

UConn

UNIVERSITY OF CONNECTICUT

PHYSICAL THERAPY

Clinical Education Policies and Procedures

Student Manual 2025-2026

Jon Rizzo, Director of Clinical Education
Mary Beth Osborne, Associate Director of Clinical Education
Kelly Conte, Associate Director of Clinical Education
Devon Hock, Associate Director of Clinical Education
Rachel Chasse-Terebo, Clinical Compliance Coordinator
Phone: (860) 486-0020
Email: jon.rizzo@uconn.edu

TOPICS

Clinical Education Curriculum, Outcomes & Courses

Roles and Responsibilities –Faculty

Rights and Privileges of Clinical Faculty

Requirements for Enrollment in Clinical Education Courses

Placement Policies, Procedures & Cancellations

Student Responsibilities

Travel

OSHA

CPR with AED

Criminal Offense Background Investigations and Drug Screenings

Health Policies

Students with Disabilities

Health Insurance

Personal Property

Medicare Waiver

Professional Liability Coverage

Monitoring Student Compliance

Procedures during Clinical Experience

Release of Student Information

Professional Behavior

Patient and Facility Rights

Work Schedule and Workload Clinical Education Courses

Absences

Student Injuries

Incidents Involving Patients

Drug/alcohol Abuse

Student Employment During Clinical Experiences

In-service Presentations

Clinical Supervision

Interpersonal Problem Resolution

Contact with the DCE
Monitoring Student Performance
Unsatisfactory Performance
Assessment of Learning
Grading Criteria
Withdrawal from Clinical Education Courses 29-30
Remediation
Due Process
Student Assessment of Clinical Education
Evaluations of CI, DCE & Academic Preparation

APPENDICES

APTA “CI/CCCE Assessment of ACCE/DCE Performance” Survey

APTA CPI 3.0 User Guides

Clinical Instructor

DCE, ADCE, SCCE, Admin

Student

Clinical Course Syllabi

PT 5461- Clinical Education I

PT 5463- Integrated Clinical Experience, Musculoskeletal

PT 5464- Clinical Education II

PT 5466- Integrated Clinical Experience, Neuromuscular

PT 5467- Clinical Education III

PT 5469- Integrated Clinical Experience, Acute Care

Clinical Education Student Progress Evaluation

Curriculum Feedback Survey

Experience and Evidence Survey

Inservice Evaluation Form

New Clinical Site Request

Physical Therapy Student Evaluation, Section 1 and 2

Student Evaluation of DCE/ADCE

Student Readiness for Clinical Education- Criteria and Ratings for Faculty

Student Readiness for Clinical Education- Form

UConn Policy Against Discrimination, Harassment, and Related Interpersonal Violence

Weekly Planning (Paper) Form

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 practice expectations.

Our faculty encourage close relationships with those who assist in the preparation of our students. This partnership's ultimate 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 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 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 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 own role as clinical mentors as an extension of the academic program.

Expected Student Outcomes for Full-Time Clinical Experiences

At the end of 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 judgement 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 in a competent and efficient manner; 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 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) and 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 types, but the order is frequently dictated by 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 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), or Unsatisfactory (U), or Incomplete (I).

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 the 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).

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.

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 core faculty, the DCE also determines each student's readiness to engage in clinical education, including review of performance deficits and/or unsafe practices by the student. This is determined via Evaluations and feedback given during the part-time clinical experiences, communication with faculty regarding student performance in the didactic curriculum, and by student performance on the Cumulative Exam held at the end of Year 2.

As part of the Academic Advisory Committee, the DCE has an active role in developing remediation measures for students who perform poorly or receive a Failure for a Part-Time or Full-Time Clinical Experience course. 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 continued appropriateness of the experience as well as student progress and assessment using the APTA Clinical Performance Instrument (CPI)⁵. 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 of Clinical Education (ADCE)

The Associate Director of Clinical Education (ADCE) is 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 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 continued appropriateness of the experience as well as student progress and assessment using the APTA CPI.
- Establishing new clinical education sites
- Coordinating Service-Learning opportunities with community partners.

Responsibilities of Clinical Instructors (CI)

The Clinical Instructor (CI) is the student's immediate supervisor and mentor during all Integrated 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/Associate DCE in an effective manner.
- 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.
- Providing effective and timely feedback regarding student performance.
- Correctly completing 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 available to discuss patient/client management with student.

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 in an effective manner.
- 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.

Rights and Privileges of Clinical Faculty

- All SCCEs and CIs who provide a full time learning experience may request electronic access to the University Libraries. Access is granted pending approval of the CI or SCCE as a "Special Payroll" employee of the University.
- The SCCE and CI has 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 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.

Academic Requirements for Enrollment in Full-time Clinical Education Courses

Prior to the start of full-time clinical experiences, each student must pass a 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 exam consists of three content areas: Acute Care, Musculoskeletal/Orthopedic, and Neuro-Rehabilitation. The Cumulative Examination will consist of a written examination and three practical examinations (one mock patient encounter for each of the three patient discipline areas). The practical examination will also require documentation of the mock patient encounters. Students must successfully complete testing in all three content areas in order to continue to the full-time Clinical Education courses. If a student fails to demonstrate competency on the written examination or one or more practical examinations, the individual will be permitted to retake the that portion of the examination up to 2 times at the discretion of the Academic Advisory Committee.

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 Associate DCE often consults 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 Associate DCE. These students may meet with the DCE and/or Associate DCE prior to the full-time Clinical Education courses to discuss strategies to increase the likelihood for success. The DCE/Associate DCE may develop measures such as additional assignments, mock cases, or other tasks that might promote student success prior to beginning the clinical experience. The DCE or Associate DCE 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 Associate DCE.

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 Associate DCE prior to 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/Associate DCE: One of the settings above or a specialty setting such as Pediatrics, Women’s Health, or Oncology
- The following additional guidelines apply to the three affiliation types:
 1. The three affiliation types can be done in any order, but order is sometimes dictated by:
 - a. Facility difficulty and individualized facility guidelines: Facility difficulty will be assessed by the DCE and/or Associate DCE 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 neuro-rehab settings and specialty settings. These types of settings sometimes require that students have completed 1 or 2 rotations before they can be accepted. It could also apply other types of settings that tend to be more challenging 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, availability of that type of site may dictate a different choice of setting. The DCE and Associate DCE will attempt to fulfill the wishes of students for the Individualized affiliation but may advise the student to choose a new setting after 3 attempts to affiliate with the desired type of setting.
 - c. DCE/Associate DCE judgement secondary to the particular student’s performance in didactic courses, overall knowledge, and experience. The DCE or Associate DCE may determine that a particular type of setting is not appropriate for a given student based on the student’s grades and performance in related courses (i.e. A poor grade in an acute care course may prohibit an affiliation with some acute care settings).
 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. Appropriateness of an alteration in the three setting types will be determined by the DCE and

Associate DCE. The reasons for such an alteration include lack of availability of a specific type of site or late cancellation of a clinical site. When lack of availability of a site causes an alteration of the clinical site requirements, the closest match to the original patient complexity level will determine the replacement site. For example, when lack of availability of an inpatient acute care or neuro-rehabilitation site occurs, if the site cannot be replaced with a similar inpatient setting, an outpatient setting with reputation for more complex patients- those patients with an increased amount medical conditions and co-morbidities- may be used to replace the original rotation.

- Students are not allowed to contact clinical sites unless they have been assigned there by the DCE. Students may ask general questions regarding the existence of a student program when they are researching a NEW site (one the program has no previous relationship with) but only with prior permission from the DCE.
- 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 relationship with a site or clinician is in question, the DCE and Associate DCE have the final say regarding whether this disqualifies the student from affiliating with that site or clinician. Such measures are taken in order to prevent biases or favoritism that may occur in student evaluation stemming from a previous favorable or unfavorable relationship with the facility.
- 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 the 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 less-than-ideal site conditions for the student awarded the placement.
- Students should expect that travel will be necessary for ICE and full-time clinical experiences. Students are responsible for their own 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, it is possible that more than one or even all clinical experiences will require significant travel.
- When students express a desire for placement at a particular clinical site, they are responsible for having reviewed all information available for that site. 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 Associate DCE.

- 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. The program cannot guarantee that a contractual agreement can be made with the site.
- While the Placement Assist system described below is generally used as the means for student placement choice, the DCE may choose to change individual student assignments if:
 1. The DCE and/or other appropriate DPT faculty do not feel that the student has demonstrated a skill level high enough for a demanding experience
 2. The DCE determines that a student has demonstrated a significant interest in an exceptional clinical site because of future career plans.
 3. A student with a disability requires placement in a specific site because of that disability.

Clinical Education Placement Procedures

Student counseling regarding full-time Clinical Experience site choices begins in February of each Calendar year. This includes providing first-year students information regarding placement procedures for their first two affiliation in July and September of Year 3 as well as a review of this information given to second-year students with regard to their last (January) rotation in Year 3. Both of these meetings are done with the entire cohort of students. Later in the Spring, when it is felt nearly all of the placement offers from the Clinical Education Placement Request (March 1 mailing) have been attained, individual meetings with each student occurs so they may express their preferences and expectation for the full-time clinical experiences.

The Clinical Education Placement Request Forms for each calendar year are 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.

Also on or about March 1, students will be given the opportunity to request a new clinical site (not partnered with previously) if they so wish by completing the “New Clinical Site Request” form or by emailing the DCE or Associate DCE with the site details. These requests are made by clicking a link in the Exxat Database system that redirects the student to a Qualtrics

(the university's online survey management system) form. The form asks for information pertaining to the site (Name, address, phone, etc.) so it can be contacted by the DCE. Requests can only be made by students who wish to complete an experience with a facility that doesn't generally offer clinical placements to the Program. New clinical site requests do not guarantee placement but must be fulfilled by the student if granted by the site. After a new clinical site request is formally requested by the student, the DCE and Assoc. DCE have the final say regarding whether it is appropriate to pursue it process given the Program's history with the site and potential success of attaining a placement with the site. New Clinical Affiliation Site Requests deemed inappropriate will not be pursued.

Clinical Education Placement Request Forms 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 who 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 sites' contract status with the University.

Selection and confirmation of full-time Clinical Experiences are then performed via a three-step process: student "Wishlist" completion, Exxat "Placement Assist" and Faculty Clinical Readiness discussion.

After all student counseling is completed (via group and individual meetings described previously), students complete a "Wishlist" in the Exxat system that is comprised of 3-8 rank-ordered clinical affiliation sites they wish to attend. After all students have completed the Wishlist, they are sent to Exxat for "Placement Assist". Placement Assist uses an algorithm to provide initial placement of students based on sites ranking, the required rotation types the student is yet to fulfill, and their travel preferences. After the Placement Assist results are returned to the DCE, they are reviewed and checked against available placements by the DCE. Finally, via Clinical Readiness discussion lead by the DCE, faculty make final placement decisions based on:

- Student academic performance,
- Professionalism in relationships with faculty, DPT and Compliance Office staff, clinical partners (Clinical Instructors, Site Coordinators), patients, or other University Partners

The process of Wishlist, Placement Assist, and Faculty Review is completed separately for each full-time clinical experience.

At the discretion of the DCE, an optional Lottery (random ranking each student from first to last) may also be drawn. A Lottery will be used only if conflicts in placement cannot be resolved. If a Lottery is needed, lottery numbers will be determined by the Random Sequence Generator at Random.org. The Lottery order for the first affiliation will be reversed for the second affiliation. For the third affiliation, a new unique lottery will be drawn. With either Placement Assist or Lottery, the DCE and Assoc. DCE reserves the right to make final decisions on student placements.

Initial communication with students regarding placements is done by the Director of Clinical Education (DCE) in November/December of the first year as part of PT 5460- Introduction to Clinical Education.

Following this general information meeting, the following timeframe for giving more specific information will be followed.

- January/February: Group Meeting with 1st year students to discuss specifics regarding clinical placement process
- April/May: Individual meetings with 2nd year students for placement for Clinical Education III
- April/May: Individual Meetings with 1st year students for placement for Clinical Education I and II

Individual meetings will be with the DCE and/or Associate DCE and will be used to discuss each student's clinical education needs and interests. The DCE and/or Associate DCE will discuss with the student their academic history, professional interests, barriers to participation in clinical education, ability to travel, and learning needs. In addition, The DCE and/or Associate DCE will provide information about sites the student should consider and will answer any questions.

During the time that placements are made, students are strongly encouraged to inform the DCE or Associate DCE as soon as possible when one of their choices has been given the "first come, first served" designation. This means that the site has offered the same slot to other schools and will give it to the school who contacts them first. Students who request a first come, first served site are obligated to attend that affiliation if the placement is confirmed.

Every student is required to submit his/her Placement Assist Choices on a specified date. Following this, the Placement Assist process will be run in Exxat and each student will be notified regarding their placement.

After all placements have been completed, the DCE will send a placement letter to the SCCE at each site assigned a student. The letter will include the type of rotation (e.g. Inpatient), the dates of the experience, and the student's name, address, phone number(s) and email address.

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 or Associate DCE.

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 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 six weeks prior to the start of the Full-Time Clinical Experience, the Clinical Compliance Coordinator will advise all students to reach out to their clinical SCCE, at which time students 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 of SCCEs are available in the Exxat 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. Students must carefully read the online clinic information prior to calling so that they do not ask redundant questions.

Full-Time Clinical Experience Cancellations

Occasionally there are sudden, unforeseen changes at a clinical site, such as staff resignations, 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 and/or Associate DCE 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 limited availability of sites and short notice.
- Graduation could be delayed if there is not a suitable replacement clinical site available in a timeframe that supports satisfying all requirement prior to graduation date.

Students should not make unalterable vacation or employment plans during or time-adjacent to 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 the student's personal or work schedule.

Student Responsibilities Related to Clinical Education

The student acts as 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 include legal language that indicates all students must comply with all the agency's policies, procedures, rules, and regulations. Clinical sites have the authority to terminate a student's experience if the student is not following procedures 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 handbook Policies and the Clinical Education Policies and Procedures.
- Complying with clinical site policies, rules and regulations.
- Reading all material sent via e-mail or posted to HuskyCT.
- Travel and housing arrangements and costs necessary for Clinical Experiences.
- Appropriate and professional behavior at all times as defined by the UConn DPT Program and APTA^{1,2,3}. When going to a physical therapy clinic or other health facility, students are expected to wear professional clothing or scrubs clothing as specified by the site. Hair must be well groomed, of a normal color and must not interfere with patient care. Piercings must be confined to the ears. No artificial fingernails or open-toed shoes are allowed in clinical practice. Tattoos may need to be covered if this is the policy of the facility.
- Completing all the required health tests and forms required by the program and by their assigned clinical site, in a timely manner.
- Maintaining online communications with the DCE and/or Associate DCE 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 and Associate DCE in confirming the CI's access to "CPI Web" (website where CPI is completed) as well as to arrange a call or visit to 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. Alternations in the format are allowed if requested by the clinical site.
- During all Full-Time Clinical Experiences, students must participate in a weekly HuskyCT Discussion Board.

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 and 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 working vehicle and valid driver's license.

OSHA Training

The Office of Clinical Placement Coordination (OCPC) will remind students of their obligations to complete mandatory annual online OSHA Bloodborne Pathogen Standards training. All students must provide proof of completion of the course every year or they will not be allowed in any clinical environment. This policy must be adhered to for both Integrated and full-time clinical experiences.

Cardiopulmonary Resuscitation Certification

Current CPR training certifications through the American Heart Association are required throughout the time the student is in the DPT program. New students must submit a copy of valid AHA CPR certificate during the first summer semester to their Complio account. Continuing students must submit a copy of re-certifications in advance of their expiration dates. Any student whose CPR expires before the end of a full-time Clinical Education course will not be allowed to continue in that course. Missed days for this reason will not be waived; the student will be required to make that time up. Schedule for make-up time will be dictated by the clinical site depending on site hours and CI availability.

Criminal Background Checks, FACIS III and Drug Testing

Many clinical sites require a CBC, FACIS III check and/or drug testing before a student is allowed to work with patients. The OCPC will assist students in getting these done during their first summer in the program, through the student's Complio account. The reports or letters of attestation may be sent to a student's clinical site upon request by the Clinical Compliance Coordinator.

The OCPC oversees the CBC and DS reports and informs the CCC and the DCE that they have been processed and are negative. If the report is positive (indicating a history of criminal infraction for which the student was found guilty), 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 clinical sites may not provide specific information about the timing and results of a criminal investigation, students should assume that a positive result of any kind will mean that they will not be allowed to practice in any environment that requires a background check.

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 actual 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 immune to Measles, Mumps, Rubella Varicella and Hep B, and have received an up-to-date inoculation for TDAP (tetanus, diphtheria and pertussis), as well as evidence of annual Influenza and COVID shots.

Every student's health record is maintained by both UConn Student Health & Wellness (SHAW) and on their online Complio account. Relevant student health information will be provided to clinical sites where the student will provide patient management. The student is required to sign a release form 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 SHAW and Complio a physical examination which is done during the fall of the first year in the program. The health record must include up to date immunization records for preferred 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 and reading (with results). If the PPD 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 PPD reading to be done at specified times. Students are responsible for reviewing the clinic information in Exxat, working with the OCPC and the CCC, 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 CCC 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 in the experience. The Physical Therapy Program Director or the DCE or Associate DCE may request additional documentation at any time from the student's personal physician if a health problem might be aggravated by clinical experiences or if a health problem might endanger a patient in a clinical setting.

Students are responsible for all of the charges related to the Health Policies, including CBC and DS checks, CPR certification and required health insurance coverage. Students should review the Program's Student Manual of Policies and Procedures for further information regarding health policies.

Students with a Disability

Students with a known or suspected disability should refer to the Technical Standards and Assistance section of the Program's *Student Manual of Policies and Procedures*.

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 prior to 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 reasonable accommodation is needed. The clinical site must provide reasonable accommodations unless it constitutes an undue hardship. Accommodation will be determined individually in consultation with the student, the DCE, the SCCE and the clinical instructor. 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.

Students with a Prescription for Medical Marijuana

Although medical marijuana is now legal in several states, a positive drug screen resulting from 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 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 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 or Associate DCE can then target clinical sites who have such a policy.

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 maintain coverage each year. Students will not be allowed to attend any clinical experience without this documentation in their Complio account. 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 are monitored by both the OCPC and the CCC, including OSHA and HIPPA training, health insurance, CPR certification, immunizations and subsequent release of Medical Information.

The CCC will describe requirements and compliance procedures to students both prior to and during their initial orientation into the program. Students are asked to sign and submit the Release and Authorization for Use or Disclosure of Protected Health Information at the beginning of the orientation process. It is made clear to students that they are responsible for maintaining compliance and providing all information into the Complio medical records system at the right time. Timely means, for example, that CPR certification cards must be provided before the previous one expires.

The CCC, along with the OCPC via the Complio medical records system will send notifications to students regarding the scheduling of annual OSHA training and TB tests as well as periodic CPR training classes. After every health compliance requirement is met, each student must upload their updated health history and immunization records to Complio. 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.

In addition, the CCC ensures that all students demonstrate compliance with program policies and procedures for all academic courses that include clinical practice or observation in affiliating sites. Faculty will work with the CCC in the months prior to the time the student goes to any clinical site. If a student is found to be out of compliance, he/she will not be allowed to participate in the clinical experience until the issue is resolved. ***Students who do not follow compliance procedures risk their ability to participate in all integrated and full-time clinical experiences. If a student's noncompliance necessitates removal from their ICE or full-time clinical experience and this is due to unresponsiveness to OCPC and CCC warnings, the instructor of the course, in collaboration with the Program Director and DCE, may choose to fail the student for the associated course.***

Student Onboarding Procedures Prior to each 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, unless procedures dictate that the CCC will complete the onboarding process. Students must ensure that they are compliant with all department requirements that relate to full-time Clinical Education courses and that they have done everything necessary to make information available to the CCC, OCPC and clinical site. Such information to be provided to the site may include:

- Student directory information including name, permanent and local address, telephone number, email address and level in the program
- CPR card (copy)
- Health information, inc. immunization records
- Criminal Background Investigation results
- Drug Testing results

Release of Student Information to Clinical Sites

All students are required to complete a Student Consent & Attestation Form during their first summer in the program, which indicates that the student is authorizing the program 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 SHAW and OCPC. Refer to OCPC website: <https://ocpc.office.uconn.edu/SCA/> for more 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 has made a commitment 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. It is essential that students demonstrate

appropriate professional behaviors consistent with the Program and APTA^{1, 2, 3} throughout their time in the program, both in academic courses and during all clinical experiences.

Assessment of professional behavior is used by clinical instructors when describing a student's abilities during clinical education experiences and will be used by the DCE 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 must be worn at all times and will include the student's first and last name, the words "Physical Therapy Student Intern" and the UConn logo. 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 1996⁷. 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 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

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

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.

All clinical site regulations governing HIPAA 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 OCPC will provide the necessary online certificate training to students at the start of the program, which is then uploaded to their Complio account.

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 which have been pre-arranged by the DCE or faculty. Generally, students are to be present at the full-time clinical setting 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. A student may be required to work in the clinic on weekends.

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 change in schedule to accommodate the student's work schedule or other non-clinical activities.

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 of the clinical site. The student is responsible for requesting any required schedule change through contact with their CI and the DCE. Vacations during full-time clinical experience courses 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, the CI at the site as well as the DCE or Associate DCE must be notified as soon as possible, but no less than 60 minutes prior to 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.

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

prior to the start of the clinical experience. This will allow the DCE to inform the clinical site and gain permission (if given) 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 forces an absence, the student will have to make up the additional missed days. For ICE experiences only, in the event of a delayed UConn Storrs campus opening due to inclement weather, the ICE experience will not proceed only if the starting time of the experience begins before the UConn delayed opening time.

Closure of the University or any University holidays **do not** excuse students from attending full-time clinical experiences.

Student injuries/incidents during Clinical Experiences

Injuries to students which occur at Clinical Education sites are extremely rare. If any injury (such as direct contamination by infectious substances) occurs, the student must contact their CI, as well as 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 and may assist in transfer of a sick/injured student to a hospital if necessary. The costs of these services are the responsibility of the student and their health insurance provider.

Decisions regarding any necessary time off after an injury are made by the DCE, 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 re-scheduled when it is possible to do so.

Adverse events involving patients during Clinical Experiences

If an adverse event involving a patient occurs while a student is treating a patient, the student must notify his/her CI immediately. The facility's incident reporting form and/or the CPI "Significant Concern" form (see appendix for links pertaining to the APTA's CPI portal) must be completed according to procedures at the site and CPI Web instructions respectively. Both reports should be sent to the DCE as soon as possible. Facilities should redact the patient's name and other identifiers from any documentation. The student is required to contact the DCE to describe the incident at the first opportunity.

The DCE will thoroughly discuss the student's role in the incident with all parties involved and make a decision as to whether any further action is required. A student who is

found to be uncaring or unsafe may be involuntarily withdrawn from the clinical experience by either the clinical site or the DCE.

Drug and alcohol abuse and criminal offenses by students

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, Associate DCE, and Academic Advisory Committee will decide appropriate action to be taken which may include involuntary withdraw 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 that 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 for full-time clinical experiences at sites where they have previously 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 each full-time clinical experience. Facilities may suggest an alternative assignment type if they choose. However, students must let the DCE or Associate DCE know of a change to confirm whether it is acceptable to satisfy requirements. Completion of an in-service (or alternative suggested by 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 end of the clinical experience. Specific requirements and expectations for the in-service will be given to the student prior to the first full-time clinical experience and a description of the assignment and the evaluation form will be mailed to full-time clinical sites before the student's arrival.

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 prior to affiliation end. These will be submitted electronically to the Exxat system. In addition, weekly goal sheets, submitted directly into the Exxat system, or completed first on paper 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 on-site supervision* by his/her clinical instructor risks failure for the course. Any such events will be reviewed by the DCE, Associate DCE, 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 a 24-hour period. 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 and/or Associate DCE 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 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

The University is ultimately responsible for the education of DPT Students and the DCE 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, on-line student assignments, and/or on-site visits.

Students are required to maintain contact with the DCE throughout all full-time Clinical Education courses through telephone, email, and HuskyCT weekly discussions.

Participation in HuskyCT discussions is required for all full-time Clinical Education courses and ICE courses. Generally, the DCE will post questions for discussion on Monday or Tuesday and students will be expected to respond by Sunday. 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 on 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 or Associate DCE via a private email or phone call. HIPAA regulations still must be followed at all times.

Site visits

Nearly all students are visited during each clinical rotation. In some cases, a conference call with the student and CI/SCCE may be done in lieu of a visit if deemed appropriate by the DCE and CI/SCCE. A site visit (or conference call if appropriate) by the DCE/Associate DCE will always be scheduled if the student is demonstrating performance problems or if immediate communication is requested by the student, the CI, or the SCCE. During site visits, the Student Clinical Performance Progress Evaluation is completed by the DCE/ADCE.

The purpose of a site visit may be:

- assessment of clinical instruction
- observation of practices within the clinic

- 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 performance during Clinical Experiences

- Students, CI's, and SCCE's are encouraged to contact the DCE/Associate DCE for any 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 on-going basis during all clinical experiences and are expected to communicate their positive and negative impressions with the student on a daily basis.
- All students are required to participate in online HuskyCT discussions with their classmates and the DCE/Associate DCE.
- Weekly planning forms (see appendix) are required weekly on clinical rotations. Students have the option to complete weekly planning electronically in Exxat or with a paper form provided by the program (see Appendix). If the paper form is used (or if the CI prefers a different paper form), these are to be uploaded to Exxat when completed. If the student or CI note that the student is not meeting the planned objectives, both should notify the DCE/Associate DCE. The DCE/Associate DCE will follow up as indicated. If the student feels that the weekly plan does not provide for an acceptable learning experience, he/she should discuss this with the CI and should also call the DCE/Associate DCE for help.
- During site visits, the DCE/Associate DCE will meet with the student and CI at the same time to encourage appropriate communication and to ensure that both parties are aware of the other's opinions and plans. However, the DCE will meet with each party individually if requested by the CI or student. Both the student and the CI are strongly encouraged to share their thoughts on how things are going and how things may need to change in order to enhance the student's learning experience.

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/Associate DCE as soon as the problem is identified. The DCE/Associate DCE will discuss the problem with the student in a timely manner and offer strategies for improving performance. The DCE/Associate DCE 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/Associate DCE and disseminated to the student and others as appropriate. Generally, the DCE/Associate DCE 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 during clinical full-time Clinical Education courses by the DCE or Associate DCE may occur more than once in situations where the student is having difficulty or is in danger of failing.

When unsatisfactory performance is repeated or includes critical errors (i.e. safety of patients is compromised), the CI will be encouraged to complete the "Significant Concerns" form on the APTA's CPI 3.0 portal. The DCE/Associate DCE will be notified by email automatically when the form is completed. The DCE will respond to both the CI and student in an attempt to remediate the problem by offering an immediate site visit, online meeting, or phone call as needed as well as teaching and learning strategies that could be corrective.

Assessment of student learning

Mirroring 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 as part of the PT 5460 course in their first Fall Semester. The course and examination are located at LearningCenter.APTA.org.

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 APTA's CPI 3.0 online portal) 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 serious concern for the CI or student should be communicated to the DCE/Associate DCE immediately by email or via the CPI's "Significant Concern" form.

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

The DCE/Associate DCE 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/Associate DCE 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. Although specific ratings are expected to be achieved by rotation end (See PT 5461, 5464, and 5467 syllabi in the appendices), falling short of a limited number of ratings may not indicate failure. In the case of lower than expected ratings at the Final CPI, the DCE/ADCE may: 1) award a passing grade based on overall student performance, 2) consult with the CI and/or student for clarification before awarding a grade, 3) assign a failing grade secondary to ratings shortcomings. In any case, the DCE/ADCE will add a note to the Final CPI with rationale for their decision-making.

Grading criteria

Students are assigned a final grade of S (Satisfactory) or U (Unsatisfactory) by the DCE and Associate DCE 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. Other relevant information may include, but is not limited to: answers to questions posed by the DCE or Associate DCE regarding specific patient interactions involving the student, the DCE and Associate DCE's experience with the CI or site, the student's caseload (volume and patient 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 Associate DCE.

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/Associate DCE, Academic Advisory Committee, and other appropriate faculty (described in "Remediation" section below). The DCE/Associate DCE and Academic Advisory Committee will decide the timeframe in which Clinical Experiences will be repeated. Factors may include 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. If a grade of

unsatisfactory is awarded for two full-time clinical experiences, the student will be dismissed from the DPT program.

Withdrawal from a Full-Time Clinical Experience

Voluntarily withdrawal by the student from a clinical full-time Clinical Education course is allowed until the midterm CPI is completed. If there are extenuating circumstances such as an illness, 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 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 performance, unprofessional/unethical practice, or is determined to be unsafe with patients. Such performance must be substantiated by documentation of specific incidences representative of the problem behaviors. This documentation must reflect that the student has not demonstrated improvement in attaining satisfactory psychomotor, cognitive, or affective competence (depending on the deficit area) within a mutually determined time by the CI, SCCE, student, and DCE/Associate DCE. In the case of involuntary withdrawal, a grade of “U” (Unsatisfactory) will be awarded for the course and it will have to be repeated. The program’s Academic Advisory Committee and the DCE/Associate DCE may recommend a plan for remediation (described in “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 or a grade of Unsatisfactory, 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 which 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, and/or any other measures deemed appropriate by Program faculty. The student must agree to a remediation plan prior to

being permitted to continue in the program. Failure to 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 have several routes that can be taken to seek resolution or redress. 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 in order to state the problem and to attempt a direct solution.

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 the Director of the Graduate Program, the Department Head, or the Dean, usually in that order. 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 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 (PTSE): Clinical Experience and Clinical Instruction*” (PTSE, Section 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 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 (PTSE): Clinical Experience and Clinical Instruction*” (PTSE, Section 2- see appendix) includes an evaluation of the CI. This evaluation should be completed by the end of each full-time clinical experience. The student should not discuss the details of their assessment of the CI until after the CI and student have completed and reviewed the CPI. This sequence ensures that the CI's CPI scores have nothing to do with the student evaluation of the CI. If the student feels anxious about completing the CI

assessment while still at their clinical site, they may complete the CI assessment following completion of the clinical (when no longer working with/reporting to the CI). 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/CI, the DCE may make corrective recommendations for the SCCE/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 are given the “Student Evaluation of the DCE/Associate DCE” form. This is completed in the Exxat database system. The DCE/Associate DCE do not see individual student responses. Summary information is given to the DCE/Associate DCE and included in his/her annual portfolio which is evaluated by the Program Director.

Student evaluation of their academic preparation

The PTSE, Section 1 (see appendix) includes a brief section regarding academic preparation for clinical experiences. From this form, the answers to the following questions are summarized in a report called “Student Evaluations” and presented to the faculty. Items include:

1. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?
2. 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.
3. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*?
4. What curricular suggestions do you have that would have prepared you better for *this clinical experience*?

Student Evaluation reports for every clinical course are prepared by the DCE and discussed at a subsequent faculty meeting. A report summarizing the results for each 3-year period is also prepared and discussed at the faculty meeting. Faculty members are encouraged to consider change in their courses if the report indicates this is necessary. Follow up forms are maintained by

the chair of the Curriculum and Courses Committee to ensure that any necessary follow-up plan is implemented.

Clinical Instructor and Site Coordinator of Clinical Education Optional Surveys

At the end of each completed clinical experience, optional surveys are sent to both the CIs and SCCEs. The purpose of these is to evaluate the program's outcomes as well as ensure accreditation standards are being met when it comes to clinical education. Both CI's and SCCE's are sent the APTA's "CI/CCCE Assessment of ACCE/DCE Performance", while CI's are sent the "Experience and Evidence" and "Curriculum Feedback" UConn DPT program surveys (See Appendices). These are sent electronically through the Exxat system. The DCE/Associate DCE do not see individual student responses to the "CI/CCCE Assessment of ACCE/DCE Performance" survey. Summary information is given to the DCE/Associate DCE and included in his/her annual portfolio which is evaluated by the Program Director.

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/professionalism_inpt.pdf
3. http://www.apta.org/uploadedFiles/APTAorg/Practice_and_Patient_Care/Ethics/GuideforProfessionalConduct.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>

Appendices

Appendices can be found online at [Clinical Education Appendices](#) and are listed below.

APTA “CI/CCCE Assessment of ACCE/DCE Performance” Survey

APTA CPI 3.0 User Guides

Clinical Instructor

DCE, ADCE, SCCE, Admin

Student

Clinical Course Syllabi

PT 5461- Clinical Education I

PT 5463- Integrated Clinical Experience, Musculoskeletal

PT 5464- Clinical Education II

PT 5466- Integrated Clinical Experience, Neuromuscular

PT 5467- Clinical Education III

PT 5469- Integrated Clinical Experience, Acute Care

Clinical Education Student Progress Evaluation

Curriculum Feedback Survey

Experience and Evidence Survey

Inservice Evaluation Form

New Clinical Site Request

Physical Therapy Student Evaluation, Section 1 and 2

Student Evaluation of DCE/ADCE

Student Readiness for Clinical Education- Criteria and Ratings for Faculty

Student Readiness for Clinical Education- Form

UConn Policy Against Discrimination, Harassment, and Related Interpersonal Violence

Weekly Planning (Paper) Form