

UNIVERSITY OF CONNECTICUT
DOCTOR OF PHYSICAL THERAPY PROGRAM
Clinical Education Policies and Procedures
Student Manual
2024-2025

Dr. Jon Rizzo, Director of Clinical Education
Phone: (860) 486-0020
Email: jon.rizzo@uconn.edu

Dr. Mary Beth Osborne, Associate Director of Clinical Education
Dr. Kelly Conte, Associate Director of Clinical Education
Dr. Devon Hock, Associate Director of Clinical Education
Rachel Chasse-Terebo, Clinical Compliance Coordinator

Rev. 5/1/2024

TABLE OF CONTENTS

Clinical Education Curriculum, Outcomes & Courses	4
Roles and Responsibilities –Faculty	10
Rights and Privileges of Clinical Faculty	13
Requirements for Enrollment in Clinical Education Courses	14
Placement Policies, Procedures & Cancellations	15
Student Responsibilities	21
Travel	23
OSHA and HIPAA Trainings	23
Cardiopulmonary Resuscitation and First Aid	23
Criminal Background Checks and Drug Screenings	23
Health Policies	24
Students with Disabilities	25
Students with a Medical Marijuana Card	26
Health Insurance	27
Professional Liability Coverage	27
Monitoring Student Compliance	27
Procedures during Clinical Experience	27
Release of Student Information	29
Professional Behavior	30
Patient and Facility Rights	30
Work Schedule and Workload re Clinical Education Courses	31
Absences	32
Student Injuries	33
Incidents Involving Patients	33
Drug and Alcohol Abuse	34
Student Employment During Clinical Experiences	34
In-service Presentations	34
Clinical Supervision	35
Interpersonal Problem Resolution	36
Contact with the DCE	36

Monitoring Student Performance	37
Unsatisfactory Performance	38
Assessment of Learning	38
Grading Criteria	39
Withdrawal from Clinical Education Courses	40
Remediation	41
Due Process	41
Student Assessment of Clinical Education	42
Evaluations of CI, DCE & Academic Preparation	42

APPENDICES

Course Syllabi:		
	PT 5460	45
	PT 5461	51
	PT 5463	54
	PT 5464	60
	PT 5466	63
	PT 5467	71
	PT 5469	74
Student Readiness For Clinical Education Description and Form		77
Student Consent & Attestation for Field Placements Form		79
Clinical Education Course Inservice Description and Eval Form		82
UConn Policy Against Discrimination, Harassment, and Related Interpersonal Violence		84
Clinical Education Course Weekly Planning Form		85
Student Evaluation of the DCE/ADCE		86
Clinical Education Student Progress Evaluation		88
APTA CPI 3.0 Instructions for a Student and CI		91
Academic Advisory Forms- Academic Advisory Report		103
Academic Advisory Forms- Academic Advisory Notice		105
Academic Advisory Forms- Interpretations		107

The Clinical Education Curriculum

The role of clinical education in the preparation of Physical Therapy professionals cannot be overstated. The UConn DPT program is committed to excellence in this most important area. It is the belief of our faculty that clinical application of classroom knowledge in diverse and contemporary environments is pivotal in allowing students to fully integrate and expand understanding of clinical practice. To that end, clinical partners are selected based on a history of high-quality patient care and dedication to a learning process that is consistent with the program's expectations.

Our faculty encourage close relationships with those who assist in the preparation of our students. This partnership's goal is to develop technically competent clinicians who also have strong ethical standards. Interaction with physical therapist role models whose practice is consistent with this philosophy is vital.

Clinical education forms a central theme in the curriculum, incorporated not only as full-time clinical experiences, but also as part-time Integrated Clinical Experiences (ICEs). Full-time Clinical Education I, II, III courses occur in inpatient, outpatient, and in some cases, specialized settings. ICE courses occur in three patient disciplines, Acute Care, Musculoskeletal/Orthopedics, and Neuro-Rehabilitation.

The clinical education program includes clinical experiences that encompass the management of patients representative of those commonly seen in practice across the lifespan, across the continuum of care, and in settings representative of those in which physical therapy is commonly practiced.

Clinical Education Serves the Student Best When:

1. Expectations are made clear for everyone involved and are based on the American Physical Therapy Association's (APTA) Code of Ethics¹, Core Values², and Guide for Professional Conduct³.
2. Accountability to expectations involves frequent opportunities to show competence in the three behavioral domains as defined by Bloom⁴: Psychomotor (hands-on/motor skills), cognitive (clinical reasoning and decision-making), and Affective (communication, caring/compassion, and professionalism).
3. Planned opportunities exist for student discovery, guided practice, feedback, and growth in applying knowledge, skills, and attitudes to real patients/clients.
4. Self-assessment is required and results in plans for growth.
5. Opportunities for presentation and discussion of the advantages and disadvantages of multiple, plausible alternative patient/client management plans are considered and applied within the constraints of competent and ethical clinical practice.
6. Clinical faculty hold the student in unconditional positive regard and view their role as clinical mentors as an extension of the academic program.

Expected Student Outcomes for Full-Time Clinical Experiences

At the end of all Full-time Clinical Education courses, each student will demonstrate entry-level skill outlined in all categories outlines by the Clinical Performance Instrument Version 3.0⁵:

1. **Ethical Practice:** Practices according to the Code of Ethics for the Physical Therapist; demonstrates respect for self, the patient/client, and colleagues in all situations.
2. **Legal Practice:** Practices according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
3. **Professional Growth:** Accepts and is receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills.
4. **Communication:** Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., interpreters) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist assistants regarding patient/client care.
5. **Inclusivity:** Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status).
6. **Clinical Reasoning:** Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgment leading to accurate and efficient evaluations including selection of examination techniques, diagnosis, prognosis, goals, and plan of care; ensures patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues).
7. **Examination, Evaluation, and Diagnosis:** Performs evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rules out other pathologies and refers to or consults with other healthcare professionals as necessary; evaluates data from the patient/client examination (e.g., history, systems review, tests and measures, screening, and outcome measures) to make clinical decisions, including the determination of a diagnosis to guide future patient/client management.

8. Plan of Care and Case Management: Establishes a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapts plan of care as appropriate by utilizing test and retest measures, outcome measures, and caseload discussions to ensure patients/clients are progressing toward discharge goals.
9. Interventions and Education: Selects and performs appropriate physical therapy interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that are evidence-based and completed competently and efficiently; consults with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educates patients/clients and caregivers using a multimodal approach based on patient's/client's learning style; educates healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities.
10. Documentation: Produces quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation.
11. Financial Management and Fiscal Responsibility: Identifies financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjusts plan of care and schedule frequency based on the patient's/client's financial concerns or needs; understands nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bills patients/clients according to legal guidelines and insurance regulations; demonstrates appropriate understanding of other fiscally responsible behaviors, including time management and appropriate use of clinical supplies and equipment when providing physical therapy services.
12. Guiding and Coordinating Support Staff: Actively participates in caseload discussions with interprofessional colleagues to optimize patient/client outcomes; delegates tasks to support staff as appropriate; identifies patient/client complexity model of care when scheduling patients/clients with a physical therapist assistant versus a physical therapist.

Clinical Education Courses

Each student must successfully complete a minimum of 30-33 weeks of full-time (approx. 40 hours/week), supervised clinical practice in approved clinical education settings. Supervision is fulfilled only by a currently licensed physical therapist. These experiences are provided in 3 courses occurring during the final year of the curriculum. The three full-time Clinical Education courses (I, II, and III) can occur in the following physical therapy settings (acute care, sub-acute care (skilled nursing facilities or similar facilities), inpatient neuro-rehabilitation, home care, outpatient orthopedics, outpatient neuro-rehabilitation, as well as in specialty areas such as pediatrics, military, sports/performance, pelvic health, and oncology. There is no specific sequence for completing rotation requirement types, but the order is frequently dictated by the availability of sites, clinical site discretion given student experience level, and the particular student's performance in didactic courses, overall knowledge, and experience. The Director of Clinical Education (DCE) decides in which of these disciplines each clinical experience resides. In some cases, the three specific clinical experience environments might be altered with the approval of appropriate faculty members. The reasons for such a change include lack of availability of a specific type of site or late cancellation of a clinical site. Students who wish to perform a clinical experience in Pediatrics are required to take the Pediatric Elective Course, PT 5472. Full-time Clinical Education courses I, II, and III are graded as either Satisfactory (S), Unsatisfactory (U), or Incomplete (I). Although students provide preferences for their rotation types, locations, and overall sequence and these are honored in nearly every case, the DCE and faculty have the final say regarding final decisions on rotation choices. This is to ensure students' rotations are realistic given the student's skill level, strengths, and weaknesses, and to set them up for success in passing the rotation and continuing to graduation.

The curriculum also includes part-time clinical experiences integrated within the didactic part of the curriculum (during the first two years). These part-time Integrated Clinical Experiences (ICEs) offer students the ability to synthesize and apply concepts and techniques in actual clinical settings before progression to full-time clinical courses. ICE courses take place at hospitals, clinics, schools, community wellness centers, and other appropriate PT practice settings.

UConn Academic Faculty and local Clinical Faculty partners provide supervision and hands-on training for the ICE courses. Some of the frequent ICE clinical settings are the UConn Health/Nayden Rehabilitation Clinic (Storrs, CT), UConn Health/John Dempsey Hospital (Farmington, CT), Select Physical Therapy (multiple locations), and Hospital for Special Care (New Britain, CT) but ICE settings are not limited to these particular facilities.

Prior to ICE and full-time clinical education experiences, students partake in PT 5460- Introduction to Clinical Education. The course serves to provide information on and optimize expectations for ICE and full-time clinical education settings. In addition, it provides learning and self-assessment strategies specific to the kind of experiential learning that takes place during clinical education. This includes learning style assessment, experiential learning processes, critical thinking optimization, and self-reflection. The course also serves as the students' introduction to the Clinical Performance instrument and Exxat clinical education software used throughout the clinical education curriculum.

Clinical Education Course Descriptions (see syllabi in appendix):

PT 5460: Introduction to Clinical Education

Time Offered: Fall, First Year

Course Description:

This one credit course is intended to provide students with a foundation for clinical PT experiences and to enhance collaboration with other health care professionals. Concepts of critical thinking, expert practice, experiential learning, collaborative learning and inter-professional practice will be explored. Students will develop an understanding of the importance of inter-professional practice, professional behaviors, self-evaluation, and patient-centered care using a team-based approach.

PT 5463: Integrated Clinical Experience, Musculoskeletal

Time offered: Fall semester, Second Year

Course Description:

A clinical experience that provides students the opportunity to integrate interventions learned in PT 5453 and PT 5454 in an outpatient setting. Students will utilize examination and manual therapy skills in the development and implementation of plans of care for outpatients with various musculoskeletal conditions.

PT 5466: Integrated Clinical Experience, Neuromuscular

Time offered: Spring, Second Year

Course Description:

A clinical experience that provides students the opportunity to integrate interventions learned in PT 5455 and PT 5456 in a clinical setting. Students will utilize examination and intervention skills in the development and implementation of plans of care for patients with various neuromuscular conditions.

PT 5469: Integrated Clinical Experience, Acute Care

Time offered: Spring, First Year

Course Description:

This course provides students with clinical experience at hospitals and sub-acute health facilities. Students will observe and will assist as appropriate with patient care under the supervision and direction of a licensed physical therapist. The course allows students to integrate and apply the didactic component of the curriculum in an acute or sub acute environment. It is designed to foster the student's appreciation for the multidisciplinary nature of hospital care.

PT 5461, 5464, and 5467: Clinical Education I, II, and III

Time offered: July, September/October, and January (10, 11 and 12 weeks respectively),

Third Year

Course Description:

Under close supervision by a licensed Physical Therapist, students will participate as a member of the health care team to provide patient care in an inpatient or outpatient setting for 10 weeks. Patient care settings may include but are not limited to: Acute Care, Orthopedics, Neuro-Rehabilitation or specialties including but not limited to pediatrics, oncology, or women's health. The course is held off campus at individually assigned clinical facilities throughout the country. Each student is assigned one or two clinical instructors who are physically present and immediately available for direction and supervision.

Roles and Responsibilities

Responsibilities of the Director of Clinical Education

The Director of Clinical Education (DCE) is the course instructor of record for Full-Time Clinical Education courses I & II (PT 5461, 5464) and awards the course grade. The DCE is responsible for planning, coordinating, facilitating, administering, and evaluating the clinical education curriculum and for monitoring each student's performance during Full-time Clinical Education courses. The DCE serves as a liaison between the physical therapy program and clinical education sites. In cooperation with other academic faculty, the DCE establishes clinical education standards, selects and evaluates clinical education sites, and maintains communication among all parties. In collaboration with the Associate Director(s) of Clinical Education, the DCE makes decisions regarding which clinical education faculty member will serve as the mentor/advisor for students while in full-time clinical experiences. The advisor contacts the student and clinical instructor (CI) early on in the experience and as necessary throughout the experience, configures the CPI for the student and CI, arranges a midterm meeting with all parties, and monitors all assignments and assessments that occur during the experience (CPI, discussion board, inservice, etc.)

Along with the ADCE, The DCE counsels students regarding full-time Clinical Education site choices given student desires/needs and program requirements. This is done via group meetings (with the entire cohort of students) and with individual student meetings where students can communicate their preferences for clinical experiences, including types and willingness to travel.

In cooperation with other academic faculty and the ADCE, the DCE also determines each student's readiness to engage in clinical education, including a review of performance deficits, professionalism concerns, and/or unsafe practices by the student. This is determined via faculty review of DCE-determined clinical assignments and is completed via faculty meeting for each clinical experience. Other methods to determine readiness include completion of the *Clinical Readiness For Clinical Education* Form, referencing the *Criteria and Ratings for Faculty* document, reviewing feedback given during the ICE clinical visits, amassing communication with faculty regarding student performance in the didactic curriculum, analysis of student performance on the Cumulative Exam held at the end of Year 2, and instances of didactic or professionalism concerns documented on the Academic Advisory Report.

As part of the Academic Advisory Committee, the DCE has an active role in developing remediation measures for students who perform poorly in a didactic course, have a DPT GPA below 3.0, receive a grade of Incomplete or Unsatisfactory for a full-time Clinical Education course, or demonstrate unsatisfactory professionalism in any DPT-related activities. Poor academic performance and/or professionalism may be documented with the *Academic Advisory Notice* form, *Academic Advisory Report*, and the *Academic Advisory Report Category Interpretation* form (all in appendix). The DCE also

provides feedback to other faculty members regarding student clinical performance as a means of feedback for the didactic curriculum, ensures that academic policies and procedures related to clinical education are upheld, and determines if clinical education faculty are meeting the needs of the program. Assessment of clinical faculty is completed via site visits, virtual meetings, or phone calls during every Full-Time Clinical Experience. These serve also to monitor the continued appropriateness of the experience as well as student progress and assessment using the APTA CPI⁵. The DCE also establishes new clinical education sites based on need, student interest, and recent trends in Physical Therapy education and clinical care.

Responsibilities of the Associate Director(s) of Clinical Education (ADCE)

The clinical education team may include 1 or more Associate Directors of Clinical Education (ADCE). One ADCE will be the course instructor of record for the 3rd Full-Time Clinical Education course (PT 5467) and awards the course grade. The Associate DCE also participates in some of the aforementioned DCE responsibilities. Major responsibilities regarding clinical education for the Associate DCE include but are not limited to the following:

- Developing, conducting, coordinating, and evaluating the clinical education program.
- Counseling students regarding full-time Clinical Education site choices given student desires/needs and program requirements.
- Using information provided by the clinical education faculty and other information as needed to assess student learning in full-time Clinical Education courses and assign a course grade.
- Conducting site visits or phone calls during every Full-Time Clinical Experience to monitor the continued appropriateness of the experience as well as student progress and assessment using the APTA CPI.
- Establishing new clinical education sites

Responsibilities of Clinical Instructors (CI)

The Clinical Instructor (CI) is the student's immediate supervisor and mentor during all ICE and full-time clinical experiences. The CI is employed by the clinical facility and is responsible for formal and informal evaluations of students during the experience.

Responsibilities include:

- Holding a valid PT license and having at least 1 year of clinical experience with the patient population to be seen by the student.
- Valuing the use of evidence in practice and encouraging the student to use critical inquiry effectively.
- Demonstrating clinical competence as well as legal and ethical behavior consistent with the DPT program and APTA standards^{1,2,3}.
- Communicating with the student and DCE/ADCE asynchronously and synchronously in the form of email communication, a midterm meeting, and CPI ratings and comments at midterm and final.
- Collaborating with students to plan learning experiences that fall within the student's scope of knowledge and skill.
- Reading all materials provided by the DPT Program and seeking clarification where necessary.
- Providing effective direct supervision for assigned students appropriate for the specific course and the student's skill level.
- Providing effective and timely feedback regarding student performance.
- Completing the CPI training course offered by the APTA if not already completed.
- Correct and timely completion of the CPI at midterm and the end of each full-time Clinical Education course.
- Submitting all forms/evaluations requested by the program.
- Encouraging the student to self-assess.
- Making time to instruct and mentor the student, as well as complete both informal and formal evaluations of the student despite other clinic responsibilities.
- Provide a patient caseload and an appropriate level of independence to the student in a progressive fashion and only after CI teaching and mentorship support such a caseload and independence level.

Responsibilities of the Site Coordinator of Clinical Education (SCCE)

The Site Coordinator of Clinical Education (SCCE) is employed by the clinical site and manages the site's clinical education program.

Responsibilities include:

- Coordinating the assignments and activities of students in a way that is consistent with the UConn DPT Program curriculum.
- Demonstrating legal and ethical behavior consistent with the DPT program and APTA standards^{1,2,3}.
- Communicating with the CI, student, and DCE/Associate DCE effectively.
- Reading all materials relating to the PT program and seeking clarification where necessary.
- Monitoring the performance of the CI and student.
- Distributing all forms and information sent by the DCE to the student and CI.
- Ensuring that the CI is communicating well with the DCE/ADCE and personally assisting with communication if the CI demonstrates a lack of responsiveness to communication, ineffective mentoring ability, or neglects to complete formal or informal student assessments.

Rights and Privileges of Clinical Faculty

- The SCCE and CI have the right to schedule student Clinical Experiences so that patient care is not adversely affected.
- The SCCE and CI have the right to value the quality of patient care over student learning.
- SCCEs and CIs should expect prompt and effective communication with the DCE/Associate DCE when requested.
- SCCEs and CIs may refuse to allow students who are unsafe or incompetent to participate in clinical education at their site.
- SCCEs and CIs have the right to expect that assigned students have been adequately academically prepared to meet the expectations of the site and its patients.
- SCCEs and CIs have the right to expect that students will demonstrate the qualities of adult learners and abide by APTA standards of professionalism, ethics, and conduct^{1,2,3}.
- SCCEs and CIs have the right to expect that private business information regarding the site will be held confidential by the student.
- SCCEs and CIs have the right to expect that students will abide by HIPAA⁶ in an identical manner as an employee of the facility.

Academic Requirements for Enrollment in Full-time Clinical Education Courses

Before the start of full-time clinical experiences, each student must pass the Cumulative Examination. The examination is intended to ensure that all students have mastered the curricular content required for the three full-time Clinical Education courses (PT 5461, 5464, 5467). The written exam is a mock National Physical Therapy Licensure Exam provided by ScoreBuilders. It tests knowledge identical to what would be needed to obtain PT licensure. The Cumulative Examination also consists of two practical examinations assessing students' ability to perform an initial examination on a patient in an acute care setting and a patient in an outpatient orthopedic setting. The practical examination also requires documentation of the mock patient encounters. Students must successfully complete the two practical examinations to continue to the full-time Clinical Education courses. The student's practical performance and written documentation will be assessed based on an abbreviated version of the CPI 3.0 that excludes the Professional Growth, Fiscal Management and Fiscal Responsibility, and Guiding and Coordinating Support Staff Performance Dimensions. Following review by the entire faculty, student performance on the practical examination is classified into one of four categories: 1) Pass, 2) Pass after follow-up discussion with a faculty member, 3) Retake following discussion with a faculty member, 4) Retake after remediation completed. Remediation may include additional practice with a faculty member, review of relevant didactic information, and/or a short clinical experience with a local partner.

Each student is periodically reviewed by the core faculty to determine readiness for clinical practice. Determination of readiness includes a discussion of whether the student demonstrates appropriate professional and ethical behavior consistent with program expectations and the APTA^{1,2,3} as well as safe and competent practice in all three behavioral domains⁴: psychomotor, behavioral, and affective. The DCE and ADCE often consult with individual faculty for specific information regarding potential performance problems that may hinder performance on integrated or full-time clinical experiences.

Students noted to have non-critical problems that do not warrant discontinuation into full-time Clinical Education courses are noted by the DCE and ADCE. These students may meet with the DCE/ADCE before the full-time Clinical Education courses to discuss strategies to increase the likelihood of success. The DCE/ADCE may develop measures such as additional assignments, mock cases, or other tasks that might promote student success before beginning the clinical experience. The DCE or ADCE may also visit the clinical site early in the Clinical Experience and monitor student performance closely. Identified problems will be discussed with clinical faculty as determined by the DCE and ADCE.

If a student's academic performance or professional behavior is judged by faculty to be unsatisfactory, or his/her GPA falls below a 3.0, the student will be referred to the Program's Academic Advisory Committee. The committee then makes a recommendation to the Dean of the Graduate School as to whether the student may progress to

participation in full-time Clinical Education courses. A student on academic probation because his/her overall GPA is less than 3.0 may register for full-time Clinical Education courses only upon the recommendation of the Academic Advisory Committee and approval of the Dean of the Graduate School. The Academic Advisory Committee will consult with the DCE and ADCE before recommending progression into any full-time Clinical Education course.

Clinical Education Placement Policies

- Full-Time Clinical Experiences generally occur in inpatient, outpatient, and specialized settings. Required affiliation types are the following:
 1. One Rotation in an Inpatient setting: Acute Care, Sub-Acute (SNF or similar), Inpatient Team-based Rehab, or Home Care
 2. One Rotation in an Outpatient setting: Outpatient Orthopedic or Outpatient Neuro-Rehab
 3. One “Individualized” setting as agreed upon by student and DCE/ADCE: One of the settings above or a specialty setting such as Pediatrics, Women’s Health, Oncology, etc.

- The following additional guidelines apply to the three affiliation types:
 1. The three affiliation types can be done in any order, but the sequence is sometimes dictated by:
 - a. Facility rigor and individualized facility guidelines: Facility rigor will be assessed by the DCE and/or ADCE using prior experience with the site as well as with general clinical expertise of PT settings. Additional input may be solicited from the SCCE and/or CI regarding difficulty. Most often, this guideline applies to settings with the most medically vulnerable patients but often includes inpatient/acute care, neuro-rehabilitation, and pediatrics. These types of settings sometimes require that students have completed 1 or 2 rotations before they can be accepted. Increased rigor can also apply to setting types due to patient complexity, diagnosis variety, or high patient volume.
 - b. Facility Availability: Although students may prefer a particular type of setting for a given affiliation, the availability of that type of site may dictate a different choice of setting. The DCE and ADCE will attempt to fulfill the wishes of students regarding type, location, and sequencing for rotations but may choose to not pursue a particular setting, or limit attempts to be in a certain type of setting or particular location. In particular, settings without a current UConn contract and/or out-of-state may not be pursued or limited in number of attempts.
 - c. DCE, ADCE, faculty judgment secondary to the particular student’s performance: With assistance from didactic faculty, the DCE/ADCE may

- determine that a particular type of setting is not appropriate for a given student based on the student's academic performance (written or practical skills assessment, ICE course feedback) or professionalism (lateness, poor response to feedback, or any other professionalism category as defined in the Academic Advisory Report Interpretation form.
2. Students are not generally permitted to perform more than one rotation in a Skilled Nursing Facility or Home Care setting. Outpatient Neuro-Rehab sites are extremely limited so most students will need to fulfill the Outpatient requirement with orthopedics.
- Rarely, there may be an alteration in the three affiliation types for a particular student. The appropriateness of an alteration in the three setting types will be determined by the DCE and ADCE. The reasons for such an alteration include lack of availability of a specific type of site or late cancellation of a clinical site.
 - Students are not allowed to contact clinical sites unless they have been assigned there by the DCE. Students may be permitted to make initial contact with a NEW clinical site that they have previously had contact with (observation, volunteer, etc.) but should ask the DCE/ADCE if this is appropriate before making contact. Existing UConn clinical sites should never be contacted by the student unless a rotation has already been confirmed.
 - A student may not complete a full-time clinical experience in a facility in which he/she was previously, or is presently, employed. In addition, students may not complete a clinical full-time clinical experience at a facility in which they have or have had, a significant relationship with the facility's staff, such as a relative working at the same facility. When the appropriateness of a student's relationship with a site or clinician is in question, the DCE and ADCE have the final say regarding whether this disqualifies the student from affiliating with that site or clinician. Such measures are taken to prevent biases or favoritism that may occur in student evaluation stemming from a previous favorable or unfavorable relationship with the facility. If a site that the student has had previous contact with has multiple locations, the student may be allowed to complete a rotation at a location they did not have previous contact with.
 - Endorsements that may aid a student in acquiring a full-time clinical experience by a third party, especially from friends, family, or clinical personnel at a clinical site in a position of power or influence (e.g. physician who oversees or refers to a physical therapy facility that is requested) are not permitted. Students may not seek out or pursue such endorsements, even if originally proposed by a third party. This is of particular importance for UConn DPT clinical partners who already consistently provide clinical placements. Such an endorsement, especially if from a person of considerable influence, may result in the clinical partner providing a clinical placement they were not prepared to provide, which may negatively affect the Program's relationship with the site and/or result in a rotation with conditions not ideal for the student.

- Students should expect that travel will be necessary for ICE and full-time clinical experiences. Students are responsible for their travel arrangements and living expenses that may be required for Integrated and Full-time clinical experiences.
- Students should expect to complete a minimum of one clinical education experience outside the State of Connecticut and/or away from home. However, more than one or even all clinical experiences may require significant travel. Students who would like not to travel may be asked to make significant compromises in rotation types and specialties since facilities within commutable distances are limited in number. For example, a student who wishes to complete a rotation in a highly specialized setting such as inpatient pediatrics will be unlikely to get placed in such a site if their target area is Connecticut only.
- When students express a desire for placement at a particular clinical site, they are responsible for having reviewed all information available for that site. Information can be found in the Exxat clinical education software that students get access to in the first Fall Semester. Students who need additional information are encouraged to ask questions in group and individual rotation meetings, and/or seek additional meetings with the DCE/ADCE.
- Once placed, students will not be allowed to change their placement site except under extremely unusual circumstances. A change must be approved and implemented by the DCE and/or ADCE. Students should carefully assess travel costs for out-of-state sites because once such a site is requested by the student and confirmed by the DCE, having travel cost concerns is not an acceptable reason to change a rotation.
- Although student input is requested for preferred clinical sites, the DCE reserves the right to assign students to a specific clinical experience if one or more student-preferred sites are not available.
- Students who wish to be assigned to a site that is not already a contracted facility with the University may ask the DCE to pursue a contract. Such a request must be given to the DCE as early as possible. The DCE will determine if a contract should be pursued based on the timing of the request and the viability of the site.
- While the three-step process for placement (described below in Clinical Education Placement Procedures) is generally used as the means for student placement choice, the DCE may choose to change individual student assignments if:
 1. The DCE, ADCE, and/or other appropriate DPT faculty do not feel that the student has demonstrated skills or professionalism that are consistent with what is required for the site.
 2. The sites requested by the student are not appropriate for a rotation, or not viable based on location or a lack of an existing University contract. The DCE may choose to attempt placement in a more difficult location or a site without a University contract but may limit these attempts depending on viability and overall time spent in the initial search process.

3. The student attempts to request a new site (without an existing University contract) after April 15th of the corresponding year.
4. A student with a disability requires placement in a specific site because of that disability.

Clinical Education Placement Procedures

Each January, the timeline of placement is as follows:

1. January/February: 2-3 Placement Information meetings are held with Year 1 and Year 2 students. The second Placement Information meeting with Year 2 students may be delayed until approximately April since some information provided pertains to tasks required while on the first full-time rotation in July (so information is more approximate to start).
1. March 1: The Clinical Education Placement Request form for each calendar year is sent to all previous clinical partners electronically via Exxat Clinical Education software on March 1. The letter sent by the Exxat system provides a web link for sites to add available placements directly to the Exxat system as well as a Microsoft Word attachment that provides a printable paper form for slot commitment. That paper form can be returned by email attachment, fax, or mail. Clinical Education Placement Requests are due back from clinical sites by April 15th, but many sites return them much later or not at all. In some cases, a second correspondence will be sent to sites that do not initially respond. Electronic and paper form responses are then available to students in the Exxat System. An online spreadsheet will also show available sites. This spreadsheet will also be used to track when affiliation choices are due, when placements have been confirmed, and the sites' contract status with the University.
2. Also on or about March 1, students will be allowed to request a new clinical site (not partnered with previously) if they so wish. Information requesting a new site is provided both as an email announcement and in the first Placement Information meeting provided to both cohorts in January or February. These requests are made by either emailing the DCE information about the site being requested or by adding it to the Wishlist (described below in this section) later in the placement process. However, students are recommended to request new sites as soon as possible to the March 1 mailing to increase chances of confirmation. New site requests after April 15th may not be pursued. New site requests do not guarantee placement but must be fulfilled by the student if granted by the site. After a new site is formally requested by the student, the DCE/ADCE has the final say regarding whether it is appropriate to pursue it

process given the Program's history with the site, timing of the request, and potential success of attaining a placement with the site.

3. In March/April, each Year 1 and 2 student is met with individually by the DCE or ADCE to discuss site preferences including type, sequence, and possibility of out-of-state travel.
4. In May/June, Year 2 students are asked for their Exxat "Wishlist", a rank ordering of the sites they are interested in submitted via the Exxat system. Year 1 students are asked for their Wishlist in about the June/July timeframe.

Wishlists then go through a three-step process to conform sites:

- a. Exxat "Placement Assist": An initial placement determination made by the Exxat software based on site preferences and placement requirements already confirmed.
 - b. Assessment by the DCE:
 - i. changes to "Placement Assist" determinations based on specific information obtained from students and site availability,
 - ii. confirmation of student choices that were designated by the site as "first come, first serve"
 - iii. assessment and confirmation of new site requests
 - iv. further communication with students to clarify choices, offer alternatives, and provide information that may assist in decision-making
 - c. Finally, via Clinical Readiness discussion led by the DCE, faculty make final placement decisions based on:
 - i. Student academic performance, with most emphasis on the most "hands-on" facets of the curriculum including practical examinations, ICE courses, and other interactions with mock and actual patients.
 - ii. Professionalism as defined by the *Academic Advisory Report- Interpretations* document and noted instances of either academic issues or professionalism as documented on the *Academic Advisory Report*.
5. Final Placement decisions are made in July/August for Year 2 students (January rotation) and November/December for Year 1 students (July and September rotations).

Student Contact with Their Assigned Site

Students are not permitted to contact any clinical site regarding a full-time Clinical Education course until they have been assigned there by the DCE/ADCE.

Under no circumstances is it appropriate for students to contact their assigned clinical sites to alter their clinical experience in any way. Any alterations (such as changes in dates) made directly with the clinical site by students, without prior approval from the

DCE, may result in cancellation of that clinical experience. Reassignment will be made following department policies and as clinic availability allows. If an alteration is sought by the student, the DCE makes the final decision on whether such an alteration is appropriate and will be communicated to the site. All communication to the site regarding a potential alteration will occur only by the DCE.

At least 3 month prior to the start of the Full-Time Clinical Experiences, the Clinical Compliance Coordinator will advise students that they are responsible for calling or emailing the SCCE or CI at the facility to which they have been assigned. Names, phone numbers, and email addresses are available in the Exxat software system. This is an opportunity for the student to introduce him/herself and to ask questions. Questions to the site may include, for example, the dress code, working hours, parking, directions, and the name of the CI. It is recommended that the student also ask clinical questions including the anticipated caseload and types of diagnoses that will likely be encountered. Students should carefully read information about the site in Exxat to avoid questions that may have already been answered.

Full-Time Clinical Experience Cancellations

Occasionally there are sudden, unforeseen changes at a clinical site, such as staff resignations or medical leave which require the site to cancel a scheduled placement. The DPT Program is not always given adequate notice of such events. Students should, therefore, be prepared for a change in a clinical experience assignment and understand that:

- The DCE/ADCE will attempt to find a comparable new site that meets student needs as closely as possible.
- Compromises in discipline type, location, and/or working hours may be necessary due to the limited availability of sites on short notice.
- Graduation could be delayed if there is not a suitable replacement clinical site available in a timeframe that supports satisfying all requirements before date of graduation.

Students should not make unalterable vacation or employment plans near clinical full-time Clinical Education course dates/times because the dates of the clinical may unexpectedly change due to changes in personnel, schedule, and/or policies at the site. Students will be expected to honor any changes made by the site regardless of personal events scheduled (such as a vacation) or employment responsibilities.

Student Responsibilities Related to Clinical Education

The student is a representative of the University of Connecticut and the DPT Program in the clinical environment. The University and Program have established contractual agreements with all the clinical sites that provide opportunities for clinical practice. The contracts legally require that students must comply with all the agency's policies, onboarding procedures, rules, and regulations. Clinical sites have the authority to terminate a student's experience if the student is not following procedures, demonstrates unprofessional behaviors, or is not learning at an acceptable rate. It is anticipated that student behaviors will reflect the standards of the profession^{1,2,3}, the University of Connecticut, and the DPT Program.

Physical Therapist Students in Integrated or Full-time clinical experiences are responsible for:

- Adhering to the policies in the University Graduate Catalog, the Program's Academic Policies, the Clinical Education Policies and Procedures, and the professionalism guidelines addressed in the Academic Advisory Report- Interpretations document.
- Complying with clinical site policies, rules, and regulations.
- Reading all material sent via e-mail, or posted to Exxat or HuskyCT.
- Travel and housing arrangements and costs necessary for Clinical Experiences.
- Appropriate and professional behavior at all times as defined by the APTA^{1,2,3} and the UConn DPT Program and Academic Advisory Report- Interpretations document. When going to a physical therapy clinic or other health facility, students are expected to wear professional clothing or clothing as specified by the site. Clinical facility dress code is typically business casual or scrubs.
- To prevent the spread of germs, personal hygiene practices at clinical experiences should include natural fingernails less than ¼ inch long and minimizing the number of finger rings worn⁷. Students will be expected to wash their hands and/or use alcohol-based hand sanitizer as needed at their clinical site to prevent the spread of germs or infection. Depending on the clinical environment, surgical masks, N95 masks, and/or surgical gloves may be required. N95 masks may require a fitting by the DPT program or the clinical site. Additional airborne, droplet, or any other precautions mandated by the site either for all patients or select patients must also be followed.
- Tattoos may need to be covered if this is the policy of the facility.
- Maintaining current certification in AHA Heartsaver CPR w/ AED, OSHA BBP and HIPAA as long as they are in the DPT Program.
- Purchasing health insurance. The cost of this insurance will be included in the student's regular fee bill from the University, unless they provide evidence of outside coverage.
- Completing all the required health tests and onboarding forms required by the program and by their assigned clinical site, in a timely manner. In collaboration with the Office of Clinical Placement Coordination (OCPC), students who allow medical testing or

requirements of the site or the University to expire (TB testing, physical, etc.) while in a clinical experience will be taken out of their rotation until corrected.

- Maintaining internet communication with the DCE/ADCE throughout all Full-Time Clinical Experiences.
- Recording their CI's name, email, and CPI login email as well as the site's address and phone number in the Exxat system. This information will be used to aid the DCE/ADCE in confirming the CI's access to the online CPI assessment on APTA.org as well as to arrange a call, virtual meeting, or visit with the site.
- During all Full-Time Clinical Experiences, students must provide a one-hour in-service on an evidence-based topic of value to the audience. The format of the in-service is flexible but should be developed in collaboration between the student, clinical site, and DCE/ADCE. The student is expected to submit the in-service end product and evaluations (available for printing on Exxat) completed by audience members at the end of the clinical experience in Exxat.
- During all Full-Time Clinical Experiences, students must participate in a weekly HuskyCT Discussion Board.
- During all Full-Time Clinical Experiences, students are expected to complete any additional assignments given by their CI.
- During all Full-Time Clinical Experiences, the student is responsible for Weekly goal development using an electronic form on Exxat, a downloadable/printable form on Exxat, or the clinical facility's goal development document. Although the electronic form is preferred, the clinical site's preference should be the option used.
- During all Full-Time Clinical Experiences, students are expected to complete end-of-rotation evaluation forms including evaluation of the DCE/ADCE, evaluation of the CI, and evaluation of the clinical site.

Any and all of the above responsibilities not met by students could result in failure of a Clinical Course (Integrated or Full-Time) and/or dismissal from the UConn DPT Program.

Travel

Students are generally expected to complete at least one full-time clinical experience outside of the state of Connecticut but additional out-of-state travel may be necessary. It is the responsibility of the student to arrange and pay for housing and transportation to his/her assigned site. Some sites provide a list of housing that might be available in the area but very few provide student housing. Students should be prepared for potential daily commutes of 1 hour to their clinical site. Students are expected to have a car and a valid driver's license. After confirmation of a clinical site, a change in the student's availability of housing or transportation does not warrant a change of the site.

OSHA and HIPPA Training

The Physical Therapy Program, in cooperation with the UConn Office of Clinical Placement Coordination (OCPC), will provide mandatory annual online OSHA Bloodborne Pathogen Standards and in HIPPA (Health Information Privacy & Protection Act) Safety & Privacy training for all students through HuskyCT. All students must provide proof of completion of the course every year, or they will not be allowed to continue in any scheduled clinical environment. This policy must be adhered to for both Integrated and full-time clinical experiences.

Cardiopulmonary Resuscitation and First Aid

Current American Heart Association BLS CPR with AED training certifications are required throughout the time the student is in the DPT program. Any student whose CPR expires before the end of a full-time Clinical Education course will not be allowed to continue in that course until evidence of a new certificate is provided. Any student whose CPR expires before the end of a part-time or full-time clinical experience course will be pulled from the course in collaboration with the OCPC. Missed days for this reason will need to be made up at the discretion of the course instructor and clinical personnel at the clinical site.

Criminal Background Checks (CBC) and Drug Testing (DS)

Many clinical sites require a CBC and/or drug testing before a student is allowed to work with patients. The Clinical Compliance Coordinator will assist students in getting these completed through the online records portal, Complio. These reports or alternatively any letters of attestation may be sent to a student's clinical site upon request.

The OCPC Clinical Case Manager oversees the CBC and Drug testing reports. If you have a concern about a potential flag that may appear on your background check or drug screen, please reach out to clinicalcasemanager@uconn.edu at the start of the program. The Clinical Case Manager will be able to provide you with confidential guidance about how to proceed, and may inform the Program Director and the DCE in the event

that a CBC or DS report is flagged (indicating a history of criminal infraction for which the student was found guilty, or evidence of illegal drug consumption), the DCE will be informed and will meet directly with the student to discuss the effect this will have on clinical education courses and site selection. While many clinical sites have not provided specific information about the timing and results of the investigation, students should assume that a positive result of any kind will mean that he/she will not be allowed to practice in any environment that requires a background check or drug screen.

Students who have a criminal record prior to admission to the DPT Program (or are convicted of a crime while enrolled) must inform the DPT Program as soon as possible after admission, and preferably before the start of the program. The presence of a criminal record may allow a site to reject the affiliation offer to the student for Integrated and/or full-time clinical experiences and thereby halt the student's progression in the program, preventing ability to graduate and find both licensure and employment after graduation. The UConn DPT program is not responsible for students who are not fully cleared to perform Integrated and/or full-time clinical experiences (thereby preventing fulfillment of requirements for graduation) because of a disclosed or undisclosed criminal offense.

Health Policies

Physical Therapy students must be free of communicable disease and in good health in order to be admitted to any clinical experience. Practice in clinical settings where "real" patients will be seen requires that those patients be protected from communicable disease. Students will not be allowed to participate in any clinical education opportunity unless they can demonstrate that they are fully immune to Measles, Mumps, Rubella, Varicella and Hep B, and have received an up-to-date inoculation for TDAP (tetanus, diphtheria and pertussis), influenza and Covid. See additional information below that further explains policies regarding Hep B.)

All student's health records are maintained by both Student Health Services as well as the OCPC through the online medical records portal, Complio. Relevant student health information may be provided to clinical sites where the student will provide patient management. The student is required to sign a Student Consent and Attestation Waiver in their first summer session so that this information can be sent to the clinical site.

Prior to any clinical involvement (including Integrated and full-time Clinical Education courses), students must have on record with both Student Health Services and through their Complio online accounts a physical examination which is done during the fall of the first year in the program and again bi-annually. The health record must include up to date immunization records for TDAP, and Hepatitis B and titers for Measles, Mumps, Rubella, Varicella and Hepatitis B.

A 2-step PPD test or Quantiferon Blood test for tuberculosis must be completed during the first-year physical examination and must be done again annually. The health record must include date of planting/blood test and reading (with results). If the test is

read as positive, the record must include documentation of a chest x-ray and/or INH treatment. It is preferred that students use a Quantiferon blood test instead of a PPD test. Some clinical sites require additional TB testing to be done at specified times. Students are responsible for reviewing the clinic information in Exxat, working with the Clinical Compliance Coordinator, and complying with the clinic's timetable.

The Hepatitis B series (if not done during adolescence) must be completed by the end of the spring semester of the first year of the PT program. If immunizations have been completed within the previous two years, documentation of a positive HBsAB titer (Qualitative) must be submitted. Students who are exempted for medical or religious reasons must complete and sign a *Declination of Hepatitis B Vaccination form*. Students are instructed to read the clinic information carefully to ensure that they meet all health requirements mandated by the clinical site.

The Clinical Compliance Coordinator will remind students of required health policies prior to clinical experiences. Students must complete all the necessary health data forms in a timely fashion. Failure to do so will result in a delay of the experience. Students are encouraged to inform the Program Director or DCE if they have a physical or mental health condition that might limit their ability to successfully complete didactic coursework or a clinical rotation. Concerns regarding a student's physical or mental health status are especially important for clinical rotations since health issues could also place patients at risk. The Program Director and DCE will work with the student, graduate school, clinical site, and any other campus resources if there are concerns about the student's physical or mental abilities at any stage of the DPT program.

Students are responsible for all of the charges related to the Health Policies, including CORI checks, CPR certification, first aid and required health insurance.

Students should review the Program's Student Manual of Policies and Procedures for further information regarding health policies.

Students who require an exemption related to any of these immunization requirements for medical or religious reasons must complete and sign a *Student Medical Exemption Certificate for Required Immunizations* and have it approved *and* on file with Student Health & Wellness.. Students are instructed to read the clinic information carefully to ensure that they meet all health requirements mandated by the clinical site.

Students with Disabilities

If the need for accommodations is deemed appropriate, the **Center for Students with Disabilities (CSD)** will generate an academic accommodation request letter, which the student will present to the DCE before clinical placement. The DCE will work with the student during placements to find a site that offers the greatest potential for the student's success.

It is the responsibility of the student with a disability to inform the DCE and the clinical site regarding a disability if a reasonable accommodation is needed. Clinical sites are not

required to provide an accommodation for a disability due to being outside the jurisdiction of the University. However, the DCE will attempt to find a site that can honor accommodations most sufficiently. Accommodations will be determined individually in consultation with the student, the DCE, the SCCE, and the CI. If the student chooses not to identify him/herself to the DCE or clinical site as having a disability requiring accommodation, no accommodation will be made. The student may not request accommodation after the course has begun. All accommodations will be considered however some may not be possible if it is determined that they may undermine the safety or effectiveness of treatment of patients (accommodations allowing for “extra time” that requires increased time away from the patient), or Health Insurance Portability and Accountability Act (HIPAA) law (accommodations allowing for the use dictation devices or other software not under the jurisdiction of the clinical site and HIPAA).

Any student needing assistance is urged to contact:

Center for Students with Disabilities (CSD)
Wilbur Cross, Room 204 Storrs, CT 06269
(860) 486-2020 (voice/TDD) (860) 486-4412 (fax)
Email: csd@uconn.edu
Dept. Web Site: <http://www.csd.uconn.edu>

Please see all rights and responsibilities regarding students with disabilities here:
<https://csd.uconn.edu/policies/>

Students with a Prescription for Medical Marijuana

Although medical marijuana is now legal in several states including CT, a positive drug screen resulting from a marijuana prescription may lead to significant difficulties in clinical education placement. Hospitals are not required to accept students following a positive drug screen even if a legal medication, or if the medication has been prescribed by an appropriate, licensed medical provider. Although students have a right not to disclose such a medication to DPT faculty, it must be understood that clinical placement may be difficult or impossible at many sites if a drug screen tests positive for cannabinoids.

Students who have been prescribed marijuana are encouraged to discuss with their physician whether alternatives might achieve the same therapeutic result. Students should never discontinue any medication that has been prescribed without approval of such a change by their medical provider. Students should also not employ any illicit methods to provide a negative drug test sample in an attempt to hide the use of a medication that could result in a positive drug screen.

Since some clinical sites may allow medical marijuana prescription during employment (and/or internship), it is in the best interest of the student to disclose such a prescription to

DPT faculty. The DCE/ADCE can then target clinical sites that have such a policy. During the initial Summer session, those students who do have a prescription for medical use of marijuana are strongly encouraged to inform the OCPC Clinical Case Manager in advance of the drug screening. Please also be aware that, under some contractual agreements between UConn and a Facility, the Facility can require random drug screens of students placed at the Facility at any time without giving notice to UConn or to the student. If you have any questions or concerns, please reach out to clinicalcasemanager@uconn.edu.

Health Insurance

All students are required to carry at least the minimum coverage of health insurance as stated in the University's student health policy. It is the student's responsibility to present a completed *Verification of Health Insurance Form* prior to the start of the third full week of classes each year. Students will not be allowed to attend any clinical experience without this documentation on file. If the student falls under their parent's health insurance coverage, then the form must be signed by that parent.

The student will assume responsibility for any medical expenses incurred while participating in the clinical portion of their program.

Professional Liability Coverage

All students are required to carry professional liability coverage under the blanket University policy. Fortunately, the University provides this coverage to all clinical student programs free of charge.

This coverage is a requirement of the contractual agreements with all agencies participating in the clinical education of DPT students.

Procedures for Monitoring Student Compliance with Clinical Education Policies

Records of student compliance with program policies related to the following are monitored by the Office of Clinical Placement Coordination (OCPC) and the DPT Clinical Compliance Coordinator. These records include:

- Current health history and immunizations, including flu and Covid boosters
- OSHA training
- HIPPA training
- Maintenance of health insurance
- Release of Medical Information
- CPR certification

- Any and all site-specific paperwork

The Clinical Compliance Coordinator will describe requirements and compliance procedures to students during their initial orientation upon entry into the program and as needed. Students are asked to sign and submit the ***Student Consent & Attestation for Field Placements*** when they initiate their Complio accounts in the first summer session. It is made clear to students that they are responsible for maintaining compliance and providing all information in their Complio medical records accounts at the appropriate times.

The Clinical Compliance Coordinator, along with the OCPC and the Complio medical records system will send notifications to students regarding the upcoming expirations of health requirements, annual OSHA and HIPAA training, physical exams and TB tests. After each health compliance requirement is met, each student must upload their updated health history and immunization records to their Complio account. The OCPC will review compliance of all students throughout each academic year and will notify all non-compliant students regarding the need to update their records.

Students who do not follow compliance procedures risk their ability to fully participate in integrated and full-time clinical experiences.

The Clinical Compliance Coordinator also monitors all academic courses that include clinical practice or observation, and is responsible for ensuring that all students demonstrate compliance with program policies and procedures. If a student is found to be out of compliance, he/she should not be allowed to participate in the clinical experience until the non-compliance situation has been rectified.

All faculty teaching academic courses that include clinical practice or observation in affiliating sites are responsible for ensuring that all students demonstrate compliance with program policies and procedures. Faculty will work with the Clinical Compliance Coordinator prior to the time the student goes to any clinical site. If a student is found to be out of compliance, he/she should not be allowed to participate in the clinical experience.

**Student Onboarding Forms required prior to each
full time full-time Clinical Education course**

Approximately 4 to 6 weeks prior to the start of each full-time clinical education experience, students are responsible for completing all required forms and submitting them to the clinical facility. Students must ensure that they are compliant with all onboarding requirements that relate to full-time Clinical Education courses and that they have done everything necessary to make information available to the Clinical Compliance Coordinator and clinical site.

Such information to be provided to the site may include:

- CPR, OSHA BBP and HIPAA certificates
- All relevant health information and immunization records
- A Criminal Background Investigation and/or Drug Testing results

Release of Student Information to Clinical Sites

All students are required to complete a ***Student Consent & Attestation for Field Placements*** which indicates that the student is authorizing the Clinical Compliance Coordinator to disclose their private health, immunological, criminal background, drug screen and any other information to any and all necessary clinical facilities that the student will be involved with, including Student Health Services.

More information can be found here: <https://ocpc.office.uconn.edu/SCA/>

Some or all of the following personally identifiable information may be disclosed to clinical sites after the student has been placed there for a clinical experience:

- Health and immunization records
- Criminal Background Check and Drug testing results
- Basic Student contact information

The following information may be discussed with the SCCE and/or CI at a student's clinical placement site at the discretion of the DCE:

- Any information related to the student's performance during the full-time clinical experience.
- Information regarding a student's academic and clinical education history when the site staff has a legitimate educational interest. This information will be limited to that needed for the purpose of planning and improving the student's learning experience.

Clinical sites are not allowed to re-disclose any student's personal information, as per the Family Educational Rights and Privacy Act (FERPA).

Professional Behavior

The Physical Therapy Program faculty have committed to providing opportunities for its students to develop the entry-level skills, knowledge, and attitudes needed for exemplary physical therapy practice. An important part of developing into a respected professional is developing a set of behaviors and values (Affective Domain) that, together with good content knowledge (Cognitive Domain) and hands-on skills (Psychomotor Domain), position students for success as a physical therapist. Students must demonstrate appropriate professional behaviors consistent with the Program, the Program's Academic Advisory Report- Interpretations document, and the APTA^{1, 2, 3}

throughout their time in the program, both in academic courses and during all clinical experiences.

Assessment of professional behavior is done by clinical instructors both informally and formally (CPI) when describing a student's abilities during clinical education experiences and will be used by the DCE/ADCE in determining grades for all full-time Clinical Education courses.

Patient Rights and Confidentiality of Information:

During all practicum, students must identify themselves as a "student physical therapist" to patients and other health care professionals. A name tag will be issued to all students in their first fall semester, which must be worn at all times and includes: student's first and last name, the words "Physical Therapy Intern" and "University of Connecticut". All documentation performed by the student must be authenticated by a licensed physical therapist and the student's signature must be followed by the title: "SPT".

Students participating in Integrated and full-time clinical experiences will be exposed to/work with confidential patient information. They have a moral, ethical, and legal responsibility to maintain the confidential nature of this information as defined by the Health Insurance Portability and Accountability Act (HIPAA) of 1996⁶. Under HIPAA, Patient information can be shared with only those persons who have legal access to the patient's medical record.

Therefore, students are NOT allowed to:

- discuss patient information in public places (e.g., the cafeteria, elevators, lobby, etc.)
- make photocopies or smartphone captures of any patient records
- use patient information for any purpose other than patient management
- take pictures of patients without written permission from the patient and from the clinical site.
- review records of patients they are not treating, including family members, classmates, and other acquaintances.
- post patient identifying information online whether on University-related sites (such as HuskyCT), or sites outside the University (including social media).

Any patient has the right to refuse treatment by a student for any reason.

Any unauthorized review or release of confidential information by any student to unauthorized persons will be grounds for immediate course failure and potential dismissal from the program. The clinical site may dictate some of the repercussions of a HIPAA breach to make those repercussions consistent with facility policy for students or employees.

All clinical site regulations governing this must be followed. Federal regulations, issued pursuant of HIPAA, require that all PT students receive educational sessions on the importance of complying with all relevant federal confidentiality laws. The DPT Program will provide the necessary seminars to its students at the beginning of each academic year. This training is to be attended by the student once during their time in the program and the student must sign a form indicating their attendance, their understanding of the information, and their agreement to comply. The signed form is kept on file in the program's main office. Students will not be allowed to register for Integrated and full-time clinical experiences until they have taken the educational session and signed the form indicating attendance. HIPAA content is also presented in the PT 5438- Professionalism for the Physical Therapist course.

Protection of Private Clinical Site Information:

Students must understand that they are not allowed to remove or disclose any business-related information related to a clinical site without permission from that site. This information may relate, for example, to any financial aspect of the business, intervention protocols, or staff information.

Schedule and Workload

The student must participate in the clinical practicum to which he/she has been assigned on the dates and during the times for which he/she has been assigned. Generally, students are to be present in the clinical setting for approximately 40 hours/week and to work the hours and days that the CI is present. It is not uncommon for students to work more than 40 hours/week to receive additional training/feedback from the CI and/or complete patient documentation. A student may be required to be in the clinic on weekends and during holidays if requested by the site.

The student is expected to follow their CI's patient schedule, even when this requires time beyond the regularly scheduled hours or when the CI's schedule changes from what was proposed originally when the clinical began. Students are not allowed to ask their CI for a schedule change to accommodate the student's work schedule or activities unrelated to physical therapy patient care with their assigned CI. With approval from their CI, a student can attend a surgery or shadow other health care professionals that are typically collaborated with in physical therapy settings. Such experiences should not exceed 10 total hours during the rotation.

Absences

Absences from Integrated and full-time clinical experiences should be extremely rare. Students are expected to request absences in a manner that is consistent with the demands of the profession and the clinical site. The student is responsible for requesting

any required schedule change through contact with their CI and the DCE/ADCE. Vacations during full-time experiences, or scheduled in such a manner that would cause an interruption of the original timeline of a clinical experience, are not allowed for any reason.

If a student must be absent from a full-time clinical experience due to unexpected events such as an illness, injury, or family emergency, the CI at the site, as well as the DCE/ADCE, must be notified as soon as possible, no less than 60 minutes before the start of the workday. If more than 2 days are missed because of illness, the student may be required to make up the missed days. The need to make up any missed time will be decided by the DCE after consultation with the CI. Days and times of make-up time will be coordinated by the CI and will depend on site hours and availability of CI. The student must notify the DCE/ADCE of all absences even if approved by the CI.

For acceptable reasons, students may be allowed up to two days of planned absence with permission from the site and the DCE without having to make up the lost time. Acceptable planned absences would include a family wedding or professional conference, for example, attendance at a national or state APTA meeting. However, both of these events are typically planned months to years before they take place. Therefore, students will be allowed to have days off for a family wedding or professional conference only if notice has been given to the DCE at least 3 months before the start of the clinical experience. This will allow the DCE to inform the clinical site and gain permission as soon as possible. In general, if more than two days of a full-time clinical experience are missed, students need to arrange to make up the days. One additional acceptable planned absence would be for the Thanksgiving Holiday during PT 5464- Clinical Education II. A student may have time off for Thanksgiving only if their CI also is not working. This planned time off can be for a maximum of 2 days. If the student's CI is off for more than two days, the student will need to work with an alternate CI or make the days up before the end of the rotation.

In the case of inclement weather, the facility's policy will determine whether the student reports to the site. This should be discussed with the CI during the student orientation early in the experience. If more than 2 days of inclement weather force an absence, the student will have to make up the additional missed days. If a facility remains open during inclement weather but the student believes they cannot safely make it to the facility, the CI and DC/ADCE must be notified as described above.

Closure of the University and University holidays **does not** excuse students from attending full-time clinical experiences unless the clinical site is also closed.

Student injuries/incidents during Clinical Experiences

All students are required to provide the University with documentation of well-being and good health before any coursework that may include direct, or indirect, patient

contact. Injuries to students that occur at Clinical Education sites are extremely rare. If any injury (such as direct contamination by infectious substances) occurs, the student must contact the DCE as soon as it is practical. The DCE will forward the program's Incident Report which must be completed by both the student and the CI and returned to the DCE. The DCE maintains the form in their office.

Clinical sites all offer either first aid or complete medical care. The costs of these services are the responsibility of the student.

Decisions regarding any necessary time off after an injury are made by the DCE/ADCE, CI, SCCE, student, and the student's health care provider. If a serious injury prevents the student from completing the experience, the course will be rescheduled when it is possible to do so. The student may be able to make up their remaining time of the rotation (rather than completing the entire course) depending on when during the experience the injury occurred and at the discretion of the DCE/ADCE, CI, and SCCE.

Adverse events Involving Patients during Clinical Experiences

An adverse event involving a student can occur in relation to patient care (cognitive, psychomotor, or affective) or with another clinical site staff member (affective). With a patient, this could manifest as a poor clinical decision that results in an unsafe environment for the patient or actual patient injury. An adverse event that is affective in nature with either patients or clinical staff members could be a breach of the standards of professionalism put forth by the APTA^{1,2,3} and DPT program. An adverse event should be reported by the CI and student to the DCE/ADCE as soon as possible. The report can be made via the CPI, email, or phone call.

The DCE will thoroughly discuss the student's role in the incident with all parties involved and decide whether any further action is required. A student who is found to be unsafe or considered to have violated APTA^{1,2,3}, DPT program, and/or clinical site standards of professionalism by the CI, SCCE, other clinical staff, or the DCE/ADCE may be involuntarily withdrawn from the clinical experience by either the clinical site or the DCE.

Drug/alcohol abuse and criminal offenses by students during Clinical Experiences

If a student is found to have used alcohol or illegal drugs while participating in any Integrated or full-time clinical experience (with or without arrest), he/she will be immediately removed from the facility. For both types of clinical experiences, the DCE/ADCE, and Academic Advisory Committee will decide appropriate action to be taken which may include involuntary withdrawal from the associated clinical course, a failing grade, suspension from all further clinical experiences, and/or dismissal from the DPT program. In some cases where the outcome of a drug or alcohol-related arrest is dependent upon legal proceedings, a grade of "Incomplete" (grade of "I") may be assigned. Any student who might be eligible for return to a clinical experience following a

drug or alcohol event will not be allowed to return unless there is mutual agreement between the DPT Program and the clinical site.

Student Employment

It is recommended that students avoid any employment commitments while participating in full-time clinical experiences. This is due to the significant time and energy commitment required during full-time experiences. Time away from normal full-time clinical experience work hours for any type of employment is never allowed.

Students are not allowed to be employed by a site (e.g. front office staff, PT aide, etc.) while participating in their Integrated or full-time clinical experience at that site. Students may not be assigned to full-time clinical experiences at sites where they have been employed.

Students who are employed by or volunteer in any physical therapy clinical environment while enrolled in the UConn DPT program may not represent themselves to others as a student participating in a University of Connecticut clinical experience course and may not wear their UConn DPT name tag. Students who work or volunteer in these environments are not covered by the Student Liability Insurance policy.

Student in-service presentations

All students are required to present at least one in-service/lecture during every full-time clinical experience. Facilities may suggest an alternative assignment type if they choose. However, students must let the DCE/ADCE know of a change to confirm whether acceptable to satisfy requirements. Completion of an in-service (or alternative assignment as suggested by the site) is the minimal expectation of the program; the clinic may ask a student to complete additional scholarly work such as an additional in-service, peer review, journal article, etc. The student must complete any additional scholarly work requested by the clinical site.

Students are responsible for having the in-service audience complete evaluation forms (see appendix) and uploading their presentation and the evaluation forms into the Exxat database system by the end of the clinical experience. Specific requirements and expectations for the in-service will be given to the student before the first full-time clinical experience and a description of the assignment and the evaluation form will be provided to the SCCE and/or CI via the Exxat system.

Documents Required at Clinical Affiliation End

Along with the in-service presentation and in-service evaluation forms, students must submit an evaluation of the clinical site, their CI, and the DCE before affiliation end. These will be submitted electronically in the Exxat system. In addition, weekly goal sheets, submitted directly into the Exxat system, or completed first on paper and then scanned and uploaded into Exxat, must be submitted by clinical end.

Supervision by the clinical instructor

Students may manage patients **only** under the direct supervision* of a licensed physical therapist with at least one year of clinical experience and demonstrated clinical expertise. Full-time clinical experience courses are not observation experiences. The student is expected to provide all elements of patient/client management and to follow his / her clinical instructor's direction at all times.

During all Integrated and full-time clinical experiences, students are expected to meet all ethical and legal requirements of the profession^{1,2,3}. A student who is found to have worked with a patient without authorization and/or direct supervision* by his/her clinical instructor risks failure for the course. Students who are present in the clinical site without their clinical instructor should never admit a patient into a treatment area until their CI is on-site. Any such events will be reviewed by the DCE/ADCE and possibly the Academic Advisory Committee who will decide appropriate action to be taken. Actions may include involuntary withdrawal from the associated clinical course, a failing grade, suspension from all further clinical experiences, and/or dismissal from the DPT program.

**Direct supervision definition (APTA, 2009)⁸: "The physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient/client during each visit that is defined in the Guide to Physical Therapist Practice as all encounters with a patient/client in 24 hours. Telecommunications does not meet the requirement of direct supervision."*

Interpersonal problem resolution

If interpersonal conflict between the student and the CI occurs, it is the student's responsibility to make the first attempts at resolution. This usually involves a private conversation between the parties involved. If the problem is not resolved through this conversation or the student or CI feels they require assistance to initiate such a conversation, the student and/or the CI should contact the DCE/ADCE as soon as possible. The DCE and Associate DCE are responsible for clearly defining the problem and developing a plan for resolution. This may include counseling the student regarding appropriate interpersonal behaviors in the clinic and working with the CI to improve the educational process. The DCE will keep notes of every conversation dealing with problems. Where interpersonal conflict at the clinical site cannot be resolved, the DCE and SCCE may choose to request a change of the CI or withdraw the student. The University's statement on protection of students and staff from discrimination and harassment during off-campus experiences is featured in the appendix.

Contact with the DCE/ADCE

The University is ultimately responsible for the education of DPT Students and the DCE/ADCE is responsible for maintaining communication among the clinical facility, the student, and the program while a student is completing a clinical experience course. This communication typically takes the form of telephone calls, review of the Clinical Performance Instrument, email, online student assignments, and/or virtual or on-site visits. Students are required to maintain contact with the DCE throughout all full-time Clinical Education courses through telephone, email, virtual meetings, and HuskyCT weekly discussions.

Participation in HuskyCT discussions is required for all full-time Clinical Education courses and some ICE courses. Generally, the DCE will post questions for discussion at the beginning of each week and students will be expected to respond by the next weekend. Students are encouraged to post their own questions or discussion points at any time. Failure to participate in weekly discussions may result in a grade of Unsatisfactory for full-time Clinical Education and ICE courses (when required by that ICE course). No confidential patient information (as defined by HIPAA) can be disclosed during weekly HuskyCT discussions. In addition, if a student has a grave concern regarding patient care at their site or the practices of their CI (related to patient care or mentoring of the student), this should be communicated to the DCE/ADCE via a private email virtual meeting, or phone call. HIPAA regulations still must be followed at all times.

Site visits

A midterm meeting is conducted for every student rotation. The meeting is held in person, by phone, or virtually. During the meeting, the DCE/ADCE completes the clinical education student progress evaluation. Meetings are typically held between Week 2 and Week 8 of each experience but could be outside of these timeframes in response to a particular student issue or scheduling difficulty on the part of the CI. If a meeting needs to be delayed significantly, the DCE will communicate thoroughly with the site asynchronously to ensure the student is progressing as expected. Meetings are held simultaneously with the student, CI, and DCE/ADCE or, if preferred by the student or CI, separately (DCE with CI, DCE with student). The SCCE or other clinical site staff involved in the rotation also may join meetings if preferred.

The purpose of a site visit may be:

- assessment of clinical instruction
- observation of practices within the clinic and diagnoses commonly managed
- ensuring that the CI has adequate knowledge of UConn's curriculum
- ensuring that the CI is aware of the program's expectations for student performance
- determining whether a clinical site is appropriate for future students
- assessment of student performance

- creating a plan to maximize the student's opportunities for success

Monitoring Student performance during Clinical Experiences

- reason by telephone (office and cell numbers are provided) or email. This is especially important if there are any problems identified by the student, CI, or SCCE.
- Clinical Instructors monitor student performance on an ongoing basis during all clinical experiences and are expected to teach, advise, and give feedback to students on a daily basis. Students should not be given independence before they are ready or for reasons other than gaining experience in the profession (such as to improve clinical site productivity). Formal CPI assessment is required at midterm and the end of the rotation.
- All students are required to participate in online HuskyCT discussions, provide the DCE/ADCE with their CI and clinical site information, complete an in-service, develop weekly goals, complete end-of-rotation surveys, and complete any additional work assigned by their CI.

Unsatisfactory Performance During Clinical Experiences

If a student demonstrates unsatisfactory performance during a full-time clinical experience, the CI, student, and SCCE where appropriate, must notify the DCE/ADCE as soon as the problem is identified. The DCE/ADCE will discuss the problem with the student in a timely manner and offer strategies for improving performance. The DCE/ADCE will assist the CI/SCCE in clarifying the problem behaviors and developing a plan intended to enhance the student's opportunity for success. This plan will be written by the DCE/ADCE and disseminated to the student and others as appropriate. It may require a student's signature to acknowledge understanding. Generally, the DCE/ADCE will contact the student and CI on a weekly basis to monitor compliance with the plan and to help resolve problems. This continues until the problem is resolved. Site visits, virtual meetings, or phone calls between the DCE/ADCE, CI, student, and/or SCCE during full-time Clinical Education courses may occur more than once in situations where the student is having difficulty or is in danger of failing. Some of these communications may not include all (such as a meeting between the DCE and CI only), but all parties should have a chance to communicate when issues arise.

When unsatisfactory performance is repeated, includes critical errors (i.e. safety of patients is compromised), or involves issues of unprofessionalism as defined by the APTA^{1,2,3} and DPT program, the CI should notify the DCE/ADCE as soon as possible via an Adverse Event report in the CPI or a direct email, call, or virtual meeting. The DCE/ADCE will respond to both the CI and student and attempt to remediate the problem by offering an immediate site visit as needed as well as teaching and learning strategies that could be corrective. Teaching and learning suggestions may be put in writing as well as any adjustments needed involving the student's affective behavior or professionalism. The student may be required to sign the document to ensure acknowledgment of the changes necessary to successfully complete the rotation. A failure to follow the suggestions could result in involuntary withdrawal from the rotation, a grade of U for the Clinical Experience course, and/or dismissal from the DPT program.

Assessment of student learning

Mirroring the CI assessment of the student, students are required to complete CPI self-assessment, at midterm and again at the end of every full-time clinical experience. It serves as a reflective process for the student and is expected to encourage self-directed learning and performance improvement. Students must complete a CPI training course and pass an associated written examination as part of the PT 5460 course in the first Fall semester. The course and examination are located at learningcenter.apta.org. The PT 5460 course also includes lecture material on the CPI that will familiarize students with the purpose of the assessment and proper methods of using this assessment tool.

The Clinical Instructor (CI) will evaluate the student and provide frequent, informal feedback throughout the experience. The CI will also provide a formal evaluation using the

CPI (via cpi.apta.org) at midterm and at the completion of the full-time clinical experience. Like students, all CIs must take and pass the aforementioned CPI training course before using it. CIs are expected to allot time for review of midterm and final CPI evaluation outside of clinical/patient care times. This is to allow comparison of CPI ratings and comments between CI and student and to ensure that significant discrepancies do not exist in perceived progress and expectations between the CI and student. Identified discrepancies that represent a concern for the CI or student should be communicated to the DCE/ADCE immediately.

The DCE will review all completed CPI evaluations at midterm and final. Students and CIs are required to keep the DCE informed regarding progress toward the course objectives. Whenever necessary, the DCE will confer with students and CIs regarding the need for change in their performance and will monitor performance on an ongoing basis.

The DCE/ADCE is responsible for determining whether the CPI was completed correctly by the CI and student. The CPI is completed through Visual Analogue Scale Ratings for each CPI Performance Dimension with the associated Comments, comparing the Ratings and Comments to information gathered through discussions with the CI and student, and comparing the noted student performance with the student's academic and clinical history. The DCE may choose to observe the student working with patients if that seems necessary to ensure proper grading. Where the DCE/ADCE feels that the form may not have been completed correctly, they will contact the CI to discuss any discrepancy and will add comments to the form as needed based on this discussion. CIs who do not complete the CPI in a timely fashion will not be asked to host students in the future. The DCE retains the right to cancel future clinical experiences with CIs/sites who have a history of not completing the CPI.

Grading criteria

Students are assigned a final grade of S (Satisfactory) or U (Unsatisfactory) by the DCE or ADCE for all full-time Clinical Education courses. Scores on the CPI, along with all other relevant information will be used by the DCE and Associate DCE to provide a course grade. Although CIs' experience with students is weighed heavily in grading the course, the course grade final decision is made by the DCE/ADCE. Other relevant information may include, but is not limited to: the DCE/ADCEs determination of CI teaching effectiveness, the student's caseload (volume and patient complexity), the student's past academic and clinical performance, the learning emphasis areas for the course, working relationship between the CI and student, any other information deemed academically relevant by the DCE or Associate DCE. In rare instances, the recommendation of a Satisfactory or Unsatisfactory grade made by the CI may be disagreed with by the DCE/ADCE. The DCE/ADCE should be transparent about their rationale for the course grade awarded to both CI and the student.

The student must receive a grade of "S" in order to successfully complete full-time Clinical Education courses. A grade of U signifies failure in the course and necessitates a

recommendation by the Academic Advisory Committee to the Graduate School as to whether or not the student should be permitted to continue graduate study in the DPT Program. Generally, but not always, a student who receives a grade of Unsatisfactory in a full-time Clinical Education course will be allowed to repeat it one time. In this case, graduation will be deferred until the Clinical Experience is repeated and passed. In addition, remediation measures may be required before repeating the Clinical Experience as deemed necessary by the DCE/ADCE, Academic Advisory Committee, and other appropriate faculty (described in the “Remediation” section below). The DCE/ADCE and Academic Advisory Committee will decide the timeframe in which Clinical Experiences will be repeated. Factors may include the availability of clinical sites, time needed for remediation, and timing of other scheduled clinical experiences for the repeating student as well as other students. Generally, a repeat Clinical Experience will occur following the Spring Semester end, Third Year. Depending on the egregiousness of the clinical errors and/or unprofessionalism observed, a student may be recommended for dismissal from the Graduate School after one grade of U in a Clinical Experience course. If there is a second grade of U for a Clinical Experience course, a recommendation for dismissal will always result.

Withdrawal from a Full-Time Clinical Experience

Voluntary withdrawal by the student from a full-time Clinical Education course is allowed until the midterm CPI is completed. If there are extenuating circumstances such as a diagnosed medical condition, withdrawal may occur at any time.

The student must notify the DCE/Associate DCE, SCCE, and CI at least 48 hours prior to voluntary withdrawal. If the withdrawal occurs prior to midterm, it will result in a grade of “W” (Withdraw) as the course grade. At the discretion of the DCE, some extenuating circumstances may result in a grade of “I” (Incomplete). After a withdrawal, the student will be allowed to repeat the full-time clinical experience course. The DCE, in consultation with the student, Associate DCE, and the Academic Advisory Committee, will develop a plan so that the student can repeat the clinical experience course at a different site. Ideally, the new site will be in the same physical therapy discipline (Acute Care, Orthopedics, Neuro-Rehab, specialized, etc.) but the exact site confirmed will depend on the timing of the new experience and availability of sites.

A student may be **involuntarily withdrawn** from a full-time Clinical Education course at any time at the discretion of the DCE and/or the request of the clinical site if he/she consistently demonstrates poor clinical performance that does not support a trajectory of passing the experience, unprofessional/unethical behavior with patients or facility staff, or is determined to be unsafe with patients. The SCCE and CI have the right to end a rotation at any time secondary to the severity of student issues but in cases where the SCCE and CI feel issues can be corrected, a plan for remediation should be created by the DCE/ADCE using SCCE, CI, and student feedback. This document should include the concerns in performance or behavior observed, specific corrective steps, a

date the corrections must be achieved by, and may require a signature from the student to acknowledge the situation. In the case of involuntary withdrawal, a grade of “U” (Unsatisfactory) will be awarded for the course and it will have to be repeated. At the discretion of the DCE/ADCE and Academic Advisory Committee, the course grade may be documented as I (Incomplete) rather than U. This decision is made on a case-by-case basis and is made based on: the student’s efforts in correcting performance or behaviors prior to withdrawal, the overall severity of the performance and/or affective behavior issues, overall performance on other clinical experiences thus far (if any), whether issues involved facility staff only or patients, the duration of the clinical experience completed to that point. Regardless of a U or I grade, the program’s Academic Advisory Committee and the DCE/ADCE will recommend a plan for remediation (described in the “Remediation” section below). or dismissal from the program. Repeat full-time clinical experiences will generally occur following Spring Semester end, Third Year.

Remediation

Following voluntary or involuntary withdrawal, involving a grade of W, I, or U, a plan for remediation will be developed as stated above. Upon the recommendation of the Program’s Academic Advisory Committee, the plan will include specific activities and competencies that must be met before the student will be allowed to participate in another Full-Time Clinical Experience. Remediation may include (but is not limited to): completion of case studies/case review with appropriate faculty members, completing additional hours of observation/patient shadowing of pertinent patient populations, written assignments, or any other measures deemed appropriate by Program faculty. The remediation plan may also mandate a particular rotation type (inpatient, outpatient, etc.) and location to improve the chances of confirming a new rotation that is “off-schedule” from those usually requested. Repeat full-time clinical experiences will generally occur following Spring Semester end, Third Year. The student must agree to a remediation plan with a signature on the remediation document prior to being permitted to continue in the program. Failure to agree to, or comply with a remediation plan will result in a recommendation for dismissal from the DPT Program.

Due process

Students may appeal a grade of “U” in a full-time Clinical Education course using the same method used for academic courses.

The University of Connecticut’s Graduate School policies regarding students who feel aggrieved or uncertain about whether or not they have been treated fairly by a faculty or staff member as addressed as part of the Graduate Catalog⁸. As stated in the policy, students may also seek assistance from the University Ombuds. Because many difficulties can result from misunderstandings, clear communication and informal mediation are believed to be the most effective and least anxiety-provoking mechanisms to resolve

student grievances. Usually, the first approach is for the student to request a meeting with the PT Program Director or Department Head.

If that proves unsatisfactory or should such a meeting seem undesirable given the particular circumstance, there are several choices. Sometimes appropriate mediation can be provided by other faculty or staff in the program or school. Alternatively, the student may consult with representatives at the Graduate School or the Dean of CAHNR. It is the responsibility of the academic administrator, then, to gather the facts in the case and seek a mutually acceptable resolution. All faculty and staff in the School report ultimately to the Dean and formal action can be taken at that level, if appropriate. In the event that the initial collection of facts suggests a violation of law or of explicit University policy concerning prejudice or harassment, the administrator will immediately consult with appropriate staff in Human Resources, the Office of Institutional Equity, the Office of Diversity and Inclusion, or the Chancellor's Office regarding appropriate action.

Student assessment of their clinical experience

Students are required to complete the APTA "*Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction*" (PTSE 1- see appendix), for every Full-Time Clinical Experience. No grade will be awarded until the form has been returned to the DCE. The DCE reviews the form and follows up with any problems identified by the student. Completed forms are completed in the Exxat database system and are available for review by future students. The DCE summarizes student assessment of their preparation and reports it to the faculty.

Evaluation of the clinical instructor

The APTA "*Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction*" (PTSE 2- see appendix) includes an evaluation of the CI. This evaluation should be completed by the end of each full-time clinical experience. The form is not shared with the student's CI unless issues are identified that warrant discussion with the CI and/or SCCE. This will not be done until the experience has ended. The DCE reviews the final evaluation and determines whether any further action is needed with the CI or clinical site.

When the DCE notes significant problems with the performance of a CI, the problems must be remediated, or the CI will not be allowed to work with future DPT Program students. Potential problems with a CI are discussed with the SCCE and/or CI. After gathering information from the SCCE and/or CI, the DCE may make corrective recommendations for the SCCE and/or CI or choose not to participate with the site or CI again depending on the situation. Recommendations may include instruction by the DCE regarding proper clinical instruction and supervision, correct use of the CPI, or request that the CI attend a Clinical Instructor Training Course. Depending on the severity of problems with a CI, specific problems and recommended actions may be documented as a formal remediation plan.

Student evaluation of the DCE

After completion of each full-time Clinical Education course, students complete an evaluation of the DCE/ADCE. This is completed in the Exxat database system. The DCE/ADCE do not see individual student responses. Summary information is reviewed by the Program Director. The Program Director should address any issues identified with the DCE/ADCE at their annual review.

SCCE and CI Evaluations

In addition to DCE/ADCE evaluation of the student, the SCCE and CI are also sent evaluations of the DCE/ADCE to assess the accessibility, management, and coordination demonstrated by the DCE/ADCE.

The CI also completes two additional evaluations, the *Clinical Instructor Survey* and *Clinical Instructor Curriculum Feedback* survey. Respectively, these provide information on the CI's overall experience and use of evidence in their clinical setting, as well as provide feedback to the program regarding the degree to which they feel the Program prepared the student for the rotation.

References

1. http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/CodeofEthics.pdf
2. https://www.apta.org/uploadedfiles/aptaorg/about_us/policies/bod/judicial/professionalismnpt.pdf
3. http://www.apta.org/uploadedFiles/APTAorg/Practice_and_Patient_Care/Ethics/GuideforProfessional_Conduct.pdf
4. Bloom, B.S. (Ed.). Engelhart, M.D., Furst, E.J., Hill, W.H., Krathwohl, D.R. (1956). *Taxonomy of Educational Objectives, Handbook I: The Cognitive Domain*. New York: David McKay Co Inc.
5. <https://www.apta.org/for-educators/assessments/pt-cpi>
6. <https://www.hhs.gov/hipaa/index.html>
7. <https://www.cdc.gov/handhygiene/providers/index.html>
8. <https://gradcatalog.uconn.edu/grad-school-info/appeal-hearing-procedures/>

APPENDICES

- Clinical Courses Syllabi
- Student Readiness For Clinical Education Description and Form
- Student Consent & Attestation for Field Placements Form
- Clinical Education Course Inservice Description and Eval Form
- UConn Policy Against Discrimination, Harassment, and Related Interpersonal Violence
- Clinical Education Course Weekly Planning Form
- Student Evaluation of the DCE/ADCE
- Clinical Education Student Progress Evaluation
- APTA CPI 3.0 Instructions for a Student and CI
- Academic Advisory Forms- Academic Advisory Report
- Academic Advisory Forms- Academic Advisory Notice
- Academic Advisory Forms- Interpretations

**PT 5460 Syllabus
Introduction to Clinical Education**

Fall, 2023

Excluding materials for purchase, syllabus information may be subject to change. The most up-to-date syllabus is located within the course in HuskyCT.

Program Information

This course is restricted to students of the DPT Program.

Course and Instructor Information

Course Title: Introduction to Clinical Education

Credits: 1

Format: Instructional strategies such as asynchronous/online lecture, synchronous in-person or online activities, assignments, and group presentation.

Prerequisites: Students must be in good academic standing and be granted consent of the Department to enroll.

Professor: Jon Rizzo, PT, PhD, ATC

Email: jon.rizzo@uconn.edu

Telephone: (860) 830-1146

Office Hours/Availability: In-person or Virtual by Appointment

[Dr. Rizzo's Virtual Office](#) | 642614029

Click link above or join by phone:

+1-415-655-0002 or +1-617-315-0704

Access code: 642 614 029

Course Materials

Course readings and media are available within HuskyCT, through either an Internet link or Library Resources

Course Description

This one credit course is intended to provide students with a foundation for clinical PT experiences and to enhance collaboration with other health care professionals. Concepts of critical thinking, expert practice, experiential learning, collaborative learning and inter-professional practice will be explored. Students will develop an understanding of the importance of inter-professional practice, professional behaviors, self-evaluation, and patient-centered care using a team-based approach.

Course Objectives

1. Behave in a manner consistent with the professional behaviors described in the Doctor of Physical Therapy Program, Student Handbook, the Code of Ethics for the Physical Therapist and the Core Values for the Physical Therapist and Physical

Therapist Assistant of the American Physical Therapy Association. (7B- Ethics, 7D1, 7D2, 7D3, 7D4, 7D5, 7D6, 7D8)

2. Develop theoretical knowledge of Bloom's Taxonomy, experiential learning, critical thinking, expert vs. novice PT practice, and apply knowledge to mock patient situations and cases (7B- Communication, Ethics and Values, Teaching and Learning, Clinical Reasoning; 7D10, 7D12).
3. Develop an understanding of ethical and professional behaviors in the clinical education setting to promote productive and effective relationships with clinical instructors, staff, and patients (7D1, 7D4, 7D5, 7B-Ethics and Values, Teaching and Learning).
4. Develop an understanding of interdisciplinary practice in PT settings (7D7, 7D28, 7D39).
5. Develop practical knowledge of the APTA Clinical Performance Instrument (CPI) and goal setting in clinical environments (7D12).

Course Requirements and Grading

Summary of Course Grading:

Course Components	Weight
Discussion Facilitation	30%
Kolb Discussion Post Assignment	15%
CPI Training and Exxat Profile Completion	15%
Group Patient Case Presentation	30%
4 Quizzes	10%

Discussion Facilitation, Kolb Discussion Post, Group Video Presentation, CPI Training and Exxat Profile

See "Guidelines" Documents on HuskyCT for information, detailed instructions, and Rubrics as applicable.

Grading Scale:

Students must obtain an overall grade of 70% or better in the lecture and lab sections of this course in order for this course to remain on your plan of study. The final percentage

grade will be based upon the elements listed below. Please refer to the DPT Student Handbook for a summary of student performance and progression toward degree completion.

Grade	Letter Grade	GPA
94-100	A	4.0
90-93.9	A-	3.7
87-89.9	B+	3.3
83-86.9	B	3.0
80-82.9	B-	2.7
77-79.9	C+	2.3
73-76.9	C	2.0
70-72.9	C-	1.7
67-69.9	D+	1.3
63-66.9	D	1.0
60-62.9	D-	0.7
<60	F	0.0

Due Dates and Late Policy

All course due dates are identified on the Syllabus Course Outline above. Deadlines are based on Eastern Time; if you are in a different time zone, please adjust your submittal times accordingly. *The instructor reserves the right to change dates accordingly as the semester progresses. All changes will be communicated in an appropriate manner.*

Assignments submitted late are subject to a 10% deduction in max percentage per day (one day late = maximum score of 90%, and so on). Students may ask for an extension in due date (without penalty) but must be extraordinary circumstances.

Feedback and Grades

I will make every effort to provide feedback and grades in within 2 weeks of submission. Detailed Feedback and Grading of other assignments will also be returned through HuskyCT or email attachment.

Weekly Time Commitment

You should expect to dedicate 3 to 6 hours a week to this course. This expectation is based on the various course activities, assignments, and assessments and the University of Connecticut's policy regarding credit hours. More information related to hours per week per credit can be accessed at the [Online Student website](#).

Student Authentication and Verification

The University of Connecticut is required to verify the identity of students who participate in distance learning or online courses and to establish that students who register in these courses are the same students who participate in and complete the course activities and assessments and receive academic credit. Verification and authentication of student identity in this course will include:

1. Log in to HuskyCT to access all Course Materials and Meetings.
2. Synchronous Class Sessions where students will be required to be present and participating.

Student Responsibilities and Resources

As a member of the University of Connecticut student community, you are held to certain standards and academic policies. In addition, there are numerous resources available to help you succeed in your academic work. Review these important [standards, policies and resources](#), which include:

- The Student Code
 - Academic Integrity
 - Resources on Avoiding Cheating and Plagiarism
- Copyrighted Materials
- Credit Hours and Workload
- Netiquette and Communication
- Adding or Dropping a Course
- Academic Calendar
- Policy Against Discrimination, Harassment and Inappropriate Romantic Relationships
- Sexual Assault Reporting Policy

Students with Disabilities

The University of Connecticut is committed to protecting the rights of individuals with disabilities and assuring that the learning environment is accessible. If you anticipate or experience physical or academic barriers based on disability or pregnancy, please let me know immediately so that we can discuss options. Students who require accommodations should contact the Center for Students with Disabilities, Wilbur Cross Building Room 204, (860) 486-2020 or <http://csd.uconn.edu/>.

Blackboard measures and evaluates accessibility using two sets of standards: the WCAG 2.0 standards issued by the World Wide Web Consortium (W3C) and Section 508 of the Rehabilitation Act issued in the United States federal government.” (Retrieved March 24, 2013 from [Blackboard's website](#))

Academic Policies

All students are expected to abide by the academic policies of the University, Graduate School and Physical Therapy Department as related to their conduct in this course (i.e. attendance, academic integrity, professional behavior, etc.). To view all UConn Academic Policies, please visit: <http://provost.uconn.edu/syllabi-references>

Software/Technical Requirements (with Accessibility and Privacy Information)

The software/technical requirements for this course include:

- HuskyCT/Blackboard ([HuskyCT/ Blackboard Accessibility Statement](#), [HuskyCT/ Blackboard Privacy Policy](#))
- Adobe Acrobat Reader ([Adobe Reader Accessibility Statement](#), [Adobe Reader Privacy Policy](#))
- Google Apps ([Google Apps Accessibility](#), [Google for Education Privacy Policy](#))
- Microsoft Office (free to UConn students through uconn.onthehub.com) ([Microsoft Accessibility Statement](#), [Microsoft Privacy Statement](#))
- Dedicated access to high-speed internet with a minimum speed of 1.5 Mbps (4 Mbps or higher is recommended).
- WebCam
- Exxat Steps Clinical Education Web Application

For information on managing your privacy at the University of Connecticut, visit the [University's Privacy page](#).

NOTE: This course has NOT been designed for use with mobile devices.

Help

[Technical and Academic Help](#) provides a guide to technical and academic assistance.

This course is completely facilitated online using the learning management platform, [HuskyCT](#). If you have difficulty accessing HuskyCT, you have access to the in person/live person support options available during regular business hours through the [Help Center](#). You also have [24x7 Course Support](#) including access to live chat, phone, and support documents.

Minimum Technical Skills

To be successful in this course, you will need the following technical skills:

- Use electronic mail with attachments.
- Save files in commonly used word processing program formats.
- Copy and paste text, graphics or hyperlinks.
- Work within two or more browser windows simultaneously.
- Open and access PDF files.

University students are expected to demonstrate competency in Computer Technology. Explore the [Computer Technology Competencies](#) page for more information.

Evaluation of the Course

Students will be provided an opportunity to evaluate instruction in this course using the University's standard procedures, which are administered by the [Office of Institutional Research and Effectiveness](#) (OIRE).

Additional informal formative surveys may also be administered within the course as an optional evaluation tool.

Online Decorum for Synchronous Sessions

We will have our synchronous sessions in-person but if this needs to be transitioned to online, we will have the following rules for Synchronous Online Sessions:

- Please use the “raise hand” feature to ask a question
- Having your video on at all times is not required but expected when working in groups or Presenting

**PT 5461 Syllabus
Clinical Education I**

Description:

Under close supervision by a licensed Physical Therapist, students will participate as a member of the health care team to provide patient care in an inpatient or outpatient setting for 10 weeks. Patient care settings may include but are not limited to: Acute Care, Orthopedics, Neuro-Rehabilitation or specialties including but not limited to pediatrics, oncology, or women's health. The course is held off campus at individually assigned clinical facilities throughout the country. Each student is assigned one or two clinical instructors who are physically present and immediately available for direction and supervision.

Department Offering Course: Kinesiology

Semester and Year: Summer/Fall (10 weeks beginning in July), Third Year

Credit Hours: 8

Clock Hours: Varies depending on facility and CI assigned; approximately 40 hours/week

Grading Criteria: Satisfactory/Unsatisfactory

Course Prerequisites: Students must be in good academic standing and be granted consent by the department to enroll.

Course Objectives:

Upon completion of the course, the student will:

- Present self to patients, caregivers, and facility staff in a professional manner that is consistent with the American Physical Therapy Association's (APTA) Code of Ethics, Core Values, and Guide for Professional Conduct (7B, 7D2, 7D3, 7D4, 7D5, 7D6, 7D7, 7D8, 7D28).
- Practice in a safe manner that minimizes risk to patient, self, and others (7C, 7D10, 7D11, 7D16, 7D17, 7D18, 7D19, 7D20, 7D22, 7D23, 7D24, 7D25, 7D26, 7D27, 7D29, 7D30, 7D33, 7D37, 7D39, 7D43).
- Demonstrate professional behavior in all situations (7B, 7D6, 7D7, 7D8).
- Practice in a manner consistent with established legal and professional standards and ethical guidelines (7B, 7D2, 7D3, 7D6, 7D7, 7D8, 7D28, 7D32, 7D41, 7D42, 7D43).
- Communicate in ways that are congruent with situational needs (7B, 7D7, 7D12, 7D29).
- Adapt delivery of physical therapy services with consideration for patients' differences, values, preferences and needs (7D8, 7D24, 7D25, 7D26, 7D28, 7D29, 7D30, 7D36).
- Participate in self-assessment to improve clinical and professional performance (7D37, 7D15, 7D38, 7D43).
- Determine with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional (7C, 7D7, 7D16, 7D17, 7D18, 7D19, 7D20, 7D22, 7D23).
- Perform a physical therapy patient examination (7C, 7D17, 7D18, 7D19, 7D21, 7D30)
- Evaluate data from the patient examination to make clinical judgments (7D20, 7D21, 7D22, 7D23).
- Establish a plan of care that is safe, effective, and patient-centered (7D8, 7D24, 7D25, 7D26, 7D28, 7D29, 7D30).

- Perform physical therapy interventions in a competent manner (7D27, 7D28, 7D34).
- Educate others (patients, family, caregivers, staff, students, other health care providers) using relevant and effective teaching methods (7B, 7D12, 7D27, 7D29).
- Produce quality documentation in a timely manner (7D32).
- Manage resources (e.g., time, space, and equipment) to achieve goals of the practice setting (7D25, 7D29, 7D42, 7D43).

Evaluation of Student Performance

CPI: The Clinical Instructor (CI) will evaluate the student and provide feedback throughout the experience. The CI will provide formal written feedback using the American Physical Therapy Association's on-line Clinical Performance Instrument (CPI) at midterm and at the completion of the practicum. Students, CI's, and the Center Coordinator for Clinical Education (CCCE) are required to keep the DPT Program's Director of Clinical Education (DCE) and Academic Coordinator of Clinical Education (ACCE) informed regarding progress toward the course objectives. The DCE and ACCE will confer with the student, CI, and CCCE regarding the need for any changes in the delivery and execution of the experience (as deemed feasible considering priorities for patient care and the facility's own policies and procedures). In addition to CI assessment of the CPI, Students are required to complete a self assessment using the CPI at both midterm and at the end of the experience.

HuskyCT Discussion: Students are required to participate in weekly internet discussions with the course instructor and their classmates.

Student Presentation/Inservice: Students will present a lecture/inservice on an evidence-based topic agreed upon by the student and site staff.

Students are assigned a final grade of S (Satisfactory) or U (Unsatisfactory) for the course. Scores on the above evaluative criteria, along with all other relevant information will be used by the DCE to provide a course grade. Other relevant information may include, but is not limited to: answers to questions posed by the DCE or ACCE regarding specific patient interactions involving the student, the DCE's experience with the CI or site, the student's caseload (volume and disease complexity), the student's past academic and clinical performance, the learning emphasis areas for the course, any other information deemed academically relevant by the DCE or ACCE. The DCE and ACCE make the final determination of whether the course grade results in a grade of Satisfactory or Unsatisfactory.

The following CPI scores will be used to describe passing performance for Full-time Clinical Experience I:

CPI PERFORMANCE CRITERION	PASSING SCORE
1. Professionalism: Ethical Practice	Advanced Intermediate
2. Professionalism: Legal Practice	Advanced Intermediate
3. Professionalism: Professional Growth	Advanced Intermediate
4. Interpersonal: Communication	Advanced Intermediate
5. Interpersonal: Inclusivity	Advanced Intermediate
6. Technical/Procedural: Clinical Reasoning	Intermediate
7. Technical/Procedural: Examination, Evaluation, and Diagnosis	Intermediate
8. Technical/Procedural: Plan of Care and Case Management	Intermediate
9. Technical/Procedural: Interventions and Education	Intermediate
10. Business: Documentation	Intermediate
11. Business: Financial Management and Fiscal Responsibility	Intermediate
12. Responsibility: Guiding and Coordinating Support Staff	Intermediate

PT 5463 Syllabus
Integrated Clinical Experience, Musculoskeletal II
DPT Program/Department of Kinesiology

Fall 2023

Excluding materials for purchase, syllabus information may be subject to change. The most up-to-date syllabus is located within the course in HuskyCT.

Program Information

This course is restricted to students of the DPT Program.

Course and Instructor Information

Course Title: Integrated Clinical Experience, Musculoskeletal II

Credits: 2

Format: Instructional strategies such as asynchronous/online lecture, synchronous in-person or online lecture/activities, in-person practical exams, and assignments. Clinical experience via in-person patient contact at UConn Health (Farmington and Storrs), Select PT (various CT locations), and the UConn C.A.R.E.S. Pro Bono clinic as available. Additional simulated patient experiences through video and case study (as needed depending on availability of in-person experiences).

Prerequisites: Students must be in good academic standing and be granted consent of the Department to enroll.

Professor: Katy Van Deveire, DPT, OCS, Jon Rizzo, PT, PhD, ATC, Kendal Mainville, PT, MSPT, OCS (CI/Practical Exam I & II); UConn Health, Select PT, and UConn C.A.R.E.S. Pro-Bono Clinic Clinicians

Email: vandeveire@uchc.edu

Telephone: (860) 817-0217

Office Hours/Availability: **By Appointment**

Email: jon.rizzo@uconn.edu

Telephone: (860) 860-1146

Office Hours/Availability: **By Appointment**

[Dr. Rizzo's Virtual Office](#) | 642614029

Click link above or join by phone:

+1-415-655-0002 or +1-617-315-0704

Access code: 642 614 029

Course Materials

Additional course readings and media are available within HuskyCT, through either an Internet link or Library Resources

Course Description

A clinical experience that provides students the opportunity to integrate interventions learned in PT 5453 and PT 5454 in an outpatient setting. Students will utilize examination and manual therapy skills in the development and implementation of plans of care for outpatients with various musculoskeletal conditions.

Course Objectives

By the end of the semester, students should be able to:

1. Communicate effectively with patients to obtain data relative to impairments in body structure and function, ability to perform necessary functional activities, and participate in normal home, work, and recreational roles. (7B- Communication, 7C- Musculoskeletal, 7D7, 7D8, 7D10, 7D16, 7D17)
2. Communicate with CIs and clinic staff in a manner that promotes professional curiosity as well as a desire to aide in patient care (7B- Communication, Values and Ethics; 7C- Musculoskeletal, 7D7, 7D39)
3. Demonstrate professional behaviors in all situations by displaying initiative, being punctual, wearing appropriate attire, seeking and accepting feedback, and delivering care to patients that demonstrates compassion as well as maintenance of privacy and dignity (7A- Psychosocial Aspects of Health and Disability, 7B- Communication, Ethics and Values; 7D28).
4. Demonstrate evaluation skills for patients with musculoskeletal dysfunction that allow for involvement in patient Initial Examinations, re-examinations, and routine tests and measures (7A- Anatomy, Physiology, Kinesiology, Pathology, Diagnostic Imaging, Psychosocial Aspects of Health and Disability; 7C- Musculoskeletal, Systems Interactions, Medical and Surgical Conditions Across the Lifespan Commonly Seen in Practice; 7D7, 7D8, 7D10, 7D16, 7D17, 7D18, 7D19, 7D22, 7D23, 7D24, 7D31, 7D42)
5. Devise and instruct in interventions for selected patients based on impairments in body structure and function, limitations in functional activities, and inability to participate in normal home, work, school and play roles (7A- Anatomy, Physiology, Kinesiology, Pathology, Pharmacology, Exercise Science, Psychosocial Aspects of Health and Disability; 7C- Musculoskeletal, Systems Interactions, Medical and Surgical Conditions Across the Lifespan Commonly Seen in Practice; 7D20, 7D23, 7D27, 7D28, 7D30, 7D38)
6. Apply best available evidence in all aspects of patient care (7B- Evidence-based Practice, 7C- Musculoskeletal, 7D9, 7D11)

Course Requirements and Grading

Summary of Course Grading:

Course Components	Weight
Clinical Professionalism/Performance via Student Assessment Form	40%
Interview Practical	20%
Treatment Practical	20%
Practical 1 Reflection	10%
Practical 2 Reflection	10%

For all Course Components above:

See “Guidelines” Documents on HuskyCT for information, detailed instructions, and Rubrics as applicable.

Grading

Students must obtain an overall grade of 70% or better in the lecture and lab sections of this course in order for this course to remain on your plan of study. The final percentage grade will be based upon the elements listed below. Please refer to the DPT Student Handbook for a summary of student performance and progression toward degree completion.

Grade	Letter Grade	GPA
94-100	A	4.0
90-93.9	A-	3.7
87-89.9	B+	3.3
83-86.9	B	3.0
80-82.9	B-	2.7
77-79.9	C+	2.3
73-76.9	C	2.0
70-72.9	C-	1.7
67-69.9	D+	1.3
63-66.9	D	1.0
60-62.9	D-	0.7
<60	F	0.0

Due Dates and Late Policy

All course due dates are identified on the Syllabus Course Outline above. Deadlines are based on Eastern Time; if you are in a different time zone, please adjust your submittal times accordingly. *The instructor reserves the right to change dates accordingly as the semester progresses. All changes will be communicated in an appropriate manner.*

Assignments submitted late are subject to a 10% deduction in max percentage per day (one day late = maximum score of 90%, and so on). Students may ask for an extension in due date (without penalty) but must be extraordinary circumstances.

Feedback and Grades

I will make every effort to provide feedback and grades in within 2 weeks of submission. To keep track of your performance for Quizzes, refer to My Grades in HuskyCT. Detailed Feedback and Grading of other assignments will also be returned through HuskyCT or email attachment.

Weekly Time Commitment

You should expect to dedicate 2 to 10 hours a week to this course. This expectation is based on the various course clinical experiences, activities, assignments, and assessments and the University of Connecticut's policy regarding credit hours. More information related to hours per week per credit can be accessed at the [Online Student website](#).

Inclement Weather

If UConn is closed due to inclement weather, your clinical session for that day will be cancelled and communication with your CI will be done by the instructor. If there is a delay due to inclement weather your session for that day will be cancelled and communication to the facility will be done by the instructor.

Student Authentication and Verification

The University of Connecticut is required to verify the identity of students who participate in distance learning or online courses and to establish that students who register in these courses are the same students who participate in and complete the course activities and assessments and receive academic credit. Verification and authentication of student identity in this course will include:

1. Log in to HuskyCT to access all course materials and meetings
2. Synchronous Class Sessions where students will be required to be present and participating.
3. Presenting physical student ID card at Clinical Experiences.

Student Responsibilities and Resources

As a member of the University of Connecticut student community, you are held to certain standards and academic policies. In addition, there are numerous resources available to help you succeed in your academic work. Review these important [standards, policies and resources](#), which include:

- The Student Code
 - Academic Integrity
 - Resources on Avoiding Cheating and Plagiarism
- Copyrighted Materials
- Credit Hours and Workload
- Netiquette and Communication
- Adding or Dropping a Course
- Academic Calendar
- Policy Against Discrimination, Harassment and Inappropriate Romantic Relationships
- Sexual Assault Reporting Policy

Students with Disabilities

The University of Connecticut is committed to protecting the rights of individuals with disabilities and assuring that the learning environment is accessible. If you anticipate or experience physical or academic barriers based on disability or pregnancy, please let me know immediately so that we can discuss options. Students who require accommodations should contact the Center for Students with Disabilities, Wilbur Cross Building Room 204, (860) 486-2020 or <http://csd.uconn.edu/>.

Blackboard measures and evaluates accessibility using two sets of standards: the WCAG 2.0 standards issued by the World Wide Web Consortium (W3C) and Section 508 of the Rehabilitation Act issued in the United States federal government.” (Retrieved March 24, 2013 from [Blackboard's website](#))

Software/Technical Requirements (with Accessibility and Privacy Information)

The software/technical requirements for this course include:

- HuskyCT/Blackboard ([HuskyCT/ Blackboard Accessibility Statement](#), [HuskyCT/ Blackboard Privacy Policy](#))
- [Adobe Acrobat Reader](#) ([Adobe Reader Accessibility Statement](#), [Adobe Reader Privacy Policy](#))
- Google Apps ([Google Apps Accessibility](#), [Google for Education Privacy Policy](#))
- Microsoft Office (free to UConn students through uconn.onthehub.com) ([Microsoft Accessibility Statement](#), [Microsoft Privacy Statement](#))
- Dedicated access to high-speed internet with a minimum speed of 1.5 Mbps (4 Mbps or higher is recommended).
- WebCam

For information on managing your privacy at the University of Connecticut, visit the [University's Privacy page](#).

NOTE: This course has NOT been designed for use with mobile devices.

Help

[Technical and Academic Help](#) provides a guide to technical and academic assistance.

This course is completely facilitated online using the learning management platform, [HuskyCT](#). If you have difficulty accessing HuskyCT, you have access to the in person/live person support options available during regular business hours through the [Help Center](#). You also have [24x7 Course Support](#) including access to live chat, phone, and support documents.

Minimum Technical Skills

To be successful in this course, you will need the following technical skills:

- Use electronic mail with attachments.
- Save files in commonly used word processing program formats.
- Copy and paste text, graphics or hyperlinks.
- Work within two or more browser windows simultaneously.
- Open and access PDF files.

University students are expected to demonstrate competency in Computer Technology. Explore the [Computer Technology Competencies](#) page for more information.

Evaluation of the Course

Students will be provided an opportunity to evaluate instruction in this course using the University's standard procedures, which are administered by the [Office of Institutional Research and Effectiveness](#) (OIRE).

Additional informal formative surveys may also be administered within the course as an optional evaluation tool.

Online Decorum for Synchronous

We will have the following rules for Synchronous Online Sessions:

- Please use the “raise hand” feature to ask a question
- Having you video on at all times is not required but expected for when Presenting

**PT 5464, Clinical Education II
Course Syllabus**

Description:

Under close supervision by a licensed Physical Therapist, students will participate as a member of the health care team to provide patient care in an inpatient or outpatient setting for 11 weeks. Patient care settings may include but are not limited to: Acute Care, Orthopedics, Neuro-Rehabilitation or specialties including but not limited to pediatrics, oncology, or women's health. The course is held off campus at individually assigned clinical facilities throughout the country. Each student is assigned one or two clinical instructors who are physically present and immediately available for direction and supervision.

Department Offering Course: Kinesiology

Semester and Year: Fall Semester (11 weeks beginning in October), Third Year

Credit Hours: 8

Clock Hours: Varies depending on facility and CI assigned; approximately 40 hours/week

Grading Criteria: Satisfactory/Unsatisfactory

Course Prerequisites: Students must be in good academic standing and be granted consent by the department to enroll.

Course Objectives:

Upon completion of the course, the student will:

- Present self to patients, caregivers, and facility staff in a professional manner that is consistent with the American Physical Therapy Association's (APTA) Code of Ethics, Core Values, and Guide for Professional Conduct (7B, 7D2, 7D3, 7D4, 7D5, 7D6, 7D7, 7D8, 7D28).
- Practice in a safe manner that minimizes risk to patient, self, and others (7C, 7D10, 7D11, 7D16, 7D17, 7D18, 7D19, 7D20, 7D22, 7D23, 7D24, 7D25, 7D26, 7D27, 7D29, 7D30, 7D33, 7D37, 7D39, 7D43).
- Demonstrate professional behavior in all situations (7B, 7D6, 7D7, 7D8).
- Practice in a manner consistent with established legal and professional standards and ethical guidelines (7B, 7D2, 7D3, 7D6, 7D7, 7D8, 7D28, 7D32, 7D41, 7D42, 7D43).
- Communicate in ways that are congruent with situational needs (7B, 7D7, 7D12, 7D29).
- Adapt delivery of physical therapy services with consideration for patients' differences, values, preferences and needs (7D8, 7D24, 7D25, 7D26, 7D28, 7D29, 7D30, 7D36).
- Participate in self-assessment to improve clinical and professional performance (7D37, 7D15, 7D38, 7D43).
- Determine with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional (7C, 7D7, 7D16, 7D17, 7D18, 7D19, 7D20, 7D22, 7D23).
- Perform a physical therapy patient examination (7C, 7D17, 7D18, 7D19, 7D21, 7D30)

- Evaluate data from the patient examination to make clinical judgments (7D20, 7D21, 7D22, 7D23).
- Establish a plan of care that is safe, effective, and patient-centered (7D8, 7D24, 7D25, 7D26, 7D28, 7D29, 7D30).
- Perform physical therapy interventions in a competent manner (7D27, 7D28, 7D34).
- Educate others (patients, family, caregivers, staff, students, other health care providers) using relevant and effective teaching methods (7B, 7D12, 7D27, 7D29).
- Produce quality documentation in a timely manner (7D32).
- Manage resources (e.g., time, space, and equipment) to achieve goals of the practice setting (7D25, 7D29, 7D42, 7D43).

Evaluation of Student Performance

CPI: The Clinical Instructor (CI) will evaluate the student and provide feedback throughout the experience. The CI will provide formal written feedback using the American Physical Therapy Association’s on-line Clinical Performance Instrument (CPI) at midterm and at the completion of the practicum. Students, CI’s, and the Center Coordinator for Clinical Education (CCCE) are required to keep the DPT Program’s Director of Clinical Education (DCE) and Academic Coordinator of Clinical Education (ACCE) informed regarding progress toward the course objectives. The DCE and ACCE will confer with the student, CI, and CCCE regarding the need for any changes in the delivery and execution of the experience (as deemed feasible considering priorities for patient care and the facility’s own policies and procedures). In addition to CI assessment of the CPI, Students are required to complete a self assessment using the CPI at both midterm and at the end of the experience.

HuskyCT Discussion: Students are required to participate in weekly internet discussions with the course instructor and their classmates.

Student Presentation/Inservice: Students will present a lecture/inservice on an evidence-based topic agreed upon by the student and site staff.

Students are assigned a final grade of S (Satisfactory) or U (Unsatisfactory) for the course. Scores on the above evaluative criteria, along with all other relevant information will be used by the DCE to provide a course grade. Other relevant information may include, but is not limited to: answers to questions posed by the DCE or ACCE regarding specific patient interactions involving the student, the DCE’s experience with the CI or site, the student’s caseload (volume and disease complexity), the student’s past academic and clinical performance, the learning emphasis areas for the course, any other information deemed academically relevant by the DCE or ACCE. The DCE and ACCE make the final determination of whether the course grade results in a grade of Satisfactory or Unsatisfactory.

The following CPI scores will be used to describe passing performance for Full-time Clinical Experience II:

CPI PERFORMANCE CRITERION	PASSING SCORE
1. Professionalism: Ethical Practice	Entry Level
2. Professionalism: Legal Practice	Entry Level

3. Professionalism: Professional Growth	Entry Level
4. Interpersonal: Communication	Entry Level
5. Interpersonal: Inclusivity	Entry Level
6. Technical/Procedural: Clinical Reasoning	Advanced Intermediate
7. Technical/Procedural: Examination, Evaluation, and Diagnosis	Advanced Intermediate
8. Technical/Procedural: Plan of Care and Case Management	Advanced Intermediate
9. Technical/Procedural: Interventions and Education	Advanced Intermediate
10. Business: Documentation	Advanced Intermediate
11. Business: Financial Management and Fiscal Responsibility	Advanced Intermediate
12. Responsibility: Guiding and Coordinating Support Staff	Advanced Intermediate

**PT 5466: Integrated Clinical Experience, Neuromuscular
Syllabus, Spring 2024**

Description: An applied experience that provides students the opportunity to integrate assessments and interventions learned in PT 5456 in a clinical setting. Students will utilize examination and intervention skills in the implementation of plans of care for patients with various neuromuscular conditions.

Department Offering Course: Physical Therapy

Semester and Year: Spring of second year - 2024

Credit Hours: 2

Instructor(s):

Cristina Colón-Semenza, PT, MPT, PhD, Board-Certified Clinical Specialist in Neurologic Physical Therapy
Kinesiology Building 4, 015 (860-486-0019) Cristina.colon-semenza@uconn.edu
Office Hours: Mondays, 8:00-10:30 am or by appointment

Mary Beth A. Osborne PT, DPT, Board-Certified Clinical Specialist in Neurologic Physical Therapy
Kinesiology Building 4, 006 (860-486-1995) Marybeth.osborne@uconn.edu
Office Hours: Wednesdays, 8:00-10:30am or by appointment

Clock Hours:

Class will be held in-person for the first 2 weeks and the last week of the semester on Tuesday AND Thursday from 1:00 - 4:00 pm in the Kinesiology building

Clinical Rotations:

Clinical hours will be either on Tuesday OR Thursday, 1:00 – 4:00-4:30 pm (or TBD by clinical site)

Out of respect for the time of the clinical instructors and the established contractual agreements, the schedule for these experiences should be followed as written. If urgent matters arise in conflict with the schedule, students are obligated to inform their clinical instructor and also Dr. Osborne in advance.

Course Prerequisites:

Students must be in good academic standing and be granted consent of the department to enroll.

Course Objectives:

By the end of the course, the physical therapy student will be able to:

1. Integrate information about normal and abnormal neurological function in the assessment of persons with neurological dysfunction. [7A (neuroscience, pathology), 7C (nervous, systems interactions), 7D16, 7D19a-w]
2. Identify outcome measures that are strongly supported by evidence for their use with persons with neurologic conditions. [7D19a-w]

3. Select appropriate outcome measures based on a client's condition and presentation. [7B (clinical reasoning, evidence-based practice), 7D19a-w]
4. Administer a variety of outcome measures that are appropriate for persons with neurologic conditions. [7D 17, 7D18, 7D19, 7D20]
5. Collect and analyze data which measures impairments, functional limitations, and disability related information about the client with a neurological dysfunction. [7B (clinical reasoning, evidence-based practice), 7D19a-w]
6. Utilize outcome measures to develop treatment plans and long-term prognosis of persons with neurologic conditions. [7B (clinical reasoning, evidence-based practice), 7D20, 7D21, 7D22]
7. Integrate outcome measure results into physical therapy decisions with an appreciation for the emotional and social realities faced by persons with neurological problems and their families. [7B (clinical reasoning), 7D20, 7D21, 7D22]
8. Develop evidence-based plans of care that are appropriate for the specific individual's needs based on examination findings. [7B (clinical reasoning, evidence-based practice), 7D23, 7D24, 7D27b,d,e,f,g,h,i]
9. Demonstrate appropriate and effective verbal and written communication with respect to client assessment, education, and intervention. [7A (psychosocial aspects of health and disability), 7B (communication, ethics and values, teaching and learning), 7D7, 7D12, 7D32]
10. Demonstrate professional behavior during all interactions with clients, families, health care professionals, instructors and peers. [7A (psychosocial aspects of health and disability), 7B (communication, ethics and values, teaching and learning), 7D4, 7D5]
11. Recognize the need to refer clients to access services which are beyond the physical therapist's scope of practice. [7A (psychosocial aspects of health and disability), 7B (communication, ethics and values, teaching and learning), 7D28]
12. Analyze the effectiveness of the individual's care provided throughout the time of the course via active practice and reflection. [7B (clinical reasoning, evidence-based practice), 7D30, 7D31]
13. Assess personal and professional growth in order to identify continuing education needs through active practice and reflection. 7D15)
14. Conduct oneself in a manner consistent with the professional behaviors identified by the Doctor of Physical Therapy Handbook, the Code of Ethics for the Physical Therapist and the Core Values for the Physical Therapist and Physical Therapist Assistant of the American Physical Therapy Association. [7B (ethics), 7D1, 7D2, 7D3, 7D4, 7D5, 7D6, 7D8]

Teaching Methods:

Teaching methods will include demonstration, psychomotor skill development and repeated practice with peers in the laboratory and with persons who present with a variety of neurologic conditions in clinical settings.

Students will go in pairs to complete weekly part time clinical experiences in both the in-patient and outpatient adult neurologic settings with clinical instructors in facilities and health systems located in Connecticut. Students will have opportunities to select and administer examination techniques including outcome measures, follow treatment plans, and deliver interventions for persons with a variety of neurological conditions under the supervision of clinical instructors.

- a. Students will be prepared to verbally describe the participant condition and plan of care in a medical rounds format.
- b. Students will complete one SOAP note for each 5 week experience.
- c. Students will be graded by CI in the areas of safety, professional behavior, communication, procedural interventions and clinical reasoning using the CPI format.

Grading Scale:

A= 93-100; A- 90-92.9; B+ = 87-89.9; B= 83-86.9; B- = 80-82.9; C+ = 77-79.9; C = 73-76.9; C- = 70-72.9; D+ = 67-69.9; D = 63-66.9; D- = 60-62.9; F < 60

Completion of Neurological Exam Checklist	.....	5%
Neuro Exam Competency Skills Check	.....	20%
SOAP Notes (2 are required)	.....	10%
Final Practical Examination	.....	25%
Discussion Board Posts & Responses	.....	5%
Student Assessment Forms (SAF) for clinical experiences	.....	30%
Case Presentation in Pairs	.....	5%

LATE WORK: one letter grade will be deducted for each day an assignment is late.

Clinical Rotations:

Clinical hours will be either on Tuesday OR Thursday, 1:00 – 4:00-4:30 pm (or TBD by clinical site)

Out of respect for the time of the clinical instructors and the established contractual agreements, the schedule for these experiences should be followed as written. If urgent matters arise in conflict with the schedule, students are obligated to inform their clinical instructor and also Dr. Osborne in advance.

Grading: An average score of 15 is the threshold for a passing score.

PT 5466: Integrated Clinical Experience, Neurological

Student Assessment Form

Item	Rating (Rate each by highlighting the corresponding number)					
	1	2	3	4	5	Concern
1. Safety	1	2	3	4	5	
2. Professional Behavior	1	2	3	4	5	
3. Communication	1	2	3	4	5	
4. Clinical Reasoning	1	2	3	4	5	
5. Procedural interventions	1	2	3	4	5	

Key: N/A: Not Applicable, 1: Poor, 2: Fair, 3: Acceptable, 4: Good, 5: Excellent,

Neuro Exam Skills Checklist

Students will participate in the self-assessment of clinical skills by completing and submitting the Neurological Exam Checklist which is designed to provide an organizational tool for individualized learning.

Laboratory Practical Examinations

There are two practical examinations in this course – one prior to engagement with clinical populations (Neuro Exam Competency Skills Check) and one at the completion of the course (Neuro Practical Exam). Students will be expected to demonstrate a clinical performance with **no red flags/safety issues** on simulated patient encounters. Should a student not demonstrate passing performance on the practical, the student will be permitted to attempt one retake of the practical within a reasonable timeframe agreed upon between the student and instructor. Subsequent retakes are at the discretion of the instructor. Failure to achieve a passing score on either practical examination will result in an inability to pass the course.

For the Neuro Exam Competency Skills Check: re-takes will be scheduled if necessary

Written Evaluation and Progress Notes (2 SOAP notes)

Following observation/interaction with individual patients, each student will individually submit 2 written progress notes/SOAP notes representing a therapy session during your ICE time. This will be submitted on HuskyCT.

Student name _____

Date submitted _____

	Points possible	Points earned
Subjective data includes patient’s concerns, chief complaints and/or goals; concise summary of discussion; this should not be an exhaustive detailing of everything that the patient stated	0.5	
Objective data includes patient history, psychosocial data, living situation, past medical history, results of examination including observation and objective data from applicable or conducted tests and measurements; interventions administered and patient response; Clearly organized	1	

<p>Assessment reflects understanding of neurological diagnoses, related neuromuscular, movement system and mobility impairments (0.3) and identifies/prioritizes patient problems; provides a prognosis that incorporates components of the ICF;</p> <p>What are their main movement problems? (0.3) What data do you have to support your identification of the problems? (0.3) What are your recommended interventions to address those problems? (0.3) What is your prognosis for their improvement, taking into account components of the ICF? (0.3)</p>	1.5	
<p>Goals specific, measurable, functional; patient and problem focused, based on objective and subjective findings</p>	0.5	
<p>Plan Includes frequency/duration, specific interventions to address identified problems and goals. May include suggestions for further examination, referral to interdisciplinary clinical team for further testing/intervention</p>	1	
<p>Spelling/grammar & medical terminology: free from spelling and grammar errors; consistently uses medical terminology</p>	0.25	
<p>Correct placement: information is correctly placed in each section; submitted as a Word doc</p>	0.25	

Overall Grade

_____ /5

Discussion Board Posts and Responses

Students will complete an initial discussion board post and also one response to a classmate's post during each of the 2 clinical experiences (4 total discussion board posts/responses required).

Required Texts:

- Fell DW, Lunnen KY, Rauk RP. *Lifespan Neurorehabilitation; A Patient-Centered Approach from Examination to Interventions and Outcomes*. F.A. Davis Co, Philadelphia, PA. 2018. ISBN-13: 978-0803646094
(Corresponding Neuromuscular Rehab text)
- O'Sullivan S & Schmitz T. *Improving Functional Outcomes in Physical Rehabilitation, 2nd Ed.* F.A. Davis Co. Philadelphia, PA, 2016. ISBN-13: 978-0-8036-2218-0. (Lab Manual)
- O'Sullivan S, Schmitz T, & Fulk GD. *Physical Rehabilitation, 7th Ed.* F.A. Davis Co. Philadelphia, PA, 2019. ISBN-13: 978-0803661622 (Corresponding Neuromuscular Rehab text)

Required Readings: See Outline of Course

Academic Policies: All students are expected to abide by the academic policies of the University, Graduate School and Physical Therapy Department as related to such things as attendance, academic integrity, and professional behavior.

The University of Connecticut (Resources for Students Experiencing Distress) The University of Connecticut is committed to supporting students in their mental health, their psychological and social well-being, and their connection to their academic experience and overall wellness. The University believes that academic, personal, and professional development can flourish only when each member of our community is assured equitable access to mental health services. The university aims to make access to mental health attainable while fostering a community reflecting equity and diversity and understands that good mental health may lead to personal and professional growth, greater self-awareness, increased social engagement, enhanced academic success, and campus and community involvement.

Students who feel they may benefit from speaking with a mental health professional can find support and resources through the [Mental Health | Student Health and Wellness \(uconn.edu\)](https://uconn.edu/shaw) (SHaW Mental Health) office. Students can make an appointment with a mental health professional and engage in confidential conversations or seek recommendations or referrals for any mental health or psychological concern.

Mental health services are included as part of the university's student health insurance plan and also partially funded through university fees. If you do not have UConn's student health insurance plan, most major insurance plans are also accepted. Students can visit SHaW's offices in the Arjona

Building, 4th floor, call (860) 486-4705, or visit [Student Health and Wellness | Student Health and Wellness \(uconn.edu\)](#) for additional information regarding mental health services or frequently asked questions.

Academic Policies: All students are expected to abide by the academic policies of the University, Graduate School and Doctor of Physical Therapy Program as related to such things as attendance, academic integrity and professional behavior.

Academic Integrity: This course expects all students to act in accordance with the Guidelines for Academic Integrity at the University of Connecticut.. If you have questions about academic integrity or intellectual property, you should consult with your instructor. Additionally, consult UConn's [guidelines for academic integrity](#).

Students with Disabilities: The University of Connecticut is committed to protecting the rights of individuals with disabilities and assuring that the learning environment is accessible. If you anticipate or experience physical or academic barriers based on disability, please contact the Center for Students with Disabilities, Wilbur Cross Building Room 204, (860) 486-2020, or <http://csd.uconn.edu/>

.Discrimination and Harassment: The University is committed to maintaining an environment free of discrimination or discriminatory harassment directed toward any person or group within its community – students, employees, or visitors. Academic and professional excellence can flourish only when each member of our community is assured an atmosphere of mutual respect. All members of the University community are responsible for the maintenance of an academic and work environment in which people are free to learn and work without fear of discrimination or discriminatory harassment. More information is available at equity.uconn.edu and titleix.uconn.edu.

Professor's Statement on Intellectual Property, etc.: Our lectures, notes, handouts, and displays are protected by state common law and federal copyright law. They are our own original expression and I've recorded them prior to, or during, my lectures in order to ensure that I obtain copyright protection. Students are authorized to take notes in class; however, this authorization extends only to making one set of notes for your own personal use and no other use. The recording of my lectures is not authorized unless, ahead of time, we make exceptional arrangements (e.g. through the Center for Students with Disabilities). If you are so authorized to record my lectures, you may not copy this recording or any other material, provide copies of either to anyone else, or make a commercial use of them without prior permission from me/us.

PT 5467 Clinical Education III Syllabus

Description:

Under close supervision by a licensed Physical Therapist, students will participate as a member of the health care team to provide patient care in an inpatient or outpatient setting for 12 weeks. Patient care settings may include but are not limited to: Acute Care, Orthopedics, Neuro-Rehabilitation or specialties including but not limited to pediatrics, oncology, or women's health. The course is held off campus at individually assigned clinical facilities throughout the country. Each student is assigned one or two clinical instructors who are physically present and immediately available for direction and supervision.

Department Offering Course: Kinesiology

Semester and Year: Spring Semester (12 weeks beginning in January), Third Year

Credit Hours: 8

Clock Hours: Varies depending on facility and CI assigned; approximately 40 hours/week

Grading Criteria: Satisfactory/Unsatisfactory

Course Prerequisites: Students must be in good academic standing and be granted consent by the department to enroll.

Course Objectives:

Upon completion of the course, the student will:

- Present self to patients, caregivers, and facility staff in a professional manner that is consistent with the American Physical Therapy Association's (APTA) Code of Ethics, Core Values, and Guide for Professional Conduct (7B, 7D2, 7D3, 7D4, 7D5, 7D6, 7D7, 7D8, 7D28).
- Practice in a safe manner that minimizes risk to patient, self, and others (7C, 7D10, 7D11, 7D16, 7D17, 7D18, 7D19, 7D20, 7D22, 7D23, 7D24, 7D25, 7D26, 7D27, 7D29, 7D30, 7D33, 7D37, 7D39, 7D43).
- Demonstrate professional behavior in all situations (7B, 7D6, 7D7, 7D8).
- Practice in a manner consistent with established legal and professional standards and ethical guidelines (7B, 7D2, 7D3, 7D6, 7D7, 7D8, 7D28, 7D32, 7D41, 7D42, 7D43).
- Communicate in ways that are congruent with situational needs (7B, 7D7, 7D12, 7D29).
- Adapt delivery of physical therapy services with consideration for patients' differences, values, preferences and needs (7D8, 7D24, 7D25, 7D26, 7D28, 7D29, 7D30, 7D36).
- Participate in self-assessment to improve clinical and professional performance (7D37, 7D15, 7D38, 7D43).
- Determine with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional (7C, 7D7, 7D16, 7D17, 7D18, 7D19, 7D20, 7D22, 7D23).
- Perform a physical therapy patient examination (7C, 7D17, 7D18, 7D19, 7D21, 7D30)
- Evaluate data from the patient examination to make clinical judgments (7D20, 7D21, 7D22, 7D23).

- Establish a plan of care that is safe, effective, and patient-centered (7D8, 7D24, 7D25, 7D26, 7D28, 7D29, 7D30).
- Perform physical therapy interventions in a competent manner (7D27, 7D28, 7D34).
- Educate others (patients, family, caregivers, staff, students, other health care providers) using relevant and effective teaching methods (7B, 7D12, 7D27, 7D29).
- Produce quality documentation in a timely manner (7D32).
- Manage resources (e.g., time, space, and equipment) to achieve goals of the practice setting (7D25, 7D29, 7D42, 7D43).

Evaluation of Student Performance

CPI: The Clinical Instructor (CI) will evaluate the student and provide feedback throughout the experience. The CI will provide formal written feedback using the American Physical Therapy Association’s on-line Clinical Performance Instrument (CPI) at midterm and at the completion of the practicum. Students, CI’s, and the Center Coordinator for Clinical Education (CCCE) are required to keep the DPT Program’s Director of Clinical Education (DCE) and Academic Coordinator of Clinical Education (ACCE) informed regarding progress toward the course objectives. The DCE and ACCE will confer with the student, CI, and CCCE regarding the need for any changes in the delivery and execution of the experience (as deemed feasible considering priorities for patient care and the facility’s own policies and procedures). In addition to CI assessment of the CPI, Students are required to complete a self assessment using the CPI at both midterm and at the end of the experience.

HuskyCT Discussion: Students are required to participate in weekly internet discussions with the course instructor and their classmates.

Student Presentation/Inservice: Students will present a lecture/inservice on an evidence-based topic agreed upon by the student and site staff.

Students are assigned a final grade of S (Satisfactory) or U (Unsatisfactory) for the course. Scores on the above evaluative criteria, along with all other relevant information will be used by the DCE to provide a course grade. Other relevant information may include, but is not limited to: answers to questions posed by the DCE or ACCE regarding specific patient interactions involving the student, the DCE’s experience with the CI or site, the student’s caseload (volume and disease complexity), the student’s past academic and clinical performance, the learning emphasis areas for the course, any other information deemed academically relevant by the DCE or ACCE. The DCE and ACCE make the final determination of whether the course grade results in a grade of Satisfactory or Unsatisfactory.

The following CPI scores will be used to describe passing performance for Full-time Clinical Experience III:

CPI PERFORMANCE CRITERION	PASSING SCORE
1. Professionalism: Ethical Practice	Entry Level

2. Professionalism: Legal Practice	Entry Level
3. Professionalism: Professional Growth	Entry Level
4. Interpersonal: Communication	Entry Level
5. Interpersonal: Inclusivity	Entry Level
6. Technical/Procedural: Clinical Reasoning	Entry Level
7. Technical/Procedural: Examination, Evaluation, and Diagnosis	Entry Level
8. Technical/Procedural: Plan of Care and Case Management	Entry Level
9. Technical/Procedural: Interventions and Education	Entry Level
10. Business: Documentation	Entry Level
11. Business: Financial Management and Fiscal Responsibility	Entry Level
12. Responsibility: Guiding and Coordinating Support Staff	Entry Level

PT 5469 Syllabus
Integrated Clinical Experience, Acute Care

Description: This course provides students with clinical experience at hospitals and sub acute health facilities. Students will observe and will assist as appropriate with patient care under the supervision and direction of a licensed physical therapist. The course allows students to integrate and apply the didactic component of the curriculum in an acute or sub acute environment. It is designed to foster the student's appreciation for the interdisciplinary nature of hospital care.

Department Offering Course: Doctor of Physical Therapy Program, Department of Kinesiology

Semester and Year: Spring 2024

Credit Hours: 1.0

Instructors/Course Coordinator: Jim Smith, DPT

Contact Information: james.smith@uconn.edu

Office Location: Kinesiology Building, 014

Office Phone: 860-486-0052, Cell Phone: 315-534-4716

Office Hours: Monday, 10:30 – 12:30 and by appointment

Clock Hours: Tuesday 8:00-12:00 or Thursday 8:00-12:00

Course Prerequisites: Students must be in good academic standing and be granted consent of the Program to enroll.

Course Objectives:

By the end of the course, the physical therapy student will:

1. Behave in a manner consistent with the professional behaviors described in the Doctor of Physical Therapy Program Student Handbook, the Code of Ethics for the Physical Therapist and the Core Values for the Physical Therapist and Physical Therapist Assistant of the American Physical Therapy Association. (7B(Ethics), 7D1, 7D2, 7D3, 7D4, 7D5, 7D6, 7D8)
2. Analyze the role of the physical therapist with consideration of other relevant team members in the acute care setting. (7B(commun AND mgmt), 7D16, 7D25, 7D29, 7D37, 7D40)
3. Demonstrate basic skills needed for management of a patient in an acute care or sub acute care setting (e.g. systems review, examination, intervention, communication and documentation). (7B(clin reas), 7C(all), 7D7, 7D16, 7D17, 7D18, 7D19a-w, 7D27, 7D32)
4. Perform and/or observe all items on clinical performance checklist (e.g. positioning, transfers, mobility training, transport, and management of equipment). (7D17, 7D18, 7D19a-w)
5. Evaluate the evidence for examination procedures used to diagnose and evaluate patients in the acute care setting. (7B(EBP), 7D9, 7D10, 7D11)
6. Practice in a safe manner that minimizes the risk of patients, self and others. (7C(all), 7D1, 7D2, 7D3, 7D4, 7D5, 7D24, 7D37, 7D40)
7. Monitor and adjust the plan of care in response to patient status. (7B(clin reas), 7C(all), 7D24, 7D30, 7D31)
8. Comply with all policies and procedures defined in Clinical Education Policies and Procedure Student Manual including but not limited to health policies, professional behavior and patient and facility rights. (7B(ethics), 7D1, 7D4, 7D5)

Required Text: Same as those required for PT 5451.

Teaching Methods: **Observation and practice under the direction/supervision of a physical therapist.**

Learning Experiences: **Students will observe and participate when appropriate in the examination and treatment of patients with a variety of acute care disorders at designated health care facilities. Students will be provided with the opportunity to observe and participate as appropriate in various aspects of acute health care, primarily physical therapy examination and intervention, with particular attention to safe patient care and mobility in the acute care setting.**

Method of Content Evaluation and Grading:

Grading criteria: **Students are assigned a final grade of S (Satisfactory) or U (Unsatisfactory) by the Course Coordinator. A student must complete the following requirements in order to receive a (S) Satisfactory grade in this course:**

- **Completion of educational hours as assigned.**
- **Successfully complete all activities on the clinical performance checklist.**
- **Documentation of required observations/activities verified by supervising clinician(s) must be submitted to the Course Coordinator at the end of each 4 week rotation.**
- **Participation in weekly discussion board with classmates and Course Coordinator.**
 - **Specific required assignments posted to the discussion board will include evidence of the ability to document a patient care session in a “SOAP” note format with absolute HIPPA compliance and a discussion of evidence for examination procedures used to diagnose and evaluate patients in the acute care setting.**

The instructor should be notified of impending absence. If you will be missing a clinical session, you must text both your Course Instructor (Dr. Smith) and your clinical instructor to let them know of your absence.

If UCONN is closed due to inclement weather, your clinical session for that day will be cancelled and communication with your CI will be done by the instructor. If there is a delay due to inclement weather your session for that day will be cancelled and communication to the facility will be done by the instructor. Extended absences must be approved by the Program Director. The University's policies as outlined in the *Academic Integrity in Graduate Education and Research* (<http://policy.uconn.edu/?p=3282>) will be enforced.

**PT 5469: Integrated Clinical Experience, Acute Care
Clinical Performance Checklist**

Student Name:

Site:

Task	Date	Date	Date	Date
For each date, please mark A if assisted and/or O if observed.	Assisted (A) OR Observed (O)	Assisted (A) OR Observed (O)	Assisted (A) OR Observed (O)	Assisted (A) OR Observed (O)
Appropriately set up a hospital room in preparation for planned activities				
Assist with bed mobility/positioning				
Participate in systems review				
Appropriately manage equipment (lines, catheter, IV, etc)				
Assist with PT intervention (transfers, gait training, therex)				
Employ universal precautions				
Assess patient response to mobility treatment				
Other:				

Signature

Date

Student Readiness For Clinical Education Description and Form

Criteria and Ratings for Faculty

1. Professional Behaviors

- Takes responsibility for own actions
- completes scheduled assignments in a timely manner
- demonstrates initiative
- demonstrates integrity in all interactions
- values dignity of patients as individuals

2. Safe Practice

- establishes a safe working environment (e.g. removes obstacles in patients' way)
- demonstrates awareness of contraindications and precautions for each patient
- recognizes physiological and psychological changes in patients
- uses acceptable techniques for safe handling of patients (e.g. body mechanics, guarding)

3. Communication

- verbal and nonverbal communication is appropriate for the situation
- initiates communication in difficult situations
- interprets and responds to nonverbal communication of others
- communicates in ways patients can understand
- accepts feedback without defensiveness

4. Clinical Skills

- presents a cogent and concise arguments for clinical decisions
- demonstrates an ability to make clinical decisions in ambiguous situations
- obtains a complete patient history
- performs appropriate systems review
- selects and conducts tests and measures consistent with patient's history and chief complaint
- makes correct clinical judgments
- synthesizes examination data and establishes correct diagnosis
- establishes a safe and effective plan of care
- performs interventions effectively, efficiently, fluidly and in a technically competent manner

Ratings: Excellent (no concerns), Fair (some concerns), Poor (significant concerns)

**STUDENT READINESS FOR CLINICAL EDUCATION
Ratings Form**

	Professional and Ethical Behavior	Safe Practice	Communication	Clinical Skills	Comments	Actions/Remediation (if needed)
Skills and Sample Behaviors	<p>Takes responsibility for own actions completes scheduled assignments in a timely manner Demonstrates initiative Demonstrates integrity in all interactions Values dignity of patients as individuals</p>	<p>Establishes a safe working environment (e.g. removes obstacles in patients' way) Demonstrates awareness of contraindications and Precautions for each patient Recognizes physiological and psychological changes in patients Uses acceptable techniques for safe handling of patients (e.g. body mechanics, guarding)</p>	<p>Verbal and nonverbal communication is appropriate for the situation Initiates communication in difficult situations Interprets and responds to nonverbal communication of others Communicates in ways patients can understand accepts feedback without defensiveness</p>	<p>Presents a cogent and concise arguments for clinical decisions Demonstrates an ability to make clinical decisions in ambiguous situations Obtains a complete patient history Performs appropriate systems review Selects and conducts tests and measures consistent with patient's history and chief complaint Makes correct clinical judgments Synthesizes examination data and establishes correct diagnosis Establishes a safe and effective plan of care Performs interventions effectively, efficiently, fluidly and in a technically competent manner</p>		
Student 1						
Student 2						
Student 3						

**Office of Clinical Placement Coordination
Student Consent & Attestation for Clinical & Field Placements**

Part One: Student Consent & Authorization for Information Disclosure

I understand that my health records, background screening information (which may include, but is not limited to checking criminal history, sex offender registries, debarments, and/or healthcare sanctions registries), academic and discipline records, documentation regarding training, and other individually identifiable records about me held by the University of Connecticut are protected under the Family Educational Rights and Privacy Act (FERPA) and/or other relevant Federal and State laws, and may not be disclosed without my permission, except in limited circumstances as permitted or required by law.

By signing this attestation, I authorize the University of Connecticut to review and/or disclose the information identified below.

For the purpose of securing or maintaining clinical site placements, I specifically consent to the University of Connecticut reviewing and/or disclosing some or all of the following information:

- Immunization reports, titers, or documentation of disease incidence for measles (rubeola), mumps, rubella, varicella, tetanus, diphtheria, pertussis, hepatitis B, polio, and influenza
- Meningococcal vaccine
- COVID-19 vaccine (including the specific brand) or a copy of the student's UConn exemption and all associated documentation
- Physical examination
- Tuberculosis tests, including blood analysis, skin tests, or chest x-rays
- Background screening information
- Drug screening information
- Fingerprinting information
- Training information (e.g. documented completion of training re: HIPAA, OSHA, etc.)
- BLS/CPR certification information
- Licensing information (if applicable)
- Health insurance information
- Information regarding my standing at the University of Connecticut
- Academic and student discipline records

I am signing this consent form voluntarily and acknowledge that it will remain in effect for the duration of my enrollment in my degree program with the University of Connecticut, unless I submit a written request to terminate my consent. I understand that failing to sign this consent form may prevent me from securing or maintaining the clinical placements necessary for me to obtain the clinical education credits required to successfully complete the degree program in which I am enrolled.

I further understand that if I exercise my right to revoke my consent, my revocation will only apply prospectively from the date the University of Connecticut receives my written request for revocation and cannot be applied retroactively. I acknowledge that revoking such consent may prevent me from securing or maintaining the clinical placements necessary for me to obtain the enrolled.

Part Two: Statement of Learner Expectations (*adapted from AAMC Uniform Clinical Training Agreement*)

UConn holds in high regard professional behaviors and attitudes, including altruism, integrity, respect for others, and a commitment to excellence. Effective learning is best fostered in an environment of mutual respect between teachers and learners. In the context of clinical/field placements the term “teacher” is used broadly to include peers, resident physicians, full-time and volunteer faculty members, clinical preceptors, nurses, ancillary support staff, and any other employee of the agency, as well as others from whom students learn.

Guiding Principles

- Duty – Students have a duty to acquire and develop the knowledge and skills required for delivering the profession’s standard of care and also to exhibit the values and attitudes required for preserving the profession’s social contract with its patients/clients.
- Integrity – Learning environments that are conducive to conveying professional values must be based on integrity. Students learn professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.
- Respect – Respect for every individual is fundamental to the ethic of the profession. Mutual respect is essential for nurturing that ethic. Students have an obligation to ensure that all teachers and patients/clients are always treated respectfully.

Responsibilities of Learners

- Be courteous of teachers and fellow students
- Be prepared and on time
- Be active, enthusiastic, curious learners
- Demonstrate professional behavior in all settings
- Recognize that not all learning stems from formal and structured activities
- Recognize their responsibility to establish learning objectives and to participate as an active learner
- Demonstrate a commitment to life-long learning, a practice that is essential to the profession
- Recognize personal limitations and seek help as needed
- Display honesty, integrity, and compassion
- Recognize the privileges and responsibilities coming from the opportunity to work with patients in clinical or field settings
- Recognize the duty to place patient/client welfare above their own
- Recognize and respect patients’ rights to privacy
- Solicit feedback on their performance and recognize that criticism is not synonymous with “abuse”

Relationships between Teachers and Students

Students should recognize the special nature of the teacher-learner relationship which is in part defined by professional role modeling, mentorship, and supervision. Because of the special nature of this relationship, students should strive to develop their relationship with teachers to one characterized by mutual trust, acceptance, and confidence. They should recognize the potential for conflict of interest and respect appropriate boundaries.

Part Three: General Provisions for Clinical/Field Placement Experiences

As a student in a UConn program that includes clinical and/or field placement experiences, you are expected to abide by certain standards while in your clinical and/or field placement. These expectations include but are not limited to the following:

- 1) You are expected to remain in compliance with all UConn and agency-specific compliance requirements at all times while in your program. If you fail to become compliant by your program's compliance deadline, your placement start date may be delayed. You will not be able to begin your placement if compliance requirements are not met, and you will be removed from your placement if compliance lapses.
- 2) You are expected to comply with all applicable laws (federal and state) as well as all agency rules, regulations, standards, schedules, and procedures, and all instructions from agency personnel or accrediting bodies.
- 3) You are expected to abide by assigned agencies' general confidentiality policies and must not disclose any proprietary information. You further agree that you must obtain prior written permission before publishing any information related to your time at the assigned agency.
- 4) You are expected to maintain the confidentiality of patient/client information as defined by the Health Insurance Portability and Accountability Act (HIPAA). Under HIPAA, patient information can be shared with only those persons who have legal access to the patient's medical record.
- 5) You are required to immediately report to appropriate personnel any adverse change in a patient or client's status or condition.
- 6) You agree to access only authorized areas of an assigned agency and only when you are assigned to do so. You agree not to remove any equipment or supplies from agency property.
- 7) You are expected to abide by all standards of professional conduct including punctuality, collegiality, ethics, professional code of conduct policies, and any dress code standards that may be in place at an assigned agency.
- 8) You understand that, should you require emergency medical treatment or care while participating in your placement at an assigned agency, you will be responsible for all costs associated with that care.

I attest that I have reviewed and understand the provisions and expectations laid out above and agree to provide my consent and to abide by such expectations while participating in my clinical or field placement experiences over the course of my current academic program at the University of Connecticut.

Student Signature

Date

Student Printed Name

rev. 6/24/2022

Clinical Education Course Inservice Description and Eval Form

All students are required to complete and present an oral in-service presentation during each of their affiliations.

Prior to the fourth week of the affiliation, the CI and the student should choose a topic of interest to both the facility staff and the student. The topic is expected to be one where recent evidence can be used to assist staff in clinical decision-making. The student is expected to present new, evidence-based information to the audience. It is generally expected that the presentation will take about an hour including all questions and discussions. The student is responsible for providing handouts, including a bibliography and outline, to all participants. The Director of Clinical Education (DCE) may ask to be present for the presentation.

This presentation is an important part of the University of Connecticut curriculum. If questions arise regarding this assignment, it is imperative that the student and/or CI call the DCE as soon as possible.

A separate evaluation form for the student's presentation is enclosed, please be sure to review it while planning the session with the student. Multiple copies have been provided so that everyone in the audience can evaluate the presentation.

**PHYSICAL THERAPY PROGRAM
INSERVICE EVALUATION FORM**

STUDENT _____ DATE _____

TOPIC _____

Agree Disagree

- | | | |
|--|-------|-------|
| 1. The student chose a topic that was of interest to the audience. | _____ | _____ |
| 2. Use of Evidence: | | |
| a) The student presented recent evidence which may be useful in clinical decision making | _____ | _____ |
| b) The student provided a well-researched rationale for patient management choices | _____ | _____ |
| c) The bibliography was complete | _____ | _____ |
| 3. Presentation Skills: | | |
| a) A clear and complete outline was provided | _____ | _____ |
| b) Educational objectives were appropriate and clear | _____ | _____ |
| c) The student articulated his/her ideas in a clear and logical way | _____ | _____ |
| d) The student demonstrated a thorough knowledge of the content | _____ | _____ |
| e) Tone and inflection were effective | _____ | _____ |
| f) Questions were answered appropriately | _____ | _____ |

COMMENTS:

**UConn Policy Against Discrimination, Harassment, and Related
Interpersonal Violence**

***(Including Sexual and Gender-Based Harassment, Sexual Assault, Sexual
Exploitation, Intimate Partner Violence, Stalking, Complicity, Retaliation and
Inappropriate Amorous Relationships***

)

UConn's policy regarding discrimination, harassment, and related interpersonal violence is located at:

<https://policy.uconn.edu/2015/12/29/policy-against-discrimination-harassment-and-related-interpersonal-violence/>

[Click here to view a PDF, Printer Friendly copy of this policy.](#)

Clinical Education Course Weekly Planning Form

Instructions for the clinical instructor:

This form should be used weekly for planning the student's learning experience. Please complete all sections, give it to the student, and arrange a time to discuss it toward the end of each week. The student should be encouraged to have input into the objectives for the upcoming week.

At the end of the affiliation, please return all forms to the DCE or ADCE with the other materials.

Affiliation week number: _____

Accomplishments this week:

Last week's objectives were: ____met ____partially met ____not met

Comments:

Objectives for next week:

CI's signature: _____ **Date:** _____

Student's signature _____ **Date:** _____

Student Evaluation of the DCE/ADCE

Student name _____

Clinical site: _____

Directions: The purpose of this evaluation is to assist the DCE/ADCE in the assessment of her performance and to improve the clinical education program. Please rate performance on a scale of 1 to 5 as described below by circling your response; additional comments can be added in the space provided. The form should be returned to Rachel Chasse-Terebo who will summarize the information for review by the DCE/ACCE and the Director. The DCE/ADCE will *NOT SEE* individual evaluation forms.

N	1	2	3	4	5
does Not Apply	Strongly disagree	Disagree	Neutral	Agree	Strongly agree

Please check to whom your comments relate: **Jon Rizzo** **Mary Beth Osborne**
 Kelly Conte **Devon Hock**

Part I: Planning for your practicum

Information about available clinical sites was disseminated in an effective and timely manner.	N	1	2	3	4	5
Adequate information (file and verbal) about clinical sites allowed me to make informed selections.	N	1	2	3	4	5
I was provided with an opportunity for individual counseling prior to making my selection.	N	1	2	3	4	5
The DCE/ACCE was approachable and supportive throughout the clinical placement process	N	1	2	3	4	5

Part II: Preparation for your practicum

I was given adequate orientation to the policies and procedures related to clinical education	N	1	2	3	4	5
Expectations for my clinical performance were made clear.	N	1	2	3	4	5

The DCE/ACCE provided me with adequate means to contact her during my clinical experience.	N	1	2	3	4	5
--	---	---	---	---	---	---

Part III: Interactions during your practicum

I was contacted as often as was needed.	N	1	2	3	4	5
I was encouraged to share any issues or concerns I had during this clinical experience.	N	1	2	3	4	5
Help was provided to address any concerns I had during this clinical experience.	N	1	2	3	4	5
Appropriate attempts were made to facilitate the resolution of any conflicts which were encountered during this clinical experience.	N	1	2	3	4	5
Help was provided in a timely manner.	N	1	2	3	4	5
Problems with my site/CI were managed effectively	N	1	2	3	4	5

During my clinical my DCE/ADCE conducted the midterm meeting with a site visit
 phone call virtual meeting none of these/no meeting

YOUR COMMENTS ARE APPRECIATED!!!

**UConn DPT Program
CLINICAL EDUCATION STUDENT PROGRESS EVALUATION**

STUDENT: _____ **DATE:** _____ **Week #:** _____

SITE: _____ **CI:** _____

Method (Circle): Phone call Virtual Site Visit

Reason (Circle): Routine CI/CCCE Request Student Request
Problem (Describe: Part VI) **Type (Circle):** Acute

Ortho RehabSpecialized: _____ **Student Living**

Arrangement (Circle): Home With Family/Friend Renting/AirBnB
Location: _____

Part I- CPI

1. Has the CI read his/her rights and responsibilities? (circle) Y N
2. Has CI worked with a UConn student before? (circle) Y N
3. Has CI used CPI before? (circle) Y N

Part II- Patient Care

1. Clinic Schedule: _____

2. Supervision:

CI Patients/Day	
Student # or % of CI Patients	
Supervision Level (circle):	More than Expected Appropriate Less than Expected

3. Diagnoses Seen:

a. **Acute Care (circle):** Arthroplasty; Med Surg, Post-op (arthroplasty, spine); Deconditioning; Pneumonia; Trauma; Neuro (Stroke, Falls/Ataxia)

Others: _____

b. **Orthopedic (circle):** General medical, post-op, Fx, Falls/Ataxia, Chronic/pain

Others: _____

c. **Neuro/Rehab (circle):** SCI, CHI/TBI, CVA, Trauma,

Parkinson's, M.S., ALS

Others: _____

***CI and Student Comments on Preparedness for Diagnoses:

4. Patient Care Skills

- a. Initial examination (i.e. history, test and measures, patient ed.)
 - a. Comments:
- b. Evaluation/Synthesis of data (i.e. prognosis, goals, plan, patient ed.)
 - a. Comments:
- c. Interventions (i.e. choice, depth and breadth of ideas, creativity, patient ed.)
 - a. Comments:
- d. Discharge plans: (i.e. timing, destination, patient education)
 - a. Comments: _____
- e. Communication: (i.e. initiation, patient, interprofessional)
 - a. Comments: _____
- f. Documentation: (i.e. timely, professional, supervision needed)
 - Comments:

***CI and Student Comments on Preparedness to Deliver Patient Care:

Part III- Student Strengths and Challenges (Student and CI Input)

Strengths: _____

Challenges: _____

Part IV- Learning Opportunities

1. In-service:

Topic: _____ Date: _____

2. Additional Learning Opportunities (circle): Surgery, special units/floors, special Interventions (aquatics, wound care), home eval, wheelchair eval
3. Interprofessional Collaboration (circle): OT, Nursing, PTA, ATC, SLP, other: _____

Part V- Additional Information Provided

- a. Description of the curriculum (circle): Y N
- b. Passing criteria for the course (circle): Y N
Does CI have concerns about whether the student will meet the criteria (circle): Y N

Part VI- Clinical Performance Issues/Problems (if any)

Description:

1. Plan:

2. Follow-up:

- a. Resolved? (circle) Y N
- b. Further Actions Needed? (circle) Y N

Describe actions:

CPI 3.0 Instructions for a Student

Step 1- check/change your APTA-associated email: The CPI is now within the APTA.org website: cpi.apta.org. If not this already, the email associated with you APTA account must now be your UConn email (at least until you graduate). This is so the email being communicated to sites and CIs in the CPI matches your previous communications and is your official school email. You can check the email associated with your APTA.org account by going to the “Profile” page on APTA.org and clicking “Contact Information”. If you are not an APTA member, you can sign up for a free account by going to apta.org—>login—>”Create a free account”.

Step 2- Complete the training: Go to this link for Registering and Instructions. https://learningcenter.apta.org/p/CPI-30_PT-Students#tab-product_tab_instructions

CPI 3.0 Instructions for a CI

Dear SCCEs and CI's

You may have heard that the CPI transitioned to a new version (3.0) and new online platform on May 15th, 2023. The new CPI version is a bit shorter with some categories combined and redefined. I wanted to provide as much information as possible to hopefully facilitate getting up to speed with the new system.

First and foremost, there is a new training module and learning assessment that needs to be completed by new users of the system. It is located here:

https://learningcenter.apta.org/p/CPI-3_CI-SCCE

In addition, APTA has also provided a "User Guide" for SCCEs and CIs as well as a recorded information session which are located in the following two links:

<https://www.apta.org/contentassets/b38cea3dbf7049a8b44d4cda452fbfc0/clinical-instructor-user-guide.pdf>

https://apta-org.zoom.us/rec/play/bXlgFccsaz1Tx029A1mvivJp8nBILRn0_WKIHvaVu6bps67pEUdNoXfZbLt6i5Ws0YK91sPSzo7IMtg3.Mk1NoStQpFfigKRA

Please note that the video requires a password which is: C8Q?I+K9

To actually complete the CPI, the login is now here:

cpi.apta.org

One important note is that the CPI login is now identical to your APTA.org member profile. When you go to cpi.apta.org, click login on the top right, and you will be directed to the main [APTA.org](https://apta.org) login screen. You may be currently using your email as the username for APTA.org or you may use your member number. If using member number, you can check the email associated with your APTA.org account by going to the "Profile" page on [APTA.org](https://apta.org) and clicking "Contact Information". If you do not have an APTA account, a free one can be set up by clicking "Create a free account" on the APTA.org login screen.

DCEs now need to know the email associated with [APTA.org](https://apta.org) because it now also is your CPI login and is required to associate you with your student on the CPI. **The last step to get you on the CPI and paired with you student will be to let us know that email.** Myself, or one of our Associate DCEs (listed below) will connect with you during Week 2 of the rotation to complete your CPI set-up, set up a midterm meeting, and answer any additional questions.

PHYSICAL THERAPIST STUDENT EVALUATION:

**CLINICAL EXPERIENCE
AND
CLINICAL INSTRUCTION**

June 12, 2003



**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**

PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist student assessment of the clinical experience and Section 2-Physical therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions

- The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (SCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude goes out to all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O'Loughlin, PT, MA

©2003 American Physical Therapy Association. All rights reserved. Duplication of this form in its entirety is permitted; however, any revision, addition, or deletion is prohibited.

GENERAL INFORMATION AND SIGNATURES

General Information

Student Name _____

Academic Institution _____

Name of Clinical Education Site _____

Address _____ City _____ State _____

Clinical Experience Number _____ Clinical Experience Dates _____

Signatures

I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements for clinical instructor qualifications for students supervised in this academic program. I understand that my personal information will not be available to students in our program files.

Student Name (Provide signature) _____ Date

Primary Clinical Instructor Name (Print name) _____ Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned _____
Highest degree earned _____ Degree area _____
Years experience as a CI _____
Years experience as a clinician _____
Areas of expertise _____
Clinical Certification, specify area _____
APTA Credentialed CI Yes No

Other CI Credential _____ State Yes No

Professional organization memberships APTA Other _____

Additional Clinical Instructor Name (Print)

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned _____

Highest degree earned _____ Degree area _____

Years experience as a CI _____

Years experience as a clinician _____

Areas of expertise _____

Clinical Certification, specify area _____

APTA Credentialed CI Yes No

Other CI Credential _____ State Yes No

Professional organization memberships APTA Other _____

SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility.

1. Name of Clinical Education Site _____
Address _____ City _____ State _____
2. Clinical Experience Number _____
3. Specify the number of weeks for each applicable clinical experience/rotation.

- _____ Acute Care/Inpatient Hospital Facility
- _____ Private Practice
- _____ Ambulatory Care/Outpatient
- _____ Rehabilitation/Sub-acute Rehabilitation
- _____ ECF/Nursing Home/SNF
- _____ School/Preschool Program
- _____ Federal/State/County Health
- _____ Wellness/Prevention/Fitness Program
- _____ Industrial/Occupational Health Facility
- _____ Other _____

Orientation

4. Did you receive information from the clinical facility prior to your arrival?
Yes No
5. Did the on-site orientation provide you with an awareness of the
Yes No
information and resources that you would need for the experience?
6. What else could have been provided during the orientation? _____

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:
1= Never 2 = Rarely 3 = Occasionally 4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

Diversity Of Case Mix	Rating	Patient Lifespan	Rating	Continuum Of Care	Rating
Musculoskeletal		0-12 years		Critical care, ICU, Acute	
Neuromuscular		13-21 years		SNF/ECF/Sub-acute	
Cardiopulmonary		22-65 years		Rehabilitation	
Integumentary		over 65 years		Ambulatory/Outpatient	
Other (GI, GU, Renal, Metabolic, Endocrine)				Home Health/Hospice	
				Wellness/Fitness/Industry	

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the *Guide to Physical Therapist Practice*. Rate all items in the shaded columns using the above 4-point scale.

Components Of Care	Rating	Components Of Care	Rating
Examination		Diagnosis	
• Screening		Prognosis	

• History taking		Plan of Care	
• Systems review		Interventions	
• Tests and measures		Outcomes Assessment	
Evaluation			

9. During this experience, how frequently did staff (i.e., CI, SCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

Environment	Rating
Providing a helpful and supportive attitude for your role as a PT student.	
Providing effective role models for problem solving, communication, and teamwork.	
Demonstrating high morale and harmonious working relationships.	
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).	
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	
Using evidence to support clinical practice.	
Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).	
Being involved in district, state, regional, and/or national professional activities.	

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth? _____

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

- Physical therapist students
- Physical therapist assistant students
- from other disciplines or service departments (Please specify _____)

12. Identify the ratio of students to CIs for your clinical experience:

- 1 student to 1 CI
- 1 student to greater than 1 CI

- 1 CI to greater than 1 student; Describe _____
13. How did the clinical supervision ratio in Question #12 influence your learning experience? _____
14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)
- Attended in-services/educational programs
 - Presented an in-service
 - Attended special clinics
 - Attended team meetings/conferences/grand rounds
 - Directed and supervised physical therapist assistants and other support personnel
 - Observed surgery
 - Participated in administrative and business practice management
 - Participated in collaborative treatment with other disciplines to provide patient/client care (please specify disciplines) _____
 - Participated in opportunities to provide consultation
 - Participated in service learning
 - Participated in wellness/health promotion/screening programs
 - Performed systematic data collection as part of an investigative study
 - Other; Please specify _____
15. **Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc.**

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)
- Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
 - Time well spent; would recommend this clinical education site to another student
 - Some good learning experiences; student program needs further development.
 - Student clinical education program is not adequately developed at this time.
17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site? _____
18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed. _____
19. What suggestions would you offer to future physical therapist students to improve this clinical education experience? _____
20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*? _____
21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*? _____

SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in Section 2 is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=*Strongly Disagree* 2=*Disagree* 3=*Neutral* 4=*Agree* 5=*Strongly Agree*

	Midterm	Final
The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.		
The clinical education site had written objectives for this learning experience.		
The clinical education site's objectives for this learning experience were clearly communicated.		
There was an opportunity for student input into the objectives for this learning experience.		
The CI provided constructive feedback on student performance.		
The CI provided timely feedback on student performance.		
The CI demonstrated skill in active listening.		
The CI provided clear and concise communication.		
The CI communicated in an open and non-threatening manner.		
The CI taught in an interactive manner that encouraged problem solving.		
There was a clear understanding to whom you were directly responsible and accountable.		
The supervising CI was accessible when needed.		
The CI clearly explained your student responsibilities.		
The CI provided responsibilities that were within your scope of knowledge and skills.		
The CI facilitated patient-therapist and therapist-student relationships.		
Time was available with the CI to discuss patient/client management.		
The CI served as a positive role model in physical therapy practice.		
The CI skillfully used the clinical environment for planned and unplanned learning experiences.		
The CI integrated knowledge of various learning styles into student clinical teaching.		
The CI made the formal evaluation process constructive.		
The CI encouraged the student to self-assess.		

23. Was your CI(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation Yes No Final Evaluation Yes No

24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation _____

Final Evaluation _____

25. What did your CI(s) do well to contribute to your learning?

Midterm Comments _____

Final Comments _____

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Midterm Comments _____

Final Comments _____

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.

Academic Advisory Forms- Academic Advisory Report

Behavior	Number of Instances	Date(s)	Description of Issue	Action Taken
Cumulative GPA Below 3.0, course grades of D, U, or F, semester grades that suggest a trajectory toward these marks				
Demonstrates defensiveness and/or lack of accountability				
Chronically Absent from Class (report all but >3 represents heightened concern)				
Arrives Late to Class or other required program events				
Submits Assignments Late				
Demonstrates lack of respect for classmates, faculty, or patients during interactions/communication				

Lacks integrity with regard to assignment submission or test-taking				
Fails to respond in timely fashion to requests for clinical information				
Lacks attentiveness, initiative, and/or interest in classroom, lab, or clinical experiences				
	Total			
*Related Documents: Academic Advisory Notice and Academic Advisory Report Interpretations				

Academic Advisory Forms- Academic Advisory Notice

**Doctor of Physical Therapy Program
Academic Advisory Notice
Student Notice and Remediation**

Student _____

I. Background Documents and Policies

Academic Advisory Report- Introduction:

All students of the UConn Doctor of Physical Therapy Program (DPT) are expected to maintain a high level of academic performance and professionalism. Substandard academic performance and unprofessional behaviors can predict poor outcomes during clinical experiences. Due to the importance of academic coursework mastery and professionalism on safe patient handling and treatment outcomes, the following Academic Integrity categories were developed so that faculty can monitor academic performance and professional behaviors and report them in real-time via the Academic Advisory Report.

For Academic and Professionalism Categories and Interpretations see: *Academic Advisory Report- Interpretation of Categories*

Possible Consequences:

Substandard academic performance and unprofessional behaviors may negatively affect general advancement in the DPT program. Consequences include having to repeat courses (which prevents progressing to subsequent semester), remediation (additional assignments, examinations, clinical hours, lab practice time, etc. depending on issues identified), disallowing the start of the full-time clinical phase of the program (Year 3), and dismissal from the program. In addition, identified issues with academic performance and/or professional behavior will be factored into the clinical placement process. Therefore, students without a history of issues may be placed ahead of those who have demonstrated sub-optimal academic and professional development. Consequences related both to general DPT program advancement and advancement to the clinical phase stem from the concern that issues with academics or professionalism may have negative effects on safe patient handling and outcomes.

II. Student Issues Identified

<<Academic Issue: Add grade and class>>

<<Professionalism Issue: Summary from Academic Advisory Report>>

IV: Recommendations (Circle all that apply):

Meeting with Academic Advisory Committee

Repeat of Course(s)

Remediation

Delayed Start of Clinicals

Demotion in Clinical Placement Priority

Program Dismissal

Other: _____

V. Remediation

The following Remediation steps have been identified. Remediation must be completed by the dates specified in order to be permitted to continue in the UConn DPT program.

Remediation Step	Due Date

VI. Signatures

Faculty	Signatures
Dr. MaryClaire Capetta	
Dr. Jon Rizzo	
Dr. Jeff Kinsella-Shaw	
[Student]	

Academic Advisory Report- Introduction:

All students of the UConn Doctor of Physical Therapy Program (DPT) are expected to maintain a high level of academic performance and professionalism. Substandard academic performance and unprofessional behaviors can predict poor outcomes during clinical experiences. Due to the importance of academic coursework mastery and professionalism on safe patient handling and treatment outcomes, the following Academic Integrity categories were developed so that faculty can monitor academic performance and professional behaviors and report them in real-time via the Academic Advisory Report.

Academic and Professionalism Categories

Along with the interpretation of the categories below are 1) related APTA Core Values and 2) specific concerns that these issues raise with advancement to the clinical phase of the program.

1. Cumulative GPA below 3.0, course grades of D, F or U, or semester grades suggesting a trajectory toward these marks.
 - a. Student received a grade or grades during the semester that will make achieving required end of semester benchmarks difficult.
 - i. Related APTA Core Values: Excellence, Professional Duty
 - ii. Concerns for advancement to clinical experiences: Student will not have knowledge and skills necessary to manage patients safely and effectively.
2. Demonstrates defensiveness and/or lack of accountability
 - a. Student does not assume responsibility for poor academic or clinical performance.
 - b. Student demonstrates a poor response to constructive feedback and/or blames others (other students, faculty, clinical instructors) in difficult situations rather than focusing on how they themselves may improve
 - i. Related APTA Core Values: Accountability
 - ii. Concerns for advancement to clinical experiences:
 - I. Student may not respond in a professional manner to feedback given by clinical instructors and patients. They may blame clinical instructors or patients when issues with the student's performance arises.
3. Chronically absent from class
 - a. Student is absent >3 days in a semester
 - b. Contextual factors are heavily considered in the application of this category (reason for absence, timeliness of communication, number of courses scheduled on day of absence)
 - i. Related APTA Core Values: Accountability, Integrity
 - ii. Concerns for advancement to clinical experiences: Habitual absenteeism results in significant hardships for patients and clinical sites
4. Arrives Late to Class or other required program events
 - a. Student arrives late to scheduled class session without prior notice and/or circumstance deemed acceptable by instructor
 - i. Related APTA Core Values: Accountability, Integrity

- ii. Concerns for advancement to clinical experiences: Arriving late to clinical site, possibility preventing patients from receiving their care.
- 5. Submits Assignments Late
 - a. Student submits assignment past due date without prior notice and/or circumstance deemed acceptable by instructor
 - i. Related APTA Core Values: Accountability, Integrity
 - ii. Concerns for advancement to clinical experiences: Student may not complete assignments from clinical instructor and therefore may not be ready to manage upcoming patients safely and effectively.
- 6. Demonstrates lack of respect for classmates, faculty, or patients during interaction/communication
 - a. Student interactions and/or communication (verbal or electronic) with classmates, faculty, and/or patients is viewed as impolite, sarcastic, or shows a disregard for the other person's individual differences and/or needs.
 - i. Related APTA Core Values: Compassion and Caring, Altruism
 - ii. Concerns for advancement to clinical experiences: Student will not be respectful of clinical instructors' time or needs, or may not be sensitive to individual differences of clinical staff, patients, or other clinical stakeholders.
- 7. Lacks integrity with regard to assignment submission or test taking
 - a. There is reasonable evidence to conclude that the student shared work for assignments intended to be completed individually, or that a student attempted to view others' work during an exam.
 - b. There is reasonable evidence to conclude that a student communicated about the details of a practical exam (or other work that is not completed simultaneously) by all students
 - i. Related APTA Core Values: Integrity
 - ii. Concerns for advancement to clinical experiences: Lack of integrity or honesty when communicating with and educating patients and families.
- 8. Fails to respond to and/or complete requests for information that is vital for program advancement or clinical placement (compliance-related medical testing, background checks or other pre-placement responsibilities).
 - a. The student does not respond in a timely fashion to requests for information. "Responding" entails acknowledging the responsibility of completing the request (even if it cannot be done immediately) and asking any pertinent questions via email or other communication within 1 week.
 - b. The student does not complete tasks requested by specified due date.
 - i. Related APTA Core Values: Accountability, Professional Duty
 - ii. Concerns for advancement to clinical experiences: Student may not respond to UConn DPT Program or the clinical site requests for information, preventing on-time start of clinical and causing disruption of patient care.
- 9. Lacks attentiveness, initiative, and/or interest in classroom, lab, or clinical experiences
 - a. Student use of technology or websites unrelated to classroom session (use of social media or unrelated websites during class time)
 - b. Student is not practicing appropriate skills during designated times during lab

- c. During Integrated Clinical Experiences, student does not show interest, does not effectively interact with clinical staff and patients, and/or fails to initiate involvement with patients (as CI allows).
- d. Student does not show up for assigned clinical or other patient-related experiences where patient care and outcomes may be negatively affected by student absence.
 - i. Related APTA Core Values: Altruism, Excellence
 - ii. Concerns for advancement to clinical experiences:
 - I. Student will not possess skills that will ensure safe management of patients.
 - II. Student absences will continue during clinical experiences and result in patients not receiving required care.

Possible Consequences:

Substandard academic performance and unprofessional behaviors may negatively affect general advancement in the DPT program. Consequences include having to repeat courses (which prevents progressing to subsequent semester), remediation (additional assignments, examinations, clinical hours, lab practice time, etc. depending on issues identified), disallowing the start of the full-time clinical phase of the program (Year 3), and dismissal from the program. In addition, identified issues with academic performance and/or professional behavior will be factored into the clinical placement process. Therefore, students without a history of issues may be placed ahead of those who have demonstrated sub-optimal academic and professional development. Consequences related both to general DPT program advancement and advancement to the clinical phase stem from the concern that issues with academics or professionalism may have negative effects on safe patient handling and outcomes.

Process Following Identified Issue:

Repeated issues with professional behaviors will necessitate draft of the Academic Advisory Notice and possibly a meeting with the Academic Advisory Committee. The committee (possibly in collaboration with the UConn Graduate School) will determine which consequences are appropriate.

Student academic performance measures will be in the form of grades awarded for classroom and clinical work. In the absence of academic performance that falls below Program and/or Graduate School standards, students of higher performance will not necessarily be awarded affiliations over lower performing students. Rather, academic performance differences may serve to ensure more difficult or rigorous placements are matched with students who have demonstrated abilities and behaviors that support success in such an environment.