which courses required re-test and what were concerns?

RECOMMENDATIONS:

Faculty Advisor:

- Prepared
- Prepared with Concerns
- Unprepared

Date:

Comments/concerns

Director of Clinical Education:

- Prepared
- Prepared with Concerns
- Unprepared

Date:

Comments/concerns:

CLINICAL PREPAREDNESS DECISION:

Committee of the Whole:

- Prepared
- Prepared with Concerns
- Unprepared

Date:

Comments/concerns:

APPENDIX G



DPT Student Mid-Rotation Survey

Q1 Student Information

- First Name _____
- Last Name _____
- Email _____
- Faculty Advisor _____

Q2 Clinical Site Information

- Site name _____
- Site City _____
- Site State _____

Q3 Name of the Site Coordinator for Clinical Education (SCCE)

Q4 Clinical Instructor name and credentials

Q5 Practice Setting

- Inpatient Acute Care
- Inpatient Rehabilitation
- Inpatient Skilled Nursing Facility
- Outpatient Orthopedics
- Outpatient Neuro
- Home Health
- Other _____

Q6 Lifespan exposure

- Pediatrics (0-12 years)
- Adolescents (13-18 years)
- Adult
- Geriatrics

Q7 Do you have any concerns that you would like to talk to you advisor about regarding your current rotation?

- Yes
- No

*Display This Question:
If Q7 = Yes*

Q8. What specifically is troubling you **MOST** at this time?

- Miscommunication with CI
- Lack of knowledge
- Not “fitting in”
- Not enough independence
- Too much independence
- Personality conflicts with clinical faculty/staff
- Feeling anxious and/or depressed

Q9. Please describe below your concerns in detail:

APPENDIX H



PHYSICAL THERAPY PRACTICE MIDTERM CONFERENCE EVALUATION

Student:	Class of
Phone number:	Clinical rotation: PHYT 7971 PHYT 7972 PHYT 7973
Date:	Student(s)/CI(s) Ratio: 1:1 1:2 2:1 Other:
CI name:	Interviewer name:

INTRODUCTION QUESTIONS:

1. What types of patients is the student (are you) seeing?
2. How many per day?

CLINICAL INSTRUCTOR INTERVIEW:

1. How is the student doing?
2. Is the student participating in the entire patient management process (exam, diagnosis, prognosis, interventions, documentation, discharge)? Yes No If no, what areas are not being addressed? Where does the student need the most assistance in the patient management process? Examination; Diagnosis; Prognosis; Interventions; Documentation; Discharge
3. Is the student able to: <ul style="list-style-type: none"> • identify patient problems • develop functional goals • design POC • progress patient?
4. How are the student's documentation skills? Good; Fair; Poor Do you use electronic documentation? Yes No

5. Are there concerns regarding the student's professional behavior?	Yes	No
Identify concerns, if any:		
6. How does the student respond to your feedback?		
Receptive and readily implements appropriate changes in behavior		
Receptive, but no change in performance or behavior is noted		
Unreceptive or Defensive		
Other:		
7. Was the student academically prepared for this experience?	Yes	No
If no, what suggestions do you have for the curriculum committee to consider?		

8. What are the student's strengths?
9. What are the student's areas to improve?
10. What are your areas of focus for the remaining time?
11. Is the student at risk for failure based on the current performance? (per the PT-CIET OR CI)
Yes No
If yes, what corrective action is being taken:
12. Clinical Instructor comments that require further follow-up from the DCE:

STUDENT INTERVIEW:

1. How are you doing?
2. Are you participating in the entire patient management process (exam, diagnosis, prognosis, interventions, documentation, discharge)? Yes
No If no,
what areas are not being addressed?

<p>Where do you need the most assistance in the patient management process? Examination; Diagnosis; Prognosis; Interventions; Documentation; Discharge</p>											
<p>3. Have you had the opportunity to work with other disciplines in the HealthCare community?</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Work with patients across the lifespan?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Participate in Supervision of other personnel?</td> <td>Yes</td> <td>No</td> </tr> </table> <p>If YES, who did you supervise (PTA, Tech, etc)?</p> <p>Describe how you delegated tasks to the persons that you supervised.</p>				Yes	No	Work with patients across the lifespan?	Yes	No	Participate in Supervision of other personnel?	Yes	No
	Yes	No									
Work with patients across the lifespan?	Yes	No									
Participate in Supervision of other personnel?	Yes	No									
<p>4. Describe any other learning experiences that you have had the opportunity to participate in:</p>											
<p>5. What level of supervision do you have in seeing patients?</p>											
<p>6. Describe the feedback from your CI:</p>											
<p>7. Were you academically prepared for this professional practice experience? Yes No</p> <p>If no, in what areas did you feel deficient?</p>											
<p>8. Do you have questions about the completion of any paperwork or assignments?</p>											
<p>9. Where are you staying?</p>											

10. Do you have any concerns at this point?

11. Student comments that require further follow-up from the DCE:

APPENDIX I

INSERVICE EVALUATION FORM

Date: _____

Facility: _____ Presenter: _____

Topic: _____

Instructions:

Please check the BEST response and comment on your response.

1. The objectives were clearly indicated to the audience:

Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____ Unsure _____

Comment:

2. The presenter was prepared and knowledgeable about this topic:

Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____ Unsure _____

Comment:

3. The method (e.g. demonstration, lecture, laboratory) of the presentation was appropriate:

Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____ Unsure _____

Comment:

4. The use of audiovisuals/other materials was helpful:

Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____ Unsure _____

Comment:

5. The presenter showed good communication skills:

Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____ Unsure _____

Comment:

6. Overall, this inservice was helpful for me:

Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree _____ Unsure _____

Comment:

7. General Comments:

Thank you for taking the time to complete this form!

APPENDIX J

Clinical Internship Evaluation Tool: Clinical Instructor and Student Instructions

INTRODUCTION

The Doctor of Physical Therapy at Bowling Green State University recognizes that in the present day health care environment, a student graduating from an entry-level physical therapy program must be fully independent. The graduate should be able to skillfully manage patients in an efficient manner while achieving an effective outcome. We strive to achieve this goal through both the didactic and the clinical education portions of our curriculum. Thus, we developed a clinical performance tool that evaluates the student against this benchmark. In order for this tool to be an effective and reliable measure, students *must* be rated against the standard of a competent clinician who meets the above criteria. If students are rated against the standard of an entry-level practitioner, this tool will not provide a uniform method of evaluation. In addition, it is our belief that the criteria will be too low.

USING THE FORM

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

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

demonstrate *Professional Behaviors* in the clinic, with the exception of Communication Skills, which may be developing during the initial clinical education experiences.

The second section, *Patient Management* evaluates the student's ability to efficiently manage a patient with an effective outcome. It is divided into four sections, Examination, Evaluation, Diagnosis/Prognosis, and Intervention. These elements of patient management are defined in the APTA Guide to Physical Therapist Practice. The examination includes all aspects of gathering data from the patient including obtaining a history, a systems review, and performing tests and measures. The evaluation is the analysis and synthesis of the data gathered in order to determine a diagnosis and plan of care for the patient. The student should demonstrate the development of their critical thinking skills during the evaluation process of patient management including determining the patient's impairments and functional limitations. Diagnosis/Prognosis involves all aspects of developing a plan of care for the patient including determining a diagnosis for physical therapy management (not the medical diagnosis), determining the prognosis or outcome for this episode of physical therapy care, determining the appropriate frequency and duration of care including criteria for discharge, and determining the appropriate treatments. Intervention includes the student's ability to apply the treatments, perform patient/family education, monitor the patient's response to treatment and adapt accordingly, and recognize when the outcome has been reached. For all areas of patient management, the student should be using the best available evidence in their decision making.

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

Types of Patients:

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

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

Level of Clinical Instructor Support:

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

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

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

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

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

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

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

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

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

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

Global Rating Scale: On the last page you are asked to make a global rating about how the student compares to a competent clinician on an eleven-point scale from 0 to 10. The bottom of the scale indicates a student *Well Below a Competent Clinician* and the top of the scale represents a student *Above a Competent Clinician*. Please place an X in one of the boxes indicating the level where you feel your student is performing.

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

Please complete this form and review it with the student at midterm and at the end of the clinical experience. Submit forms to the Director of Clinical Education (DCE) at Bowling Green State University at the intervals specified above (midterm or final). Do not hesitate to call the DCE at any time during the clinical experience with questions or concerns regarding use of this tool or the student's performance. The DCE's telephone number is 419-372-6333.

REFERENCES:

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

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

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

STUDENT NAME:

STANDARDS & BENCHMARKS			RATING			
PROFESSIONAL BEHAVIORS	Never	Rarely	Sometimes	Most of the time	Always	Not observed
SAFETY						
1. Follows Health and Safety Precautions (e.g. Universal/Standard Precautions)						
2. Takes appropriate measures to minimize risk of injury to self (e.g. appropriate body mechanics)						
3. Takes appropriate measures to minimize risk of injury to patient (e.g. chooses correct level of assist)						
Comments:						
Met Clinical Benchmarks for Safety <input type="checkbox"/> Yes <input type="checkbox"/> No						
PROFESSIONAL ETHICS						
1. Demonstrates compliance with all regulations regarding patient privacy, confidentiality, and security. (e.g. HIPAA, DOH, PA PT Practice Act)						
2. Demonstrates positive regard for patients/peers during interactions						
3. Demonstrates cultural competence; shows						

tolerance of and sensitivity to individual differences						
4. Adheres to ethical and legal standards of practice, including Practice Act and APTA Code of Ethics						
5. Maintains appropriate appearance and attire in accordance with the facility's dress code						
6. Maintains appropriate professional conduct and demeanor as per the Code of Professional Conduct						
7. Demonstrates awareness of patients' rights and Responsibilities						
Comments:						
Met Clinical Benchmarks for Professional Ethics <input type="checkbox"/> Yes <input type="checkbox"/> No						
INITIATIVE						
1. Recognizes and maximizes opportunity for learning						
2. Implements constructive criticism						
3. Utilizes available resources for problem solving						
4. Is a positive contributor to the efficient operation of the clinic through the demonstration of teamwork and flexibility						
Comments:						

Met Clinical Benchmarks for Initiative <input type="checkbox"/> Yes <input type="checkbox"/> No						
COMMUNICATION SKILLS						
<i>Communicates verbally with precise and appropriate terminology and in a timely manner.</i>						
1. With patients and families/caregivers						
2. With healthcare professionals (e.g. MD, nurses, insurance carriers, case managers, OT, ST, etc.)						
<i>Communicates in writing with precise and appropriate terminology and in a timely manner.</i>						
3. Documentation standards (e.g. concise, accurate, legible; conforms with standard procedures)						
4. With professionals (e.g. documentation, letters, plans of care, etc.)						
5. With patients and families/caregivers (e.g. patient home programs, etc.)						
Comments:						
Met Clinical Benchmarks for Communication <input type="checkbox"/> Yes <input type="checkbox"/> No						

Student signature: _____ **Date:** _____
Clinical Instructor signature: _____ **Date:** _____

Student Name: _____

Please compare the student to the competent clinician who is able to skillfully manage patients in an efficient manner to achieve an effective outcome. (Refer to page 3 for RATING definitions)

STANDARDS & BENCHMARKS			RATING		
PATIENT MANAGEMENT	Well Below	Below	At That Level for Familiar Patients	At that Level for all Patients	Above
EXAMINATION					
1. Obtains an accurate history of current problem					
2. Identifies problems related to activity limitations and participation restrictions using standardized outcomes instruments when available					
3. Performs systems review and incorporates relevant past medical history					
4. Generates an initial hypothesis					
5. Generates alternative hypotheses (list of differential dx)					
6. Selects evidence-based tests and measures to confirm or disconfirm hypotheses					
7. Recognizes contraindications for further tests and measures					
8. Demonstrates appropriate psychomotor skills when performing tests and measures					
EVALUATION					
1. Makes correct clinical decisions based on the data gathered in the examination (confirms/disconfirms initial and alternative hypotheses)					
2. Identifies impairments in body structure and function; activity limitations; and participation restrictions					
3. Administers further tests and measures as needed for appropriate clinical decision making					

DIAGNOSIS/PROGNOSIS					
1. Determines a diagnosis for physical therapy management of the patient					
2. Determines expected outcomes (using standardized indices of activity limitations and participation restrictions where applicable) of physical therapy interventions (goals)					
3. Selects appropriate physical therapy interventions or makes appropriate consultations or referrals					
4. Determines appropriate duration and frequency of intervention; considers cost effectiveness					
5. Determines criteria for discharge					
INTERVENTION					
1. Adheres to evidence during treatment selection					
2. Applies effective treatment using appropriate psychomotor skills					
3. Incorporates patient/family education into treatment					
4. Incorporates discharge planning into treatment					
5. Assesses progress of patient using appropriate measures					
6. Modifies intervention according to patient/client's response to treatment					
7. Recognizes when expected outcome has been reached and makes appropriate recommendations					
8. Recognizes psychosocial influences on patient management					

Please comment here on the specific areas of concern or areas of strength.
Examination:
Met Clinical Benchmarks for Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No

Evaluation:

Met Clinical Benchmarks for Evaluation? Yes No

Diagnosis/Prognosis:

Met Clinical Benchmarks for D/P? Yes No

Intervention:

Met Clinical Benchmarks for Intervention? Yes No

1. Global Rating of Student Clinical Competence

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

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

0	1	2	3	4	5	6	7	8	9	10

*Well Below a
Competent Clinician*

*Above
Below a
Competent
Clinician*

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

_____ Yes _____ No

Summative Comments: _____

Student Signature: _____ **Date:** _____

Clinical Instructor Signature: _____ **Date:** _____

APPENDIX K



Sample Clinical Education Student Orientation

1. Once the student has arrived, the challenge of trying to organize a very confusing day begins. A written in-house orientation manual may help by providing the student with concrete written and visual examples of how they are to function in your facility and of important policies, procedures, and philosophies of your department. Possible items to include are:
 - a. Expectations of the student; behavioral objectives
 - b. Emergency procedures
 - c. Telephone and paging system (with numbers)
 - d. Patient charging system
 - e. Documentation: completed forms, samples of progress notes, any unique requirements
 - f. Approved medical abbreviation list
 - g. Accident/incident report forms
 - h. Policies and procedures
 - i. Facility organization chart
 - j. Location of equipment and supplies available
 - k. Chain of command – who is responsible to whom
 - l. Patient scheduling system
 - m. Learning experiences available in your facility
 - n. Responsibilities and training background of supportive personnel
2. Try to arrange these items in order of exposure. Detail the components with examples and/or samples. This manual should be available for reference throughout the clinical experience to answer student's questions.
3. Do you have any special features in your department which should be mentioned in this manual? For example, information on referring physicians, (i.e., specialty area, how and when to contact, etc.) or current research projects, specialty areas of the staff.

CLINICAL EDUCATION STUDENT ORIENTATION

B. Suggestions for Orientation

1. Put the student at ease. Reserve a small amount of time on the first day to get to know the student. Be friendly.
2. Provide an orientation schedule. Include times, and name(s) of person responsible.
3. Provide handouts and include:
 - a. A written list of staff with whom the student will have frequent contact. Include telephone extension numbers for quick reference.
 - b. Location of work areas, offices of instructors, supervisors, restrooms, etc.
 - c. Expectations of free time (coffee breaks, lunch).
 - d. Important information for easy reference. The student cannot retain everything at once. *See below.
4. Introduce staff, referring to a list when appropriate. Help the student to take particular notice of individuals who may be able to provide future assistance. Be personable and include items of interest: hobbies, personalities, strengths.
5. Reassure the student that although grades are given, evaluations are used to determine strengths and weaknesses with the emphasis on learning rather than on grading.
6. Encourage the student to feel comfortable about asking questions. Solicit questions from the student from time to time throughout the first few days.

*You may want to develop an in-house student orientation manual for the student's reference. See next page for ideas of what to include in such a manual.

Sample Orientation Schedule

WEEK ONE

(Day 1)

1. Cordial Greeting student.
2. Tour department- define student area/desk/personal items
3. Introduce student to each staff member.
4. Discuss expectations of student and clinical instructor (CI).
5. Discuss learning/supervisory styles of student and CI.
6. Review orientation manual.

7. Lunch – make sure someone invites him/her to lunch.
8. Observe treatments (preferable of CI) – assist as appropriate.
9. May begin patient assignment

WEEK ONE (Day 2-5)

1. Tour facility.
2. Confirm special opportunities to be experienced (if appropriate) – schedule times
3. Arrange conference and evaluation sessions (daily, weekly, etc.) to review patients, answer questions, or address problems.
4. Issue checklist of available procedures, modalities, and techniques with which the student should become familiar. Make them responsible for completion.
5. May have a welcome luncheon – depending on the length of the clinical experience

Sample Orientation Worksheet

A good orientation is critical to the success of any clinical education experience. The student and the CI (or someone designated by the CI, in some cases) should cover the following by the third or fourth day of the affiliation.

- A 30-60 minute meeting between the student and CI to discuss:
 - Phone number of the person the student should call if he/she will be unable to arrive at the clinic on time due to illness or emergency
 - If someone needs to get emergency information to the student while they are at the facility, what number should they call
 - Emergency weather plan of facility (who to call, will a closing be announced on the radio?)
 - The CI should have the student's emergency medical information
 - Learning style preferences of the student and teaching style preferences of the CI
 - Feedback and supervision – discuss student's and CI's preferences
 - Student's goals (see Student Profile Form) and expectations
 - Expectations that the CI has of the student
 - Observational opportunities available (surgery, OT, Speech, clinics, specialty areas) and how these will be scheduled
- Tour of facility
- Emergency policies within facility – FIRE, MEDICAL EMERGENCY,
- How to use phones

- Where to keep valuables
- Restrooms

- Know working and lunch hours

- Documentation and patient charging system (including confidentiality procedures)

- Review Policies and Procedures Manual (including handling of linen, color coding systems for infectious waste, proper cleaning of body fluid spills, proper waste disposal)

- Patient scheduling system

- Introductions to personnel student will be working with

- Location of equipment and supplies – including emergency and safety equipment (protective garments, CPR mask, first aid kit, transfer belts, etc.)

APPENDIX L



COVID-19 CLINICAL EDUCATION PROCEDURES AND RECOMMENDATIONS

CLINICAL EDUCATION COVID-19 PROCEDURES

1. Clinical sites may cancel clinical placements if circumstances (staffing, caseload, facility ownership, pandemics, etc.) change to the extent that they are unable to provide a learning environment for the student. According to the DPT Clinical Education Handbook: Section 1.7: “In the event of cancellation by the facility, the Director of Clinical Education (DCE) will notify the student immediately. In most cases, the DCE can find an alternate placement without a significant loss of clinical clock hours or internship/externship “continuity” for the student. In certain cases, however, depending upon the timeline of the cancellation and other specific circumstances, student placement into an alternate facility may require the rescheduling or addition of clinical practice hours.”
2. If a student becomes ill or is forced to quarantine due to COVID-19, they should immediately contact the DCE.
3. Contingency plans will be determined by the DCE, Director of Student Affairs, Faculty Advisor/Coach, and the Program Director.

The School of Physical Therapy at Bowling Green State University recognizes the unique and unprecedented challenges caused by the COVID-19 pandemic faced by our clinical partners. We also recognize our responsibility to continue to advance the training and education of the workforce of tomorrow. Although CAPTE has provided some flexibility to clinical education expectations and duration, there is still a fundamental need to provide sufficient opportunity for students to practice, apply, and demonstrate competency of entry-level performance skills before graduation.

To preserve clinical education learning opportunities for our students, the program has identified the following actions and student expectations to support our clinical partners. The program also recognizes the critical need for flexibility for start dates and duration of clinical experiences based on the unique circumstances of each clinical site.

Finally, we know that guidelines may change as we continue to navigate the impact of the pandemic. We will remain in communication throughout the clinical experiences and encourage you to contact us if you have any thoughts, questions, concerns, or suggestions. We are in this together to continue to grow our profession and maintain high academic and professional standards.

COVID-19 SPECIFIC TRAINING

- Students will have fully received the COVID-19 Vaccination before entering the DPT Program as mandated by Bowling Green State University.

- Students will have completed annual OSHA/Bloodborne Pathogen training and physical health assessment.

Students will complete eLearning courses on the APTA’s Learning Center specific to the Post-Acute COVID-19 Exercise and Rehabilitation (PACER) Project as a learning assignment in PHYT 7409: Cardiopulmonary Practice. Students will complete any additional population-specific (i.e., Pediatrics or Geriatric Considerations) courses related to their clinical experience. Student’s will upload a certificate of completion to the Physical Therapy Practice, I, II, and III Course Canvas pages. Resources are listed below.

- [COVID-19: Clinical Best Practices in Physical Therapy Management](#)
- [PACER Series: COVID-19 Specific Considerations](#)
- If the student participates in services delivered via telehealth, they will be encouraged to view the [APTA Telehealth Resources](#).

SELF-REPORTING ILLNESS

- Students will be expected to IMMEDIATELY self-report signs or symptoms of illness. The student should notify the DCE, the Clinical Instructor, and the site Employee Health (or Rehab Supervisor if appropriate).
- Per [CDC Covid 19 Guidelines](#) as of 2/22/2021, COVID-19 symptoms to be monitored and reported include:
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
- Exposure: If the student is informed that they were exposed to someone who tests positive to COVID-19 at any time during the clinical experience, either in or out of the facility, the student will immediately contact the DCE, clinical instructor, and site coordinator.
- Testing considerations: If a student requires testing to be “cleared” to begin a clinical experience or because they present with symptoms, they will first seek options through their primary care provider, city- or state-sponsored testing, or university testing if available. If a student requires testing due to exposure during patient care, the DCE will discuss testing options with the clinical partner.
- Mental health concerns: Students are to be reminded frequently that a variety of on-campus and virtual/remote options are offered through university services to help monitor and support our students' emotional and mental health: [BGSU Counseling Center](#).
- Insurance: Students maintain personal health insurance on clinical rotations, and the school maintains professional liability insurance. Currently, there is no indication for a change in this original policy.

SITE-SPECIFIC DETERMINATIONS

- Students will follow site-specific guidance on what specific Personal Protective Equipment (PPE) should be worn when engaged in patient care and during time in the clinic. Sites are expected to provide appropriate PPE for patient care, although students may be required to bring a reusable

- mask if necessary.
- Students are NOT fit-tested for N-95 masks by the university. Therefore, students will not be engaged in patient care where the patient is on airborne precautions, or an N-95 mask is indicated unless fit-tested by the clinical site.
- Students will be compliant with temperature checks & screens upon clinical site entry if indicated.
- The student may be asked to keep a list of patients treated if contact tracing is later needed.

STUDENT EXPECTATIONS

- Students are expected to demonstrate Professional Behaviors at all times as defined by the American Physical Therapy Association (APTA). However, when dealing with challenges caused by the current pandemic, it is imperative to recognize the need for the following student behaviors:
 - **Flexibility**- Plans (e.g., settings, dates) made for clinical experiences may change abruptly and without warning. Likewise, policies and requirements for our clinical partners are continuously evolving based on new information and data. We must be flexible and adaptable to these changes.
 - **Respect**- Our clinical partners are facing unique and unprecedented challenges, and we must be respectful and aware of those challenges.
 - **Open-mindedness**- Students are expected to be open and adaptable to alternative learning experiences (including multiple clinical instructors, numerous students, simulations, etc.)
 - **Problem solving**- Students are encouraged to actively engage in how our profession addresses and identifies solutions to new problems. For example, older individuals may be hard of hearing. Due to the use of masks, students may have to use alternative ways of communicating, as allowed by the clinical site. (e.g., written instructions, whiteboard)
 - **Resiliency** – During these challenging times, students are reminded to continue to develop their own emotional resilience.

ADDITIONAL RESOURCES

- American Council of Academic Physical Therapy: <https://acapt.org/covid19-response>
- American Physical Therapy Association, Telehealth resources: <http://www.apta.org/Telehealth/>
- Academy of Acute Care PT: <https://www.acutept.org/page/COVID19>
- PACER Series: COVID-19 Specific Considerations: https://www.youtube.com/channel/UCJR0p2186h3OYPfnavgjfHQ?view_as=subscriber
- World Physiotherapy, COVID-19: Practice based resources: <https://world.physio/covid-19-information-hub/covid-19-practice-based-resources>
- Bowling Green State University COVID-19 Response: <https://www.bgsu.edu/covid19.html>

APPENDIX M



Clinical Education Hardship Form

Students are expected to travel out of state or beyond 60 miles for at least one clinical experience. The DPT Program's clinical education team at Bowling Green State University recognizes that moving for a clinical experience may not be feasible for some and will consider this a hardship for clinical education purposes. All hardship form submissions will be approved or declined by the DPT Program's Academic Standards and Progression Committee.

Hardship submissions approved by the DPT program's Academic Standards and Progression Committee is considered valid for the remainder of your clinical education experiences. You do not have to submit another request for future clinical education experiences once approved.

1. First Name
2. Last Name
3. Cohort Year
4. Please provide a specific example(s) to justify your inability to travel for clinical experiences (examples may include but not be limited to military status, primary caregiver, chronic illness, or dependents within your household).

