## Table of Contents

Mission, Objectives and Preface .................................................................................3  
Overview ..................................................................................................................6  
Clinical Education Terminology ..............................................................................6  
Holidays, Health Requirements, Insurance ............................................................11  
Site Selection Policy and Procedures .....................................................................16  
Clinical Education Appeals Committee .................................................................21  
Clinical Advisory Committee ..................................................................................21  
Housing ....................................................................................................................22  

**Expectations**  
A. Clinical Instructor (CI)/Site/Patients .................................................................22  
B. DCE .....................................................................................................................25  
C. Student ...............................................................................................................33  
Clinical Performance Evaluation and Grading .......................................................34  

**Attendance/Dress Code/Work Hours** ...............................................................39  
Summary ...............................................................................................................41  

**Appendices**  
A. Week One Feedback ..............................................................................................42  
B. Weekly Feedback ................................................................................................43  
C. Student Evaluation ..............................................................................................44  
D. In-service Documentation ..................................................................................45  
E. Learning Objectives .............................................................................................46  
F. Learning Contract ................................................................................................47  
G. Clinical Education Appeals Committee ............................................................48  
H. Critical Incident Form .........................................................................................49  
I. Clinical Site Questions .........................................................................................50  
J. New Site Request Form .......................................................................................52  
K. Site Selection Form: Clinic II ............................................................................53  
L. Site Selection Form: Clinics III – V ..................................................................54  

Receipt of Clinical Education Handbook .............................................................55
Mission and Philosophy of Georgia State University Physical Therapy Program

Mission

In Accordance with, and in support of the mission of Georgia State University, the purpose of the Department of Physical Therapy is to prepare doctors of physical therapy who are committed to clinical excellence, professional distinction and the pursuit of scholarly activities that contribute to the body of scientific and clinical knowledge

Philosophy

As a faculty we believe in:

- Educating students to serve the physical therapy needs of society by alleviating and eliminating impairments, functional limitations, and disabilities in people of all ages, with acute and chronic conditions; in addition to promoting prevention and wellness in all people
- Creating an interactive learning environment that is learner-centered, interactive and facilitated by faculty members
- Utilizing a variety of educational methods (e.g. didactic, case-based, reflective learning) to enhance critical thinking and clinical decision-making, while utilizing an evidence-based approach that promotes attitudes towards life-long learning
- Demonstrating professional behaviors of cultural competence, client-centered care, an interdisciplinary team collaboration
- Engaging students in the scholarly pursuits (including clinical and basic science research)
- Providing services to the broader community
Clinical Education Objectives and Course Requirements

Objectives for clinical affiliations include but are not limited to the following:

Course Objectives: During the clinical experience the student will be able to:

1. Develop and demonstrate professional behaviors while interacting with others utilizing good communication skills, appropriate attitude, safety, and legal/ethical guidelines consistent with an entry level therapist
2. Perform the Clinical Performance Instrument criteria in the designated practice area with proficiency for the level in the physical therapy program
3. Carry out patient care and treatment programs as determined by the supervising physical therapist
4. Identify those tests, measures, and interventions related to the designated physical therapy practice patterns accomplished during the clinical experience
5. Comply with all policies and procedures listed in the Clinical Education Student Policy and Procedure Handbook
6. Utilize the Clinical Performance Instrument as an accurate assessment of clinical skills performed during the clinical experience at mid-term and final
7. Evaluate personal & clinical instructor performance during the clinical experience.

Course requirements for clinical affiliations include but are not limited to the following:

1. Demonstrate the ability to practice in a safe manner that minimizes risk to patients, self and others
2. Demonstrate the ability to present self in a professional manner
3. Demonstrate professional behavior during interactions with others
4. Adhere to ethical practice standards
5. Adhere to legal practice standards
6. Be in good academic standing in the program to participate in clinical internships
7. Receive a grade of S in all components of clinical education
8. Complete all assignments made by the ACCE or clinical faculty appropriately and in a timely manner
9. Successfully complete the assigned clinical clock hours (based on an average 40 hour week)
10. Complete a self-assessment of clinical skills on the CPI
11. Write learning objectives for the designated clinical practice patterns
Preface

This Clinical Education Policy and Procedures Handbook has been prepared by the Director of Clinical Education (DCE) to inform professional students and clinical educators of policies and procedures relating to the Georgia State University Physical Therapy Clinical Education. Other policies and procedures may be presented during the program through the Student Handbook, course syllabi, classroom instruction, handouts, impromptu meetings, clinical instructor packets, mailings to clinical sites, etc. This handbook is to be used by the student as a first resource concerning clinical internships, site selection, health records, grading, etc., as related to the clinical education component of the professional program. Students should seek clarification of policies or procedures from the DCE. The DCE and/or Department Chairperson reserves the right to amend or change information contained within this handbook. The students of the professional program are required to abide by all policies and procedures outlined in this handbook and those addenda added thereto. Issues not addressed in this handbook should be discussed with the DCE. A formal appeals process exists for students with special requests. The appeals policy outlined within the handbook and should be reviewed by all students at the beginning of the program.
Clinical Education
Policies and Procedures Handbook
Department of Physical Therapy

PART I: OVERVIEW OF CLINICAL EDUCATION

Clinical Education is the portion of the student’s professional education involving practice and application of classroom knowledge and skills to on-the-job responsibilities. Clinical Education is an integral part of the academic curriculum. Clinical internships take place at affiliating clinical education sites with the help of clinical faculty who volunteer their time. Internships are based on a forty hour work week and occur throughout the curriculum. Students enrolled in a professional curriculum must learn to be active, independent and self-directed with the ability to identify, formulate and solve problems, not merely take courses, but to internalize the role of the professional physical therapist.

PART II: CLINICAL EDUCATION TERMINOLOGY

Clinical Education Site (Facility)

The Physical Therapy program affiliates through Memos of Understanding (MOU) or Contracts with a variety of Clinical Education Sites both within the State and out of the State. Clinical Education Sites are clinical locations where students actively interact with clients or patients requiring physical therapy care with the direction and supervision of a licensed physical therapist (clinical instructor). Clinical Education Sites are selected based on the ability to provide an active, stimulating environment appropriate for the learning needs of physical therapy students. These affiliating sites provide a variety of clinical experiences in several different settings including but not limited to acute care hospitals, rehabilitation hospitals, private clinics, public organizations, corporate facilities, nursing homes, school systems, and home health. Experiences available can include inpatient, outpatient, rehab, sub-acute, acute care, sports, pediatrics, schools, orthopedics, geriatrics, and many more. Information is made available to the student and includes details such as patient population, staff therapists, learning experiences, etc.
**Director of Clinical Education (DCE)**

The DCE is a physical therapist that holds a faculty appointment at an educational institution and has administrative, academic, service and scholarship responsibilities. The DCE has the primary responsibility to plan, coordinate, facilitate, administer and monitor activities on behalf of the academic program and in coordination with academic and clinical faculty as it pertains to clinical education and internships. The DCE is responsible for communicating with and educating all clinical faculties in regards to clinical education and internships. The DCE in conjunction with the clinical faculty and academic faculty will make determination regarding a student’s clinical competency and determining clinical education grades.

**Clinical Instructor (CI)**

The CI is a licensed physical therapist with at least one year of clinical practice experience who is assigned by the CCCE to be responsible for the instruction and supervision of the student(s) in the clinical education setting. The CI has the primary responsibility of planning, facilitating, and evaluating the learning experiences for the student(s). The CI acts as a mentor, sharing expertise and guiding the student to integrate academic knowledge to clinical practice. The CI is responsible for directly supervising students during the clinical experience and providing feedback formally and informally on the student’s performance. The CI provides written and oral evaluation of the student’s as requested by the DCE. The CI will openly communicate with the CCCE and DCE regarding student’s performance. The CI will receive feedback from the student during the clinical internship through a formal evaluation.
**Center Coordinator of Clinical Education (CCCE)**

The CCCE is an individual employed at the clinical education site that coordinates and oversees the assignments and activities of students and clinical instructors at the clinical education site. The CCCE communicates with the DCE regarding updates and information about clinical experiences provided by the facility. The CCCE provides orientation and the site student handbook materials to the student, serves as a resource for the student, and, whenever necessary, will act as a mediator between the student and the clinical instructor.

**Student**

The student is an individual that is actively enrolled in the professional program of physical therapy. The student must be within good academic standing to participate in clinical education. The student’s primary commitment in clinical education is to patient care. This includes appropriate examination, evaluation, diagnosis and prognosis, provision of therapeutic intervention, patient education, reassessment and documentation. It is the responsibility of the student to act ethically and professionally. The student should demonstrate respect and professionalism by acknowledging the expertise, experience, and teaching style of his or her clinical instructors. The student must actively participate in his/her learning during the clinical internships.

**Clinical Agreement**

A Clinical Agreement or Memo of Understanding (MOU) is a contract that has been devised by either a Clinical Education Site or the University. This contract is executed by parties of both the Clinical Education Site and the University. The responsibilities of the GSU Department of Physical Therapy, the DCE, the Facility and staff, as well as, the student as it relates to clinical education are defined within the Clinical Agreement.

A facility CANNOT be used without an executed clinical agreement on file.

All parties are obligated to comply with all the policies and procedures outlined in the agreement.
Master List

The Master List is a list of all clinical education sites affiliating with GSU physical therapy department. These sites have current contracts on file. Sites on the list may be labeled as active, inactive or developing. The contact information on the master list is updated frequently. A clinical site may be removed from the list at the discretion of the clinical site or DCE. An affiliation with a clinical site may be CANCELLED by either party with written notification.

Clinical Site Information Form (CSIF)

The CCCE provides the DCE with a CSIF. The CSIF provides the academic physical therapy program and students with detailed information about the site, such as type of and number of patients, work hours, housing information, staff credentials, and student instructions. The CSIF provides contact information, directions, dress code and much more. The CSIF is requested for updates every two years or when significant changes occur.

Clinical Site Folder on Desire to Learn iCollege

The Clinical Site Folder contains information about each clinical education site. The information contained may include a clinical agreement, a CSIF, clinical evaluations from previous students, and any additional information that may benefit the student provided by the clinical site or the program.

Commitment Form

On March 1 of each year, the DCE sends a commitment form to each CCCE. The commitment form provides the exact dates of each clinical rotation for the following calendar year with a request for the site to provide the number of student slots that will be available to GSU PT students that year. This allows the clinical site to indicate a time that they are interested in participating with the GSU clinical education internship. A list is prepared from the returned commitment forms and provided to the students to prepare for site selection and assignments.
Clinical Performance Instrument (CPI)

The CPI is the evaluation tool developed by the American Physical Therapy Association that GSU PT program used to assess and evaluate the student’s performance in the clinical setting. The CPI is to be completed by the student and the CI at mid-term and final. After completion, the student and CI will formally meet to discuss the student’s level based on the CPI. The CPI may be done on-line. Information from the completed CPI and instructor’s comments are used to ensure student’s readiness to practice.

Acute Care

Definition: Short term medical treatment, usually in a hospital, for patients having an acute illness or injury or recovering from surgery. Variety of medical conditions will be seen in acute care such as cardiac and neurological conditions, general medical conditions and debilitation, orthopedic, pulmonary conditions, and wound care, as well as, multiple other conditions. Typically patients are given therapy to improve mobility and well being in attempts to keep from compounding illness with debilitation while in the hospital setting or to improve independence to allow return to functional living.

Inpatient Rehabilitation

Definition: Longer term medical treatment during an inpatient stay. Patients typically have a diagnosis of general debilitation, stroke, neurological disorders, spinal cord injury, congenital deformity, amputation, major trauma, brain injury, polyarthritis, and some orthopedic conditions as well as other conditions. Typically patients are given therapy to improve function in attempts to get the patient more independent and return to functional living.
Outpatient Rehabilitation

Outpatient physical therapy services is provided in a variety of settings such as a comprehensive outpatient rehabilitation facility (CORF), rehabilitation agencies, day cares, hospital, and privately owned physical therapy clinics and offices. Outpatient rehab occurs when the patient is not admitted in a hospital, but comes to therapy as an outpatient. Diagnoses range in a broad spectrum (neurological, orthopedic, wellness and fitness, sports, pediatric, etc…) and clinics may specialize in a particular area. Typical patients or clients are given therapy to improve function to return to functional living or increase living quality.

Other Settings

Sub-acute Care Units, Skilled Nursing Facilities, Home Health, Industrial Rehabilitation, Wellness Centers, School systems, and a variety of others.

Part III: IMPORTANT INFORMATION

Holidays and Breaks

Please note that students in the professional program may be scheduled for clinical internships during times that the University is closed. Internships may occur during Holidays and or breaks observed by the University. Student class schedules for each semester will provide dates of classes and breaks. Students will be provided with the clinical internship dates for the following calendar year when available to the DCE.

Clinical Education Costs

Students should be aware of the possible additional costs of clinical education. Various costs may be incurred by the student such as: miscellaneous photocopy expenses, immunizations, CPR certifications, personal health insurance, travel expenses, phone calls, housing accommodations, postage, uniforms, lab coat, and other materials as necessary. A few clinical internships provide housing and/or meals, but this does not occur often.
Health Risks and Universal Precautions

Certain health risks exist, such as contracting infectious diseases as well as possible injury to oneself during work in the healthcare environment. Clinical education will require contact with patients in a variety of settings. All students will spend time in a variety of settings including acute care hospitals, inpatient rehab/SNF and outpatient clinics, among others. Students are expected to follow all safety policies and procedures at all times. Each facility will provide information pertinent to their setting regarding health risks and safety. Students will be informed and expected to follow precautions for preventing transmission of blood borne pathogens as well. Minimum guidelines have been determined by the GSU PT department to ensure safety. However, clinical sites may have additional guidelines that must be followed as well. Clinical sites may also have specific protocol for students during clinical internships regarding communicable diseases that they may have contracted during the internship.

Professional Liability Insurance

GSU provides a professional liability policy that covers each student during all clinical internship courses at no cost to the student. Proof of the policy can be provided to clinical sites upon request. Professional liability does not include personal health/medical coverage.

Desire to Learn iCollege for Clinical Education

Students will enroll in a clinical education on-line course via D2L iCollege in order to communicate with the DCE and other students and receive information regarding the clinical education process. Students should check the D2L iCollege site regularly for updated information and assignments. Class meetings will be arranged as necessary.

Grievance Policy for Students or Clinical Faculty

Students may appeal a clinical education policy by utilizing the Clinical Education Appeals Committee. Complaints regarding clinical education by a clinical faculty or students should be brought to the attention of the DCE. Beyond the DCE, formal complaints should go to the Chairperson of the
Physical Therapy Department, the Assistant Chair of the Department, the Dean of the College and then the University Provost/Dean of Faculty.

**Personal Health Insurance**

All physical therapy students must hold personal health insurance. The coverage must at a minimum include accident and injury. Coverage is required for both academic and clinical education activities. Proof of the policy (copy of the card) needs to be submitted to the Administrative Assistant at the beginning of the academic year and maintained throughout the program.

**CPR Certification**

Cardiopulmonary resuscitation (CPR) certification is required for all PT students prior to clinical internships. The certification must be the Basic Life Support for Healthcare Providers, American Heart Association. Each student shall provide a copy of their certification to the Administrative Assistant prior to the first clinical internship, at orientation of his/her first year in the program. It should remain current throughout the student’s tenure in the program.

**Hepatitis B Vaccine or Waiver**

Students will receive training regarding the OSHA Standard on Blood-borne Pathogens regarding universal precautions and risk factors for contracting Hepatitis B as healthcare workers. After which students must pass a test demonstrating understanding of the information. The student must provide evidence that the HepB vaccination has been started, completed or declined. A declination form will be provided.

**TB Skin Test**

Students must update their TB skin test annually. Many clinical facilities require a two step Mantoux TB skin test. This test will be updated at least 3 months prior to the clinical internship. A copy of the negative skin test must be submitted to the Department Administrative Assistant. The physical therapy department will retain a copy of the negative test or proof of a clear chest x-ray. The student is responsible for notifying the clinical site of his/her status.
**Physical Exam**

Students are required by the GSU PT department to complete a physical exam prior to their arrival to the program. A copy of this should be given to the Department Administrative Assistant and a copy should be retained by the student to be provided to clinical sites upon request. Some clinical sites may require additional health exams or health history forms.

**Immunization**

Some clinical sites require immunization records including, MMR, chicken pox, tetanus, etc. A copy of these should be given to the Department Administrative Assistant and the student should submit copies to the clinical site, if requested.

**Criminal Background Check**

Some clinical education sites will require the student to submit a criminal background check. The student is responsible for providing the results to the facility and proof that it was done to the DCE. The fee for the background check is the responsibility of the student.

**Drug Testing**

Drug testing is common by employers of healthcare facilities. A facility may indicate a requirement for drug testing in the CSIF. The procedure may be done at the facility or before the student arrives. The student is responsible for providing the results to the facility and proof that this requirement has been completed to the DCE. Any fee associated with a drug test is the student’s responsibility.

If a student tests positive after a drug screening, then the facility will immediately discontinue the student’s clinical internship and the DCE will follow GSU guidelines.
Health/other Requirement Records for Clinical Education

Students are responsible for providing documentation of each of the above requirements to the Department Administrative Assistant or DCE. Due dates for providing documentation will be provided on D2L iCollege and those dates are FIRM. Refer to the student handbook for consequences of not submitting the materials by the deadline. *It is necessary for students to keep the original of these health records with them and take them to the clinical internship in the event the facility needs to view them.* Students are responsible for any other requirements such as a background check, child registry, or other health issues. The DCE will maintain records for the students with a computer data base.

Clinical Education Course Records

Students are responsible for being active learners in the clinical setting. Students may provide the CI access to previous clinical internship evaluation tools (CPI) in order to help the student identify areas of strengths and weaknesses, student learning patterns or areas of physical therapy practice that need to be incorporated into learning.

OSHA Blood Borne Pathogens and Universal Precautions Training

Students will complete training on OSHA blood borne pathogens transmission and universal precautions. Upon completion students will take a quiz, which they must pass at an 80% or better. The training will be required prior to the first clinical internship and annually thereafter.

HIPAA Training

Students will complete training on HIPAA guidelines and requirements related to protected health information. Upon completion students will take a quiz, which they must pass at an 80% or better. They will receive the training prior to the first clinical internship and annually thereafter.
PART IV: CLINICAL SITE SELECTION POLICY AND PROCEDURES

Students have the privilege and responsibility to research clinical education sites for clinical internships.

Sources of Clinical Site Information
- Master List
- Clinical Site Information Form
- Clinical Agreement/Memo of Understanding
- Additional Information Provided by Clinical Site
- Information on Clinical Inquiry and New Site Development
- Faculty Members

Students will complete five separate internships in a variety of settings. Students are required to complete full time clinical internships for rotations II – V. Students are required to complete two acute/inpatient rehabilitation/SNF internships and one outpatient internship. The other internship may be in a setting of their preference or designated by the DCE based on the student’s needs.

Guidelines for selecting a variety should be discussed with the DCE. Prior to site selection, students are given a list of sites that have committed to a space for the upcoming internship year. This list is distributed to the students in advance so that students may research the sites using the above sources.

The students may meet with the DCE to discuss possible clinical assignments. Following the meeting, the students should be prepared to make a list of their preferences for clinical assignment. Meetings may occur in person, phone or by e-mail prior to each clinical assignment period.

Students will be assigned by the DCE with consideration of student preference. Students will select three sites for each clinical setting (3 for acute care, 3 for outpatient, and 3 for SNF/inpatient rehab). Of these three selections, at least one travel site must be included for each clinical setting. Students will rank the preferences 1 through 3, with #1 being the most preferred selection and #3 the least preferred selection. The DCE will review all selections and will make the assignments manually.
Students should be prepared to travel to more than one travel site while in the program. A travel site is considered to be at least a 90-minute drive from Georgia State University’s campus, and not from the student’s residence.

Some site assignments require an interview either by faculty or by the clinical site’s CCCE. These sites are reserved for upcoming 3rd year students and are designated on the site lists with the letter “I.”

All selections made by the DCE are final, unless a site has cancelled the scheduled clinical rotation.

Site selection is multi factorial, but ultimately site assignment is based on the student’s educational needs.

The students will be notified of the assignments after the process has been completed.

If a student fails to submit their preferences by the established deadline, then the DCE will make a student assignment without their input.

Contacting the Clinical Education Site

Once assigned to a clinical education site, the student may contact the CCCE or designated housing person to secure housing if available. The student must contact the clinical site at least two months prior to the scheduled start date of the clinical internship. At this time the student will discuss arrangements for the first day, holidays, dress code, lunch arrangements, or any other questions about the affiliation. Upon arrival, the CCCE or CI will orient the student to the facilities policies and procedures. It is the student’s responsibility to ensure that he/she is oriented to the facility. A policy for supervision is provided to clinical instructors and students prior to the internship and is part of the clinical agreement.

If a student has special accommodations which have been approved by GSU’s Department of Disability Services, the student is responsible for notifying the clinical site at least 3 months in advance. This will allow the clinic ample time to prepare for the accommodations.
Students should not contact clinical education sites prior to being assigned. If students contact clinical sites prior to assignments, the student waives the opportunity to go to that site during the duration of the physical therapy program.

Clinical Assignment

Once the final clinical assignments are made the site will be notified in writing of the upcoming clinical assignment making it official. The clinical site assigned is where the student will “likely” be going. Final authority rests with the DCE and Department Chair. The need to make a change in an assignment by the clinical site or DCE could be based on a variety of reasons. Some examples include a special circumstance concerning a previous clinical experience, the terms and conditions or probation or suspension, or it could be based on specific goals and special skills determined by the DCE.

A clinical site may also cancel for a variety of reasons. If this occurs, the student will be notified immediately and another clinical site will be used based on remaining sites off the selection list and Master List for possibilities.

A student will not be allowed to change his/her clinical site assignment. A student wishing to appeal this policy must prepare a written Special Request for the Clinical Education Appeals Committee and submit it to the DCE. The resulting decision will be based on all the information provided. Situations like weddings, employment opportunities, and circumstances that existed prior to site selection usually do not warrant the DCE to change the assignment. However, special family situations, medical motivations, and other unavoidable situations are considered. For any medical issues, a physician letter of verification is required, and a letter of medical clearance for clinic is required, if requested by the DCE.

Clinical Instructor Packet

A clinical instructor packet is sent to the facility at least 6 weeks prior to the clinical date or earlier and includes information prepared by the student and DCE. Information will be requested by the ACCE from the student following site assignment to prepare for the clinical instructor’s packet. This information must be submitted in a timely manner according to the given
The packet contains instructions for the CI, contact information for the school and student, student letter and learning objectives, grading criteria for the CPI and additional assignment instructions as needed for the clinical internship.

Policy on Clinical Assignment

1. Students may not affiliate at a facility in which he/she currently is employed or where an employment arrangement has existed in the previous twelve months prior to entering the PT program.
2. A student may not contact a facility prior to being assigned to that facility. If a student is found to have contacted a facility in an effort to develop a clinical internship for that site, the student will not be allowed to perform a clinical internship at that site for the entire time the student is in the PT program.
3. After a facility has been notified of the student assignment, the assignment is considered final and there will be no changes made unless the clinical facility cancels the assignment.
4. A student shall follow the formal process in place for any exceptions to clinical education policies. A special request concerning clinical education assignments must be submitted to the DCE in writing. The DCE will make a decision based on the merits of the request or forward the request to the Clinical Education Appeals Committee, which is a standing committee made up of appointed faculty and peer-elected (2nd & 3rd yr) students.

Clinical Inquiry

Students will research sites from the Site Selection List prior to composing a preference list. In addition to sites on the list, a student may inquire about a site that is on the Master List but did not commit for the upcoming year. This is called a clinical inquiry. The student will make their inquiry known in writing by indicating “Clinical Inquiry” on the site selection form and submitting it to the DCE. Clinical inquiries are then followed up by the DCE through contacting the site to see if the site is willing to accept a student for the particular clinical internship. Students shall not contact the clinical site to inquire. If the student contacts the site, then the clinical site will not be available to that student for any clinical internship.
Policy for Establishing a New Clinical Site

A new site is defined as a physical therapy clinic or facility that GSU currently does not have a clinical agreement/contract with and is not on the Master List. In order to complete a new contract in a timely manner and insure a safe, appropriate clinical experience for our students a few policies below govern the process:

Requests will only be accepted until October 1 of each year for the following academic calendar year (for example: October 1, 2016 will be accepted for the fall 2017-Spring/May/Summer 2018 calendar year). A student can only submit one new site request at a time. If the new clinical site is not approved, the DCE will determine if another request can be submitted. It is important to submit all requests as early as possible. No late requests will be accepted. A student submitting for a new site should use the New Site Request Form and turn it in to the DCE. Students can submit a new clinical site form for a clinical after internship I and II; however, to ensure a safe and appropriate learning environment, the establishment of only one new site per student is acceptable while in the PT program.

Again, students are not to contact the site prior to the assignment. If a student contacts a clinical site prior to direct permission from the DCE, then the student will not be allowed to participate in a clinical internship at that site during any rotation.

If a student feels that a clinical site would be beneficial to the GSU clinical education program, but does not intend to use this clinical site for them, then the request for a new clinical site may be turned in throughout the academic year.

Procedure for Establishing a New Clinical Site

To pursue a new clinical education site, students will submit a written request to the DCE within the approved time frame. The DCE will approve the request to establish a new clinical site based upon the clinical opportunities it can provide future PT students, the type of facility, location, etc… all of which will be based on the needs of the program at the time. The process involves correspondence between the DCE and the CCCE of the facility to complete necessary documents. The approval process can be
complicated and very time consuming, especially if legal counsel is involved. The student should periodically check with the DCE concerning the status of the new clinical site. The DCE will inform the student as soon as possible regarding the progress of the request.

**Clinical Education Appeals Committee**

The Clinical Education Appeals Committee is a standing committee that serves to provide a formal process for students to use in order to appeal a clinical education policy or clinical site assignment. This process provides the students a fair and consistent consideration concerning personal situations and issues that could affect clinical assignments. Students should prepare a written letter of appeal addressed to the Clinical Education Appeals Committee and submit it to the DCE in a timely manner. The committee is made up of two PT Faculty appointed by the Department Chair, and one student each from the 2nd and 3rd year classes elected by the class at the beginning of the academic year. The committee will consider the letter of appeal or special request prepared by the student. The committee will only meet in a group if one or more members of the group deem it necessary. The committee will make a recommendation to the DCE regarding the decision. The DCE will act on the committee if needed based on a tie decision of the committee. The student will be notified of the decision of the committee.

**Clinical Advisory Committee**

The Clinical Advisory Committee serves to advise faculty on clinical education policy, initiatives, and curriculum. The committee is comprised of the DCE, one elected student from each of the 2nd and 3rd year classes (also serving on the Clinical Education Appeals Committee), and two faculty appointed by the DCE, and three or more clinicians appointed by the DCE. Communication occurs twice a year to discuss clinical education issues and provide recommendations to the DCE, who then takes these recommendations to the faculty as a whole.
Housing Accommodations

The student should research the availability of housing at a clinical site prior to assignment. The student may request for the DCE to call a clinical site prior to site assignment to see if housing is still available if the CSIF denotes that housing is/has been offered for that site. A facility may indicate that housing is available on the CSIF, but situations arise that the DCE may not be notified about. Housing availability can be a first come, first serve basis as well and it would be appropriate for the student to request the DCE check for availability. However, the student should not call the clinical site prior to site assignment. Requests should be submitted to the DCE. Housing provided by facilities is not guaranteed to be free of charge. Therefore, students must budget for appropriate housing costs. If a facility does not indicate housing on the CSIF then the student should budget for appropriate housing costs.

After student assignment, the DCE will give permission for the student to contact the clinical site about securing housing. It is the student’s responsibility to make housing arrangements with the facility if housing is offered.

Housing Problems

If the student arrives to find that housing provided is substandard, such as unsanitary, hazardous, etc., then the student should discuss his/her concerns with the CCCE or housing coordinator. If the problem is not resolved, then the student should contact the DCE.

PART V: EXPECTATIONS

Clinical Site and Clinical Instructors

1. The Facility provides an active, stimulating, non-threatening learning environment for the student. The facility staff practice ethically and legally, and is committed to the principle of equal opportunity and affirmative action.
2. Learning experiences are designed to provide opportunities for enhancing cognitive, psychomotor and affective skills in the areas of patient care, administration, supervision, teaching and research.

3. The Facility obtains growth and development through preparation for student learners and through knowledge and skills brought by the students and determines compatibility of certain students with the facility.

4. The CI will assist the student in acquiring entry level skills as well as special interest areas by providing opportunities for the student to participate in skills.

5. The CI will assist the student in achieving pre-planned goals and developing other appropriate goals based on the specific clinical experiences at the clinical site.

6. The CI will demonstrate clinical competence, and legal and ethic behavior that meets or exceeds the expectations of members of the profession of physical therapy
a. One year or more of clinical experience
b. Demonstrates systematic approach to patient/client care using the model described in the Guide to Physical Therapist Practice.
c. Uses critical thinking in the delivery of health services
d. Demonstrates effective time management skills
e. Adheres to Legal practice standards
f. Holds a valid license as required by the state in which the individual provides physical therapy services
g. Provides physical therapy services that are consistent with the respective state practice act and interpretive rules and regulations
h. Provides physical therapy services that are consistent with state and federal legislation, including, but not limited to, equal opportunity and affirmative action policies, ADA, and informed consent.
i. Demonstrates ethical behavior as outlined by the clinical education site policy and the APTA Code of Ethics, Guide for
Professional Conduct, and Guide to Physical Therapists Practice.

7. The CI will demonstrate Effective Communication
   a. CI uses verbal, nonverbal, and written communication skills and information technology to clearly express him or herself to students and others.
      i. Defines expectations
      ii. Collaborate on mutually agreed upon goals
      iii. Actively listens
      iv. Encourages dialogue
      v. Provides time and place for dialogue
      vi. Open to and encourages feedback

8. CI demonstrates effective behavior, conduct and skill in interpersonal relationships
   a. Forms collegial relationship with students
   b. Models professional and appropriate behaviors
   c. Respects and is sensitive to differences among individuals and cultures
   d. Shares strengths and weaknesses with student
   e. Approachable to student

9. CI demonstrates effective instructional skills
   a. Collaborates with student to plan learning opportunities
   b. Demonstrates knowledge of the student’s academic curriculum, level of didactic preparation, current level of performance, and goals of clinical education
   c. Integrates knowledge of various learning styles to accommodate student needs
   d. Sequences learning experience to promote progression of the student’s personal and educational goals

10. CI demonstrates effective supervisory skills
    a. Presents clear performance expectations to the student throughout the clinical internship
    b. Provides formal and informal feedback to the student
    c. Feedback is constructive and reviewed regularly
    d. Evaluates the student using the CPI
11. CI demonstrates performance evaluation skills
   a. Uses the CPI appropriately, documenting performance with objective incidences and provides comments
   b. Informs the DCE of any concerns of the student performance.
   c. Documents performance issues via a learning contract or critical incident report as appropriate for the student.

**Family Educational Rights and Privacy Act (FERPA)**

The Clinical Site will comply with the provisions of the Family Educational Rights and Privacy Act (FERPA) agreeing not to disclose information about the student or from the student’s educational records provided by the school to a third party without the student’s written consent and further agrees to use the information only for the purposes for which it is requested. The CI and CCCE agree not to discuss the student’s performance with a third party unless written consent is obtained from the student.

**Objectives for the CI and CCCE**

The clinical education site will designate one member of the professional staff as the CCCE and notify the school of changes. The CCCE ensures each CI has had one year clinical experience prior to serving as a CI. The CCCE will provide regularly updated information about the facility to the DCE. The CI will formally evaluate the student at mid-term and final. The CCCE will provide or designate an appropriate individual to review the policies and procedures of the clinical site. The CCCE or CI will provide an orientation to the facility for each student prior to patient care. The CI will provide appropriate supervision for each student. Students are not trainees, not employees and are not to replace facility staff. The CI/CCCE will provide a quality learning experience in areas of patient care, research and administration. The CCCE/CI will request any additional student records needed from the student or DCE.

**DCE Expectations and Responsibilities**

The DCE holds a faculty (academic or clinical) appointment and has administrative, academic, service, and scholarship responsibilities consistent with the mission and philosophy of the academic program. This individual demonstrates competence in clinical education, teaching, and curriculum development. In addition, the DCE primary responsibilities are to plan,
coordinate, facilitate, administer, and monitor activities on behalf of the academic program and in coordination with academic and clinical faculty. These activities include but are not limited to the following:

1. Developing, monitoring, and refining the clinical education component of the curriculum,

2. Facilitating quality learning experiences for students during clinical education,

3. Evaluating students' performance, in cooperation with other faculty, to determine their ability to integrate didactic and clinical learning experiences and to progress within the curriculum,

4. Educating students, clinical and academic faculty about clinical education,

5. Selecting clinical learning environments that demonstrate characteristics of sound patient/client management, ethical and professional behavior, and currency with physical therapy practice,

6. Maximizing available resources for the clinical education program,

7. Providing documented records and assessment of the clinical education component (includes clinical education sites, clinical educators, etc), and

8. Actively engaging core faculty in clinical education planning, implementation, and assessment.

The DCE serves as a liaison between the physical therapy program and the clinical education site as part of his/her responsibilities. The DCE, in cooperation with other academic faculty, establishes clinical education site and facility standards, selects and evaluates clinical education sites, and facilitates ongoing development of and communication with clinical education sites and clinical faculty.

**DCE Responsibilities**

The DCE is responsible for coordinating and managing the efforts of the academic program and clinical education sites in the education and preparation of PT students by performing the following activities:
Communicates Between the Academic Institution and Affiliated Clinical Education Sites

1. Communicates news, and current information (e.g., curriculum, clinical education objectives, staffing changes, and site availability) among all concerned stakeholders (e.g., the academic institution, clinical education sites, clinical faculty and students) to maintain current knowledge of the educational program, the clinical education site, and health care changes affecting clinical practice and education.

2. Provides ongoing communication with clinical educators at each clinical education site to include:
   a. philosophy of the academic program;
   b. academic program curriculum and specific syllabus and learning objectives for each clinical experience and behavioral expectations that may not be addressed by learning objectives;
   c. policy and procedures of the academic program pertaining to clinical education;
   d. current materials required for accreditation;
   e. clinical education contractual agreement negotiated and maintained between the academic program and each clinical education site;
   f. dissemination of appropriate student and related information (e.g., health insurance, liability/malpractice insurance, state/federal laws and regulations such as ADA);
   g. collection of information about clinical education sites for use by students in their selection of or assignment to clinical education sites;
   h. provision of dates for each clinical education experience;
   i. academic program requests from clinical education sites regarding the number and type of available student clinical placements;
   j. coordinating student assignments (consideration might be given to items such as patient variety, health care settings and size, types of learning experiences, clinical site and student expectations, strengths/limitations of clinical experiences);
k. clinical faculty development opportunities including educational seminars and faculty availability as a resource in their areas of expertise, and

3. Communicates and oversees communication with CCCE, CI and students to monitor progress and assess student performance. Provides guidance and support as required to problem solve and discuss pertinent issues with students, CI and CCCE.

4. Places, supervises, and communicates with students while on clinical experiences. Responsibilities associated with these roles include, but are not limited to:

   a. informing students of clinical education policies and procedures;

   b. supplying relevant clinical education site information to facilitate students' selection of or assignment to clinical education sites (e.g., learning experiences, clinical site prerequisites);

   c. providing a process for students to assess their performance and satisfaction;

   d. preparing clinical rotation assignment schedules and coordinating information dissemination to clinical education sites;

   e. assisting with educational planning, behavior/performance modification, remedial education, referral to student support agencies (financial aid counseling as required), and

   f. arranging for periodic and or impromptu visits/communication to students, clinical education sites and clinical faculty as needed to problem solve, support, and discuss pertinent issues with student(s), CIs, and/or CCCEs.

5. Evaluates each clinical education site through student feedback, on-site visits, and ongoing communications and routinely shares this information with academic and clinical faculties. Provides feedback to clinical educators concerning their effectiveness in delivering clinical learning experiences based on student feedback and through direct observations.
Clinical Education Program Planning, Implementation, and Assessment

1. Performs academic responsibilities consistent with the Commission on Accreditation in Physical Therapy Education (CAPTE), and with institutional policy.

   A. Coordinates and teaches clinical education courses and other related course content based on areas of content and clinical expertise.

   B. Directs effort and attention to teaching and learning processes used throughout the curriculum (e.g., management and education theory, adult learning).

   C. Monitors and documents the academic performance of students to ensure that they successfully achieve the criteria for completing clinical learning experiences.

      1. Reviews and records student evaluations from CIs and determines the final grade for all clinical education courses in the curriculum.

      2. Utilizes intervention strategies with CIs, CCCEs, and students who excel or demonstrate difficulties while on clinical education experiences or require learning strategies where a disabling or learning condition is present.

      3. Develops remedial experiences for students, if necessary.

      4. Confers with the appropriate faculty (clinical and academic), the Program Director, Dean, Administration and other individuals (e.g., counseling staff) where applicable.

   D. Provides direct input into curriculum design, review, and revision processes by:

      1. Collecting and organizing pertinent information from clinical education sites and students and disseminating this information to faculty during curricular review processes in a timely manner.

      2. Preparing reports and/or engaging in discussions with faculty on student progress in clinical education.
3. Keeping faculty informed about the clinical education program, pertinent policies and procedures, and changes influenced by accreditation.

E. Coordinates and/or provides leadership for a Clinical Education or Program Advisory Committee consisting of area clinical educators, employers, or other persons, where feasible.

F. Participates in academic program meetings, institutional governance, and/or community service activities as appropriate to the mission of the academic institution.

G. Develops and implements a plan for self-development that includes the participation in and enhancement of teaching, delivery of physical therapy services, and development of scholarly activities (e.g., scholarship of teaching, application, integration and discovery). {Refer to CAPTE Position Paper on Scholarship Expectations [PT Criterion 2.2.4.2], December 2000}

H. Functions as a faculty member in other job responsibilities as delegated by the Program Director/Chair or as required by the academic institution, Dean or other Administrator.

I. Monitors the changing health care delivery system and advises the Program Director and faculty of changing trends and potential impact on student enrollment, instruction, curriculum design, clinical education, and equipment needs.

J. Develops and administers information and education technology systems which support clinical education and the curriculum.

K. Participates in regional, state, and/or national clinical education forums, clinical education related activities, and programs designed to foster clinical education (e.g., Clinical Education Consortia, Clinical Education Special Interest Group (SIG) of the Section for Education, Chapter Clinical Education SIGs, and APTA Education Division activities).

2. Manages administrative responsibilities consistent with CAPTE, federal/state regulations, institutional policy, and practice setting requirements.
A. Administers a system for the academic program's clinical education records which include:

1. Current database of clinical education sites;
2. Current information on clinical education site and clinical faculty;
3. Status of negotiated clinical education agreement between the academic program and clinical education site;
4. Utilization of clinical education sites;
5. Reports on the performance of students in clinical education; and
6. Reports on clinical site/faculty performance in clinical education.

B. Acts as an intermediary among the appropriate parties to:

1. Facilitate the acquisition of clinical education agreements;
2. Administer policies and procedures for immunization, preventive health care practices, and for management of student injury while at clinical sites, and
3. Ensure liability protection of students (and faculty if required) inclusive of professional, governmental, institutional, and current risk management principles.

C. Assists the Program Director in the development of a program budget by providing input on items related to the clinical education program and overall program budget.

D. Manages fiscal allocations budgeted for clinical education.

E. Develops, implements, and monitors adherence to policy and procedures for the clinical education component of the curriculum.

F. Develops, administers, and monitors the academic program's evaluation process for the clinical education component, including instruments used for evaluation of student performance, clinical education sites and faculty.
G. Participates in the preparation of accreditation documentation and outcome performance assessment of students in the physical therapy program.

**Clinical Site Development**

1. Develops criteria and procedures for clinical site selection, utilization, and assessment (e.g., APTA Guidelines for Clinical Education).

2. Establishes, develops, and maintains an adequate number of clinical education sites relative to quality, quantity and diversity of learning experiences (i.e., continuum of care, commonly seen diagnoses, across the lifespan, health care delivery systems, payers, cultural competence issues) to meet the educational needs of students and the academic program, the philosophy and outcomes of the program, and evaluative criteria set by CAPTE.

3. Provides clinical education site development opportunities through ongoing evaluation and assessment of strengths and areas needing further development or action (e.g., in service training, discontinue student placements).

**Clinical Faculty Development**

1. Collaborates with clinical faculty to promote, coordinate, plan, and provide clinical faculty development opportunities using effective instructional methodologies and technologies.

2. Encourages clinical faculty to participate in local, statewide, and national forums designed to foster and discuss issues addressing clinical education.


4. Mentors other academic faculty about their role and responsibilities related to clinical education (e.g., clinical site visits, determining readiness for the clinic).
Student Expectations and Responsibilities

1. Student will perform with high standards in accordance with the American Physical Therapy Association Code of Ethics, Core Values and appropriate state laws.
2. Conform to the rules and regulations for the clinical education site.
3. Be prompt and in attendance. (Refer to policy on absenteeism)
4. **Assume financial responsibility for all necessary travel, lodging, medical records, certifications, etc. incurred for the clinical education program.**
5. **Maintain records (i.e. TB skin test, CPR, immunization, etc.) as required by the GSU PT department and the Clinical Education Site.**
6. Respect and maintain confidentiality of patient records, classmates and colleagues.
7. Utilize effective communication with the Facility staff, CI, and DCE
   a. Discuss any concerns in a timely manner.
   b. Address concerns with the appropriate member of the clinical education program.
   c. Use appropriate communication skills (non-defensive, non-aggressive manner).
8. Provide a written evaluation of the clinical experience to the clinical education site and to the DCE after the clinical internship.
9. Actively participate in learning
   a. Discuss goals with the CI.
   b. Modify goals as needed.
   c. Participate in achieving the goals.
   d. Seek opportunities to learn.
   e. Research clinical sites using the filing system to look at CSIF and contract information prior to site selection.
10. Adhere to dress code of GSU Physical Therapy Department and the clinical education site. The clinical education site dress code will over ride the GSU dress code. However, the GSU name tag will be worn at all times.
11. Student will follow the policy and procedures established by the GSU PT department for Clinical Education.
PART VI: GRADING AND CLINICAL PERFORMANCE EVALUATION

A quality assessment system evaluated the student’s cognitive, psychomotor and affective behaviors while incorporating multiple sources of information to determine a student’s readiness to practice physical therapy. Sources of information may include student clinical performance evaluations, classroom performance evaluations, and student’s self assessment. The DCE may use these sources as provided by the academic faculty, clinical faculty, students and others to help determine the appropriate course of action concerning a student’s clinical education. While the CI evaluates the student in the clinic, the DCE is ultimately responsible for assigning the student’s final grade for the course. Discussion of the final grade should begin with the DCE.

Course Syllabus

Each course syllabus will define the course objectives, course requirements, grading system, and assignments for each course in clinical education. A syllabus will be provided to the student and the students will meet with the course director to discuss the course and its requirements.

Physical Therapy Clinical Performance Instrument

The APTA Clinical Performance Instrument (CPI) describes the skills a newly graduated physical therapist needs in order to engage in safe and effective clinical practice. The CPI includes instructions for use, a glossary and appendices with examples. It is a tool designed and tested by the APTA. The student and the clinical faculty will use the CPI to assess performance in the clinic. The CPI should be completed at mid term and final. Information concerning the purpose of the CPI and how to use it before, during and after the clinical experience will be discussed by the DCE and described in the course syllabus.

Grading using the CPI

Grading criteria defined by the school will provide objectives and expectations for student performance. The Grading Criteria will be distributed to clinical instructors and students during the clinical internship. A student’s performance during a course in clinical education will be
assessed/measured with the CPI by the CI at mid-term and final of the internship. This will be in addition to other assignments. A grade will then be assigned by the DCE based upon the grading system defined in the corresponding syllabus. Certain required documentation from the CPI must be returned to the DCE immediately after every clinical experience. There will be specific deadlines given for the date of return. Prompt completion of paperwork is important in order to assess the student’s performance and record student grades for that course according to University deadlines. Failure to return materials in a timely manner may result in a grade of “incomplete” or “unsatisfactory”.

Failing Grades Based on Safety and Professional Behavior

The criteria for safety against which the student will be evaluated appear in the objectives listed on each clinical internship syllabus. If a student fails to meet any of these objectives: i.e. Performs in a manner which is deemed as unsafe, or places a patient or others at risk on two occasions during a clinical course, the student will immediately be removed from the clinic and receive a failing grade for the course. In the event that a student violates any of the safety criteria even on one occasion, it is the CI’s responsibility to document the incident and notify the CCCE, student and DCE immediately.

In addition, the clinical facility has the right to request that a student be removed from the clinic prior to completing the scheduled affiliation based upon

1. Lack of competence of the student
2. Student’s failure to comply with the rules and policies of the facility
3. Any reason where the facility believes it is not in the best interest of the patient, facility, and/or staff for the student to continue.

If this occurs due to the failure of the student to meet minimum criteria in the areas of safety and or professional behaviors, the student will immediately return to GSU and meet with the DCE. The DCE and department chair and/or assistant chair will meet with the student to review the circumstances and determine an appropriate course of action, which may include repeating the clinic or failure. It is the responsibility of the CI to document the incident and present it to the DCE.
If the request for the student’s removal from the clinic is not due to the student’s performance, he or she may be reassigned to another facility for the remainder of the course based on clinical site availability.

Notes are kept by the DCE of clinical situations. For example, notes will be taken concerning a problem during a clinical experience based on discussion with the DCE and the CCCE, CI and/or student. Also, notes are taken about possible future problems that could occur. If a problem should arise in the clinic, then the student and CCCE or CI will attempt to seek a solution to the problem. The DCE should be notified immediately if there appears to be any problems. The DCE will become involved in the plan of action for a solution. The student may feel the need to discuss the problem with the DCE, due to an uncomfortable situation or delicate nature. In this case the student and the DCE should discuss the situation first, and then determine the next plan of action. However, the DCE has a responsibility to the facility to discuss the matter with the CCCE, CI or appropriate representative if necessary to do so.

A clinical internship is treated just as any other course in the PT curriculum. Clinical internships must be completed in their entirety. Although the CI assesses a student’s performance, the DCE ultimately assigns the student’s grade based on the documentation received by the CI, their comments, and the grading system. A formal evaluation of the student is requested at mid-term and final of each clinical education course via the CPI.

If a student fails Clinic I, the remediation shall occur immediately over the holiday break. If a student fails Clinic I a second time, the student will be terminated from the program. If a student is assigned an “Incomplete” or “In Progress” at the discretion of the DCE, a formal development plan approved by the DCE, the department chair and the assistant chair will be assigned to the student. Failure to meet all of the objectives and expectations of the development plan will result in failure of the clinic and termination from the program. The development plan may include in some cases an extension of the clinic or repeating the clinic. If a student fails Clinic II – V, there will be no opportunity to remediate and the student will be terminated from the program.
Formative Evaluation Tools

Formative evaluation tools provide the student intern written information to further learn and modify behavior. These tools are used by the CI and/or the student intern prior to midterm or final evaluation. The tools are the anecdotal record, critical incident report, the learning strategies form, and weekly planning form.

**Anecdotal Record**: used to record something that happened. It describes the setting, place, persons involved and the atmosphere. It is intended to be non-judgmental. The student behavior is described and an interpretation of the incident is written. It is signed by the CI and student. This is an internal document that is between the student and the CI; however the DCE may be notified if needed.

**Critical Incident Report**: Document a series of similar behaviors—Pattern of evidence. It describes the setting and the student’s behavior. No interpretation of the behavior should be placed. The consequences of the behavior need to be clearly stated. The student and CI sign the form. The DCE should be notified if there is a pattern of evidence.

**Learning Contract**: a document between the student, the CI and the DCE discussions. Used to identify problem(s) and give the student a clear direction for change.

1. Identify the student’s learning needs (a gap between where the student should be and where the student is)
2. Develop objectives that are measurable and include a time frame for the student to complete.
3. Identify resources to help the student meet the objectives
4. Determine when and how the student performance will be evaluated

Both student and CI should sign the document. The DCE should be notified of Learning Strategies being implemented if there is a risk for student failure.

**Weekly Performance Form**: Proactive tool. Gives the student the opportunity to review the past week and assess if he/she is achieving the objectives. The student should ask the CI for feedback regarding his/her self evaluation. If the student is not meeting competency then the CI should
discuss with the student areas of weakness and a learning strategy form may be appropriate.

**Academic Probation/Suspension**

See the PT Student Handbook for the policy concerning academic probation and suspension as well as for the minimum GPA requirements. A student will not be allowed to participate in any clinical internship while on academic probation or suspension from the program without approval from the Department Chair.

**Postponement of a Clinical**

Should a student not be able to fulfill a clinical internship within the allotted time, postponement will be at the discretion of the Physical Therapy Department Chair and DCE. Failure to successfully complete an internship for reasons based on the student’s evaluation (i.e. grade) will be treated the same for any other course in the curriculum. Refer to Student Handbook.

**Absentee Make-Up**

Students must be present for all schedule hours required by the clinic unless the reason for the absence are acceptable to the DCE and CCCE. Acceptable reasons include: participation in University business, observance of recognized religious holidays of the student’s faith, jury duty and ill health documented by a health professional. In cases such as these, time must be made up at the discretion of the clinic faculty and/or DCE.

In case of inclement weather, the student will yield to the CI’s discretion, but is expected to make up the missed time either with additional days or assigned work, per CI and DCE approval.

**After Hours Situations**

If a problem occurs after office hours and is urgent in nature, and the student cannot reach the DCE, the student should contact the department Assistant Chair, followed by the department Chair, followed by the administrative assistant. *Do not call faculty or staff unless absolutely necessary and the situation cannot wait.*
Legal and Ethical

Students must abide by pertinent state and federal laws, even if the facility chooses to do otherwise. Such a site is not a clinical environment suitable for students. All facilities should have a “Rules and Regulations Policy” available at the facility for the student. Students should notify the DCE immediately if he/she identifies clinical situations in which legal questions are present or a clear violation is being observed. While state law may indicate the minimum standards of supervision, The Georgia State University Program of Physical Therapy abides by the American Physical Therapy Associations standards of supervision, safety, and professional conduct.

PART VII: GENERAL INSTRUCTIONS FOR ALL CLINICAL EDUCATION ASSIGNMENTS

Attendance

There are no absences granted by Georgia State University PT Program during clinical experiences. However, in the case of an unavoidable, unexpected absence, the absences will need to be approved by the CCCE at the internship site and will be made up at the discretion of the DCE &/or CI.

Work Hours

Clinical hours vary between facilities and Clinical Instructors. The specific clinical hours are dependent upon each individual clinical facility and are determined by the CCCE and/or the CI. The student is expected to work the hours as the CI or CCCE assigns. The student MUST comply with the assigned working schedule.

The clinical internship is based on a 40 hour per work week, but students should expect to work extended work hours to meet the expectations of the clinical experience.

Students may be asked to work weekends or extended hours to enhance their learning opportunities.
Dress Code

Students are required to abide by the clinical facility’s dress code at all times. If the facility does not have a published dress code then the following guidelines are to be followed:

1. Wear comfortable, clean, closed toes shoes with non-skid sole. Open toe shoes or sandals are unacceptable.
2. Socks or hose should be worn at all times. Bare legs are unacceptable.
3. All students must have a lab coat. Bring your lab coat daily, even if you are not required to wear one in your immediate clinical facility. You may need to wear it while observing other disciplines or visiting other facilities with your CI. It is highly recommended that your lab coat be starched and ironed for a professional appearance.
4. All students must wear a GSU PT name tag regardless of whether it is standard practice at the facility or not. This helps patients and staff identify with whom they are working.
5. Men must wear solid color collared shirts. Pressed casual or dress pants. Jeans or jean style pants are not acceptable regardless of color.
6. Women will wear a non-sheer blouse or shirt. Pressed casual knee length skirt or pants are acceptable. Jeans or jean style pants are not acceptable regardless of color.
7. A watch with a second hand is essential to take vital signs and to keep track of time. Other jewelry such as dangling bracelets, earrings and necklaces, or large rings can impose a safety hazard to the student intern and/or the patient. It is highly recommended that jewelry be removed during patient care. One earring per ear is acceptable; no other body piercings should be visible.
8. Fingernails should be clean and trimmed to the end of the soft pad of the finger. Tattoos should be covered.
9. Hair should be neatly groomed. Long hair should be pulled back. Beards/facial hair should be neatly trimmed.
10. Perfume or after shave should be kept to a minimum or not worn at all.
11. Students must have in their possession a stethoscope, pen and pocket note pad as well.
**Summary**

The student handbook for clinical education has been written to provide a resource for the process of clinical education at Georgia State University for students and clinical instructors. It should be used in conjunction with D2L iCollege, the CPI and instruction from the DCE. The manual is not a substitute for asking the DCE questions directly if a point is unclear.

If a student has a grievance with the DCE and/or a clinical situation, the student needs to follow the procedure as outlined within the GSU student appeals policy.

Please contact the DCE if this handbook is unclear at any point or if one has ideas as to how to improve clinical education at Georgia State University.
Appendix A

WEEK ONE STUDENT CONTACT SHEET

Clinical Experience: _____ Clinic II         _____ Clinic III         _____ Clinic IV         _____
Clinic V

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date</th>
<th>GSU email address</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Clinical Instructor</th>
<th>Facility</th>
<th>Phone &amp; Email for CPI</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Has your Clinical Instructor (CI) completed the CPI training? If not, has he/she made arrangements to complete it?

Do you feel you and your clinical instructor communicate well?

Do you have concerns regarding your performance or adjustment to this clinical experience?

Have you and your clinical instructor set up a method of communication/feedback?

Would you like for the DCE to call?

Carla Huggins, PT, DPT: chuggins@gsu.edu; 404-413-1251

PLEASE UPLOAD THIS FORM TO D2L iCollege
Student’s Name: ____________________________
Week #: ______ Date Submitted: _____________ Date received: ____________

Georgia State University requires that students and clinical instructors share formal feedback on a weekly basis. The student is expected to lead this process and submit the form via our electronic blackboard system every Friday. The student and CI have to answer each question by listing 1 to 2 items for each category.

STUDENT GOALS/OBJECTIVES (AT LEAST 2):
1. ___________________________________________________________________
2. ___________________________________________________________________
3. ___________________________________________________________________

CLINICAL INSTRUCTOR GOALS/OBJECTIVES (AT LEAST 2):
1. ___________________________________________________________________
2. ___________________________________________________________________
3. ___________________________________________________________________

Did the student meet the objectives established last week? ______ YES ______ NO
If no, why? __________________________________________________________________

The student and the clinical instructor have discussed the goals/objective listed above and agree to work collaboratively to meet these objectives.

Student signature: ________________________________
CI signature: _________________________________

DCE please call: _______ CI ________Student ________ CCCE

Carla Huggins, PT, DPT; chuggins@gsu.edu; 404-413-1251 (office); 404-413-1230 (fax)
Appendix C

**Essential Functions**
Physical therapists must have sufficient strength, coordination, and endurance to perform necessary therapeutic procedures on patients while insuring patient safety at all times. A high level of personal health should be maintained. Good health is vital during clinical and didactic experiences.

1. **Observation:** The student must be able to independently and accurately observe a patient.
2. **Communication:** The student must be able to utilize verbal, non-verbal, and written communication.
3. **Sensory Motor:** The student must be able to safely, reliably, and efficiently perform physical therapy assessments and treatments. He or she must also possess speed, strength, coordination, and endurance for safely handling himself or herself, classmates, and patients.
4. **Intellectual/Conceptual:** The student must be able to problem-solve rapidly, demonstrate the ability to learn and reason, and to integrate, analyze and synthesize data concurrently in a multi-task setting. Students must be able to comprehend three-dimensional relationships and understand spatial relationships of structures.
5. **Judgment:** The student must be able to practice in a safe, ethical and legal manner. The student must be able to respond to emergencies and demonstrate management skills, including planning, organizing, supervising, and delegating.
6. **Behavioral/Social:** Students must possess the emotional health required for full use of their intellectual abilities. The student must be able to adapt to change, display flexibility, and deal with stress and uncertainty.

**Required Activities:**
As part of the ongoing professional education process, students will typically engage in physical activity that requires:
- Sitting for long periods of time.
- Standing 4-6 hours per day.
- Walking.
- Twisting.
- Bending.
- Reaching.
- Lifting.
- Using auditory, visual, and tactile senses to receive instruction and to evaluate and treat patients.
- Continuous use of hands with firm grasp and manual dexterity.

**Activities may also require:**
- Exertion of torque, push/pull forces.
- Coordination of verbal, manual, and gross motor activities.
- Movement from place to place and position to position with a safe speed for handling self, classmates, and patients.
- Standing and walking while supporting a classmate who is simulating a disability or supporting a patient with a disability.
- Ascending and descending stairs.
Appendix D

IN-SERVICE DOCUMENTATION FORM           DUE DATE:

Student Name: _______________________________ Clinical Internship #: ______

Evaluator’s Name: _______________________________

Facility: _______________________________________

Title of In-Service: ___________________________________________

Date of Presentation: _____________________________

Signature of Evaluator: _______________________________________

Guidelines for Grading Oral Presentation: Satisfactory (S)/ Unsatisfactory (U)

1. Topic is relevant
2. Demonstrates understanding of material presented.
3. Delivered presentation in a systematic, organized fashion.
4. Allowed time for questions.
5. Answered questions within level of understanding and knowledge.
6. Demonstrated professionalism during presentation.

Comments:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

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STUDENTS: PLEASE UPLOAD THIS FORM TO D2L iCollege
Appendix E

Learning Objectives

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>LEARNING RESOURCES AND STRATEGIES</th>
<th>TARGET DATE FOR COMPLETION</th>
<th>EVIDENCE OF ACCOMPLISHMENT OF OBJECTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMART objectives are: Specific</td>
<td>(consider student learning style)</td>
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<tr>
<td>Measurable</td>
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<tr>
<td>Achievable</td>
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Appendix F

Learning Contract

The attached detailed clinical objectives reflect the results of a discussion with __________________, Center Coordinator of Clinical Education or Clinical Instructor at _____________________________in which we clarified expectations of my behavior or performance, in areas that were identified as problems or below performance expectations on _____________________________.

The purpose of defining specific performance statements is to clarify the expectations of my performance during the remainder of my clinical experience at _____________________________.

I understand that I must incorporate these suggestions into my daily activities at _____________________________. Failure to successfully meet these objectives by will result in _____________________________.

I understand that emphasis on these objectives should in no way be constructed to mean that the remainder of the goals and objectives for this experience are less important, or that successful completion of the remaining objectives is not required for successful completion of this experience.

________________________________________  
Student signature  Date

________________________________________  
CCCE/CI signature  Date
Appendix G

Clinical Education Appeals Committee (CEAC)

Issue:
□ Clinical Education Policy
□ Clinical Site Assignment

Date appeal received by ACCE/DCE: _____ Date letter sent to CEAC: _____

Instructions to CEAC Members:
1. Please review the attached letter of appeal.
2. The members will only meet in a group if one or more of the members deem it necessary. If one of more members deem it necessary to meet as a group, the ACCE will facilitate the meeting time.
3. Please mark the boxes to indicate your decisions and sign at the bottom.
4. Return to the ACCE/DCE as soon as possible.

□ I deem it necessary that the CEAC members meet together to discuss this situation.
□ I do not believe it is necessary for the CEAC members to meet together to discuss this situation.

□ I accept the student’s appeal.
□ I deny the student’s appeal.

Signature: ______________________________ Date: _____________
Appendix H

CRITICAL INCIDENT REPORT (Revised from Shea et al)

Directions: Record each entry clearly and without reflecting any biases.

Student Name: ___________________________________________________________
Evaluator/Observer: _______________________________________________________

<table>
<thead>
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<th>Date/ Time</th>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
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__________________________________________  ______________________________
Student’s Signature                          Evaluator’s Signature
Appendix I

Clinical Site Visit Questions

Site: _________________________________________________________________

Visit Date: ________________ Clinic Site: ________________________________

Student’s Name: _____________________________________________________

CI’s name: __________________________

Student Questions:

1. Were you oriented thoroughly to the department/policies?

2. What is your expected caseload?
   - CI’s average caseload?
   - Your expected caseload?
   - Have you achieved it?

3. Have you seen examples of evidence-based practice?

4. Have you see examples of skilled PT?

5. How is the mentoring in the department?

6. What are the management styles of your CI?

7. Is ____ weeks long enough in this setting?

8. Do you have any concerns at this time?

9. Any other comments regarding this site?
Clinical Instructor Questions:

1. How is the clinical rotation going?

2. How long did it take the student to ramp up to the system?

3. Describe skilled PT at this facility.

4. Is there any involvement in the APTA at this facility?

5. How well is the student interacting with the staff?

6. Do you feel that the student has been well-prepared for this clinic?

7. Is the length of this clinical rotation sufficient to meet the goals of this setting?

8. How could GSU better serve you to make it worthwhile to take students?

9. Any suggestions for GSU regarding academically preparing our students to ensure success?

10. Any good ideas to help us keep track of the facility requirements for when a student arrives?
Appendix J

Georgia State University
Department of Physical Therapy

Establishing a New Clinical Education Site
Submit this completed form to the DCE by email or in person

Submitted by: Date:

Deadline to submit: OCTOBER 1, 2016

IMPORTANT: Please refer to the policy and procedure for establishing a new site and the set deadlines for submitting in the Clinical Education Handbook before submitting a request.

If this new site is approved, you will be assigned to this site for the clinical internship. Initial your understanding of this:

List reason(s) why you want to establish this new clinical site:

FACILITY INFORMATION: (the student should obtain this information)

Name of Facility:
Type of Facility:
Contact at the Facility:
Address: City, State, Zip:
Email address of the contact at facility:
Phone:

FOR DCE USE ONLY

Does the facility have its own clinical agreement for school to sign? Yes / no
Does the facility currently affiliate with any other PT or PTA programs? Yes / no
If yes, list programs below:
Name of School Location Name of CCCE and Phone Number

Notes:

status of request ___ packet sent _____ type of agreement _____ note _________
Appendix L
Clinical Selections: CLINIC II
Clinical Rotation Dates: Summer 2017
Georgia State University - Department of Physical Therapy

Student's Name: 
GSU email: 

Please list the top 3 choices for each setting with city/state if applicable. If you have specific reasoning on why you want/need to attend a particular site, please list your reasoning below in the preferences section. Please upload this form to D2L in the “Site Selection” folder by ____________.

Type of affiliation needed (Acute or Outpatient)

ACUTE
1. 
2. 
3. 
Travel option: ______________________________

OUTPATIENT
1. 
2. 
3. 
Travel option: ______________________________

PREFERENCES/RATIONALE: ____________________________________________
_____________________________________________________________________

OFFICE USE:
• DATE RECEIVED: ________________
Appendix M
Clinical Selections CLINIC III - V
Clinical Rotation Dates: ____________

Student's Name: _____________________ GSU email: _________________________

Please list the top 3 choices for each setting with city/state if applicable. If you have specific reasoning on why you want/need to attend a particular site, please list your reasoning below in the preferences section. Please upload this form to D2L in the “Site Selection” folder by ____________.

Type of affiliation needed:
□ IP rehab  □ OP rehab  □ OP/OP Ortho  □ Acute  □ PEDS  □ Other: ________

<table>
<thead>
<tr>
<th>ACUTE</th>
<th>OUTPATIENT</th>
<th>REHAB</th>
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Travel option:  Travel option:  Travel option:

Preferences/ Rationale:
________________________________________________________________________
________________________________________________________________________

Please indicate below which clinical settings you have already fulfilled by checking the appropriate box and writing the clinic number in which you fulfilled that setting.

□ ACUTE: ______
□ OUTPATIENT: ______
□ REHAB: ______

Have you traveled for a previous clinical rotation?
□ YES  If yes, please list the location: __________________________________________
□ NO
GEORGIA STATE UNIVERSITY
DEPARTMENT OF PHYSICAL THERAPY

RECEIPT OF CLINICAL EDUCATION HANDBOOK

I ________________________________________________________________

Student Name

on the ____________ of ________________________, _______________________

Day        Month        Year

have received and reviewed the materials in Georgia State University’s Department of
Physical Therapy Clinical Education Handbook. I understand that I am responsible for
all the information contained in the handbook and that I must comply with the policies
that are described there in and follow any updates given.

________________________________________

Student Signature