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Welcome Statement

The purpose of the University of Louisiana at Monroe DPT Clinical Education Handbook is to provide students and clinical educators with the necessary information about the Doctor of Physical Therapy (DPT) Program at University of Louisiana at Monroe. Also found in this handbook are critical resources that will be routinely used during clinical education. Please review this in its entirety and do not hesitate to ask any questions for clarification.

Students: This handbook will provide you with most, if not all, questions you may have regarding clinical education at the University of Louisiana at Monroe DPT Program. If you have a question that is not answered after reading through this document, please just ask. This is one of the more valuable resources you will receive for clinical education but also know that the Clinical Education Team is here and available to you.

Clinical Educators: This handbook should provide you with everything you need to know about the clinical education curriculum at University of Louisiana at Monroe along with information about our didactic curriculum and many resources available to you. We appreciate all that you do and welcome all feedback from our clinical partners in the community.

University of Louisiana at Monroe Clinical Education Team

Program Director
Director of Clinical Education/Associate Program Director
Core Faculty/Assistant Professor
Administrative Assistant

University of Louisiana at Monroe Mission and Vision

Mission: The University of Louisiana at Monroe seeks students who find value in our programs and prepares them to compete, succeed, and contribute in an ever-changing global society through a transformative education.

University of Louisiana at Monroe DPT Mission:

The ULM Doctor of Physical Therapy program strives to develop diverse, highly qualified practitioners and leaders who will partner with community members to produce meaningful and sustainable change.

The University of Louisiana at Monroe DPT Vision:

The ULM DPT program will be a model of excellence for workforce development and research addressing movement-related health disparities.

The ULM DPT Program Core Values:

Accountability, adaptability, collaboration, cultural humility, inquisitiveness, integrity and

Clinical Education Team Responsibilities

The DCE assisted by the ADCE have established working relationships with clinical faculty and their associated facilities, locally and throughout the United States. There is a continuous development process for clinical sites, and ACCEs/CCCEs and CIs through in-services, professional meetings (national, state, and local), continuing education courses, and site visits. The DCE assisted by the ADCE facilitate organizational strategies for student development, offer problem solving techniques for their CIs and students, and are a resource for both parties regarding communication, counseling, and behavior modification tactics. Clinical faculty are educated on generalized challenges in current cohorts and strategies for managing various le2(r)-7(i)5stude

Web CPI and Exxat or alternative platform system training are mandatory for first-time CIs. The assignment of a CI is based on the discretion of the CCCE. However, the DCE can request a change based on student feedback or observations during the clinical site visits. Expectations of the CCCE and the CI are outlined in the Clinical Education Handbook.

On an annual basis, using the Exxat or alternative platform System, each CI will acknowledge awareness of expectations including teaching effectiveness and clinical competence.

Clinical Instructors are evaluated by the student at the mid and endpoints of the full-time clinical experience for teaching effectiveness. Clinical teaching ineffectiveness is determined by a CI receiving three or more negative consecutive students, on an endpoint student evaluation using the Physical Therapist Student Assessment of Clinical Experience and Instruction form uploaded in the Exxat or alternative platform System



Rights and Responsibilities: Clinical Instructor

The following are rights and responsibilities afforded to the Clinical Instructor:

1. The Cli
2. The Clinical Instructor is responsible for providing the student with appropriate supervision, coaching, and opportunities to improve performance.
3. The Clinical Instructor is responsible for assessing the student's ability to practice competently,
4. The Clinical Instructor is responsible for documenting objective and subjective data regarding student performance and discussing the assessment with the student and DCE/ADCE in a timely forms of assessment.
5. clinical education experience using the Clinical Faculty DCE performance assessment survey uploaded through Exxat or alternative platform (Appendix D).
6. The Clinical Instructor has the right to regular consultation with the DCE/ADCE on issues, such as problem resolution and communication development.
7. The Clinical Instructor has the right and responsibility to terminate a clinical experience if there is evidence of patient endangerment or other issues that might jeopardize the care or well-being of patients. Any permanent action of this nature must be carried out in collaboration with the DCE/ADCE and the site CCCE.
8. The Clinical Instructor may be eligible to receive discounts for continuing education courses sponsored by ULM or by clinical education companies that have agreed to provide discounts to ULM faculty including Clinical Instructors.

Rights and Responsibilities: The Student

The Following are rights and responsibilities afforded to the student:

1. The student should expect a supportive learning environment and it is the right of the student to address this when appropriate.
2. The student is responsible for his/her own learning experience. This includes discussing mutual performance, and demonstrating initiative by seeking out and utilizing opportunities for learning.
3. The students will make a commitment to continuous learning through education and practical formation as high functioning experts of movement through the program.
4. Throughout the program, the students will participate in collaborative relationships with clinical community, and educational healthcare partners to gain knowledge, experience, and leadership skills to become competent clinicians within the profession.
5. The students will serve as reflective learners within the profession to improve health and wellness for communities through:
 - a. Engagement and collaboration with faculty clinical and educational research
 - b. Utilization of reflective practice journal to assess self-performance and perception for opportunities to improve
 - c. Collaboration and participation in community health activities legislative process to improve community advocacy skills
6. The student is responsible for his/her transportation and living expenses incurred during the clinical education experience.



7. The student must notify the facility and the DCE/ADCE immediately whenever absences are unavoidable (e.g., illness, injury, or emergency). Any absence from the facility may require the student to work additional hours at the end of their experience. If a student is out for three or
8. The student should be expected to present an in- service, deliver a case study, and or perform a service project at each facility where he or she does have clinical education experience for ten or twelve weeks.
9. The student must have current certification in Basic Life Support for Healthcare Providers (CPR and AED). The American Heart Association (AHA) BLS level C provider is preferred.
10. The student must provide evidence of current immunizations and health insurance coverage. Additional requirements may be mandated by specific facilities.
11. The student must maintain copies of all records submitted to any member of the Clinical Education Team.
12. The student must upload all required documents to Exxat or alternative platform prior to the stated deadline.
- 13.



120 laboratory hours of integrated clinical experience (ICE)

36 Weeks of Clinical Education

- A minimum of 6 weeks in an outpatient facility
- A minimum of 6 weeks working with patients in an inpatient setting
- A minimum of 6 weeks in a rural/underserved area or with a vulnerable population.
The program uses the most recent U.S Census definition of rural and the Center for Medicare and Medicaid definition of vulnerable and underserved.

Work as an interprofessional team as assessed by the CPI

Work as part of the PT/PTA team as assessed by the CPI

If the student has met all these requirements prior to the terminal clinical education experience, they will have a greater opportunity to select a clinical facility of their choice, regardless of setting. In this situation, the DCE and ADCE will give the first option to students who still have requirements to be finished. For example, Student A has already completed an inpatient experience, but has the desire to do a terminal experience in a skilled nursing facility. Student B has not yet had any inpatient experience by the terminal rotation. The DCE and ADCE will prioritize placement of Student B at a skilled nursing facility. However, if another skilled nursing facility site is available and/or all other students have met their inpatient requirement, Student A may be placed in the desired facility.

In rare situations where there are not sufficient inpatient/skilled nursing facilities the DCE and ADCE will ensure students have a rotation working with individuals across the lifespan and/or in settings that cover the breadth of current physical therapy practice such as but not limited to oncology, lymphedema, ergonomic, neurologic, and/or cardiac rehab settings.

Clinical Site Selection Process

The DCE and ADCE use the uniform mailing dates recommended by the Clinical Education Special Interest Group of the Education Section in the APTA. Each March 1st, ULM will request clinical sites for the following calendar year. The specific sites that are available will vary from year to year. See **Appendix H** for the Clinical Placement Request form.

The DCE have the final say on the site placement.

The process of selecting sites for clinical education experiences involves multiple parties. The ULM DPT Clinical Education team encourages students to be an integral part of the process, provide feedback, and be actively involved. Students will be informed of the available clinical sites through Exxat, email, or alternative platform software. They will then provide a list of 10 preferred clinical sites.

When determining the final placement list, the DCE and ADCE first take into consideration that all students in each cohort have requirements that must be met prior to graduation. It may be impossible to accommodate the top choices for all students



members who will hear charges brought against a faculty member for termination of contract, discharge, or demotion in academic rank. The principles of due process will be applied in such matters:

The administrator bringing charges against the faculty member must notify that individual and the chair of the committee of those charges in writing at least five days prior to the hearing before the committee. Information about the policies alleged to have been violated will be included in the document.

The faculty member being charged will be provided access to all evidence that will be used to determine if the allegations are correct. Similarly, the administrator bringing charges against the

both cases, this access must occur prior to the hearing and give sufficient time for preparation.

The hearing before the ad-hoc committee is not a court of law but will be conducted in a professional manner and include a record of proceedings.

All materials used during the hearing will be provided to each committee member prior to its meeting time.

Each side will be provided the opportunity to present information supporting its claims and refuting those of the other side. Witnesses may be called to testify for this purpose. An opportunity to cross-exam each witness will be provided. Likewise, committee members will be provided an opportunity to question witnesses.

Committee members will consider all information provided to them during the hearing and will determine if they believe that substantial and credible evidence supports the charges.

of the hearing will be forwarded to the President of the University who will make a final determination for the institution.

Except in cases where termination occurs pursuant to financial exigency or program discontinuance, the faculty member who has exhausted due process procedures at the institutional level may petition the Board within 30 days when the institution is in session for a review and no



Program Director
College of Health Sciences, Physical Therapy Program
University of Louisiana Monroe
700 University Avenue, Walker Hall 164
Monroe, LA 71209

Procedures for handling a

1. When possible, the DPT Program Chair will discuss the complaint directly with the party or parties involved within 14 business days. If at all possible, the matter will be reconciled at this point. If needed, the DPT Program Chair will meet with all parties separately and may schedule a joint appointment with the two parties in order to attempt to resolve the issue. A letter from the DPT Program Chair acknowledging the resolution of the complaint will be filed and a copy sent to the complainant.

2. If dissatisfied with the action or decision made by the DPT Program Program Director, or if the complaint is against the DPT Program Program Director, the involved party may submit a written complaint or appeal to the Dean of the College of Health Sciences. A letter outlining the resolution by the

Dean, College of Health Sciences
University of Louisiana Monroe
700 University Avenue, Hanna Hall 241
Monroe, LA 71209

3. If the complainant believes that additional review is necessary, then the last line of complaint is with the Vice-President of Academic Affairs

4. Outside of the institution, a complaint can also be filed with the physical therapy accrediting body: Commission on Accreditation in Physical Therapy Education, American Physical Therapy Association, 1111 N. Fairfax Street, Alexandria VA. 22314.

Health Insurance

Evidence of current health insurance coverage with policy name, number, and effective date to include the duration of the program is required.

Required Health Immunizations and Procedures Prior to Patient Interaction

Students accepted into the Doctor of Physical Therapy Program must fulfill the immunization requirements as listed below. Upon acceptance to the program students should complete a Proof of Immunization Compliance Form from the Admissions Office or on-line [here](#). Completed forms may be faxed to (318) 342-1915 or mailed to the Admissions Office.

of the fall semester of the DPT program to provide documentation and/or make arrangements for compliance with immunization requirements. The student should maintain contact with the Student Health Center throughout the DPT program to complete the requirements and to update information as needed. Students will not be allowed to begin Professional Education I in the fall



would potentially lead to safety and welfare issues for the patient. Students are required to adhere to the specific course syllabus for each clinical education experience and meet all required standards.

Requiring Documents to Participate in a Clinical Education Experience

The following documents are required to be uploaded by the student to Exxat or alternative platform by the dates stated in the specific course syllabus:

- ◁ Evidence of current health insurance coverage with policy name, number, and effective date to include the duration of the clinical experience.
- ◁ Evidence of current (dates inclusive of entire clinical duration) CPR certification, which must include adult, infant, and obstructed airway. The American Heart Assoc



Confidentiality of Medical Records and Health History Information

All data gathered by students and/or faculty about patients and their illnesses, including all items within



Enforcement of HIPAA



The University of Louisiana at Monroe (ULM) recognizes that social networking websites and applications, including but not limited to Facebook, Instagram, Twitter, LinkedIn, and blogs, are an important and timely means of communication. Students should have no expectation of privacy on social networking sites. The following actions are strictly forbidden:

You may not present the personal health information of other individuals

identification

-



limited to, testing accommodations (oral testing, extended time for exams), interpreters, relocation of inaccessible classrooms, permission to audiotape lectures, note-taking assistance, and course substitutions.

Information about ULM student services can be found via these links:

Student Success Center www.ulm.edu/studentsuccess
Counseling Center www.ulm.edu/counselingcenter/
Special Needs at www.ulm.edu/studentaffairs/
Library www.ulm.edu/library/reference.html
Computing Center Help Desk www.ulm.edu/computingcenter/helpdesk

e ULM website:

www.ulm.edu/counselingcenter/

If you need accommodation because of a known or suspected disability, you should contact the Director for Disabled Student Services at:
Voice phone: 318-342-5220
Fax: 318-342-5228
Walk-In: ULM Counseling Center, 1140 University Avenue (this building and room are handicapped accessible).

Mental Wellness on the ULM Campus

If you are having any emotional, behavioral, or social problems and would like to talk with a caring, concerned professional, please call one of the following numbers:

The ULM Counseling Center: 318-342-5220
The Marriage and Family Therapy Clinic: 318- 342-9797
The Community Counseling Center: 318-342-1263

Remember that all services are offered free to students, and all are strictly confidential.

If you have special needs, you should contact the Director of Clinical Education within the first two days of class.

Clinical Education Evaluation and Grading



student will discuss their performance with the Clinical Instructor at a minimum during the midterm

- < Creating files using MS Word, MS Excel, MS PowerPoint and attaching these files to your assignment submissions.
- < Managing your files. Create a folder for each course you are taking under My Documents on your computer. Create a folder for each week. Save your files often and with Lastname_WeekX-assignmentX.docx. It is recommended that you save several versions to revert back to by adding -v1, -v2 etc. to the end of your filename for example Lastname_Week1-assignment1-v1.docx and Lastname_Week1-assignment1-final.docx.
- < Uploading MS Word, MS PowerPoint, MS Excel, PDFs in completing assignments.
- < You may also be asked to use a webcam and upload videos or audio files, use social media to communicate with your peers or collaborate electronically.
- < Researching information in the library or using library databases. Make sure to include citations to avoid plagiarism.
- < Copying and pasting (Control C for copying and Control V for pasting on a PC, Command C for copying and Command V for pasting on a Mac) into a MS Word document or PowerPoint file.
- < Downloading and installing software and applications.

Consequences of Failure in Clinical Courses

A student who is that experience.

If at any time, a CI or SCCE/CCCE request that the student not continue at the site because of performance or professional issue, the DCE and ADCE will immediately investigate the situation and determine an appropriate course of action based on the clinical education handbook.

repeat the entire clinical experience.

Students may not be allowed to restart the clinical experience until the DCE/ADCE has determined if the student must remediate any specific physical therapy competencies, whether through an Independent Study course or the use of a Standardized Patient Experience.

completion date. Additional tuition may be charged for remediation of physical therapy competencies that require enrollment in an Independent Study course and/or the use of a Standardized Patient Experience. Students who must repeat a clinical experience course will be charged full tuition for the repeated course.

The location, length and type of clinical experience that will be used to substitute for the remediation clinical experience will be determined by the DCE/ADCE in consultation with the core faculty, faculty mentor-coach and Program Chair. Assignment dates and location will be based on availability of sites.

Students that are provided with an opportunity to repeat a failed clinical experience may be required to complete weekly check-in assignments with the DCE for the length of the experience.

The student will be referred to the ASC by the faculty with recommendations, and that committee will review the recommendations.



Student remediation:



3. **Time frames:** Student appeals must be made to the course instructor within ten working days after the Registrar has posted grades for the course. Any subsequent appeals must be made within five working days from when the parties are notified of the decision. Under normal circumstances, if the party making the appeal fails to meet any deadline for appeal to the next level, the matter will be considered closed. Personnel hearing an appeal should strive to reach a decision within five working days of receiving all information related to the appeal.
4. **Materials to be submitted by the student when appealing beyond the faculty member:** Each grade appeal shall contain the following information:
 - a. **Dated letter of appeal**
semester in which the course was taught; course subject, number, and record

explanation to support the claim made in the appeal; and the grade believed deserved with an explanation of how the student determined the requested grade. The letter should be signed by the student.
 - b. **Supporting information** used by the student to corroborate the claim should be attached to the appeal letter and submitted along with it. The course syllabus must be included in this information.
5. **Materials to be submitted by the faculty member:** When an appeal proceeds beyond the faculty member, it shall contain the following information:
 - a. **Dated informational memorandum**
semester in which the course was taught; course subject, number, record number

the grade was determined; and any supplemental information that would be helpful in understanding the case. The memorandum should be initiated by the faculty member.
 - b. **Supporting information** used by the faculty member to corroborate the explanation should be attached to the informational memorandum and submitted along with it.
6. **Letter of notification:** The student or faculty member choosing to continue a grade appeal to the next level should write a letter to the administrator hearing that appeal. The letter should be dated, signed by the person making the appeal, and express the desire to continue the appeal.

III. Applicability

This Policy is applicable to all students enrolled in ULM courses and to all faculty members teaching those courses.

IV. Definitions

Fair evaluation: Assignment of a course grade to a student using a method and standard known by the student and applied uniformly and without bias to all students in the course.

Grading method: The procedure by which the final course grade is determined for a student, including



Step 1. Within ten working days after the Registrar has posted grades for the course, students considering matter at that level. It is hoped that most issues will be settled in this manner.

Step 2. If the issue is not resolved at Step 1 and the basis of the appeal is an unfair evaluation, the student may appeal to the next level by submitting the materials specified in II.4 as follows.

- a. **College of Health Sciences,** Send the information to the Program Director of Physical Therapy. The program director will provide this information to the faculty member and request the information along with any comments that the faculty member wishes to make in response to the information. The information will be provided to the student and the student will be allowed to respond. Responses may be submitted in writing or provided verbally if the program director chooses to meet with the student and/or the faculty member. After reviewing all information, the program director will notify each party of the decision and appeal options available.
- b. **College of Health Sciences,** The program director will provide this information to the faculty member and request the information in II.5 along with any comments that the faculty member wishes to make in response to the information. The information will be provided to the student and the student will be allowed to respond. Responses may be submitted in writing or provided verbally if the program director chooses to meet with the student and/or the faculty member. After reviewing all information, the program director will notify each party of the decision and appeal options available. If either party chooses to continue the appeal, a notification letter should be sent to the school of Allied Health director. The School of Allied Health director will then request information previously submitted and a summary of the matter from the program director. After reviewing all information, the School of Allied Health director will notify each party of the decision and appeal options available.

Step 3. If the issue is not resolved at Step 2 and the basis of the appeal is an unfair evaluation, the student courses by submitting a notification letter. Appeals are not sent to the Director of the Graduate School. The dean will then request all information previously submitted and a summary of the matter from the previous reviewing administrator. The dean will form an ad hoc Faculty Committee for Grade Appeals to review all submitted information and provide advice on a decision. The Committee will consist of three full-time faculty members selected from the college, excluding individuals teaching in the



click on the Evaluations tab and then -off on your CPI. In order to sign-off,
Once this has been done, scroll to the bottom of the page, select the checkbox associated with the

Once you sign off on your CPI, you are unable to make any further edits! Your CI will be able to view your CPI only if they have also signed off on their own CPI.

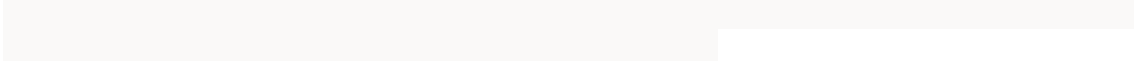
Viewing your CPI with your CI and Signing- Off on your CI'S CPI

Click on the Evaluations tab.

Click on the



Verify APTA PT Training –This can only be done if you are assigned to evaluate a student on an Open evaluation (If you have previously done this, please go to Editing the CPI)



PLEASE NOTE: Once the evaluation part has been signed-off on, it will lock out any other CIs from being able to edit that evaluation part. If you have any questions, comments or run into any issues using PT CPI Web, please contact Support ptcpiwebsupport@liaison



PHYT 6140 Cultural and Rural Issues (1 credit hour)

This course will develop the knowledge and skills to identify and address cultural and geographic facilitators and barriers of rehabilitation potential.

PHYT 6150 Integrated Clinical Experience I (1 credit hour)

This course applies the knowledge and skills learned during the first professional training semester in various clinical settings.

Spring Semester (First Year) Subtotal 15 credit hours

PHYT 6200 Functional Anatomy II: Neurological System (4 credit hours)

The course identifies the anatomical features of the neurological system relevant to physical therapy practice through lectures and dissection of human cadavers.

PHYT 6250 Integrated Clinical Experience II (1 credit hour)

This course applies the knowledge and skills learned during the second professional training semester in various clinical settings.

PHYT 6260 Neurophysiology and Motor Control (3 credit hours)

from motor neuron levels to cerebral cortex.

PHYT 6270 Clinical Skills Development (4 credit hours)



This course develops skills and safety in the prescription and modification of exercise based on physiological and psychological responses.

PHYT 6390 Applied Pharmacology and Diagnostic Imaging (2 credit hours)

The course helps the learner understand the role of pharmacology in the administration and management of physical therapy interventions.

Second Year Course Description

Fall Semester (Second Year) Subtotal 15 credit hours



PHYT 6580 Assessment and Management of the Cardiopulmonary System (3 credit hours)

This course provides a comprehensive review of normal and abnormal physiology of the cardiopulmonary system and the relevance to physical therapy practice.

Summer Semester (Second Year) Subtotal 10 credit hours

PHYT 6600 Functional Anatomy IV: Gastrointestinal System (2 credit hours)

This course identifies the anatomy of the gastrointestinal system relevant to physical therapy practice emphasized through lectures and dissection of human cadavers.

PHYT 6640 Cultural and Rural Health II (1 credit hour)

This course will instruct the learner in how to develop and present a community informed, health disparity program or research project.

PHYT 6650 Professional Education II (4 credit hours)

This course serves as the second full-time supervised clinical education experience for the development of clinical and professional skills.

PHYT 6670 Practice Management (2 credit hours)

The course provides a comprehensive review of administration and management principles and practice within the physical therapy profession and healthcare systems.

PHYT 6690 Assessment and Management of Other Systems (1 credit hour)

The course provides a comprehensive review of pathophysiology of the integumentary and endocrine system and the relevance to physical therapy practice.



PHYT 6850 Professional Education IV (4 credit hours)

This course serves as the fourth full-time supervised clinical education experience for the development of clinical and professional skills.



V.



Appendix B: Standard Affiliation Agreement

Clinical Education Agreement

THIS Clinical Education Agreement ("Agreement") is entered into this _____ day of _____, 20____, by and between _____ ("Institution") and _____ ("Faculty Member").

The Institution hereby agrees to provide the Faculty Member with a clinical education experience at the Institution's _____ Clinic/Facility Name, located at _____.

(copy)

The Faculty Member agrees to provide clinical education to the Institution's _____ students, who are currently enrolled in the _____ program. The Faculty Member agrees to provide clinical education to the Institution's _____ students, who are currently enrolled in the _____ program. The Faculty Member agrees to provide clinical education to the Institution's _____ students, who are currently enrolled in the _____ program.



with the Students and the School Coordinator of Clinical Education Site. (c) Participate in conferences with the School Coordinator of Clinical Education Site.

the Students outside the clinical setting;

(b) Assist in the supervision of

with the Students and the School Coordinator of Clinical Education Site. (c) Participate in conferences with the School Coordinator of Clinical Education Site.

prerequisite

(c) Assure Clinical Education Site that the Students have completed all courses of the Program; and

in, at all times
y insurance in an

(e) Maintain on all Students' behalf, or ensure that all Students maintain, during the term of this Agreement general and professional liability

with the Students and the School Coordinator of Clinical Education Site.

2. Clinical Education Site Responsibilities

with the Students and the School Coordinator of Clinical Education Site.

(a) Provide a safe working environment with appropriate equipment and supplies to facilitate training of the Students at any of the Clinical Education Sites that provide

with the Students and the School Coordinator of Clinical Education Site.

(c) Decide upon supervision of and training for the Students working with data and devices in the clinical setting.

imum number of hours as

(d) Provide the Student training opportunities for the minimum number of hours as agreed upon by Clinical Education Site and the School

9. Miscellaneous.

[This section contains a large block of redacted text, appearing as a solid black area.]

ma Monroe
ue

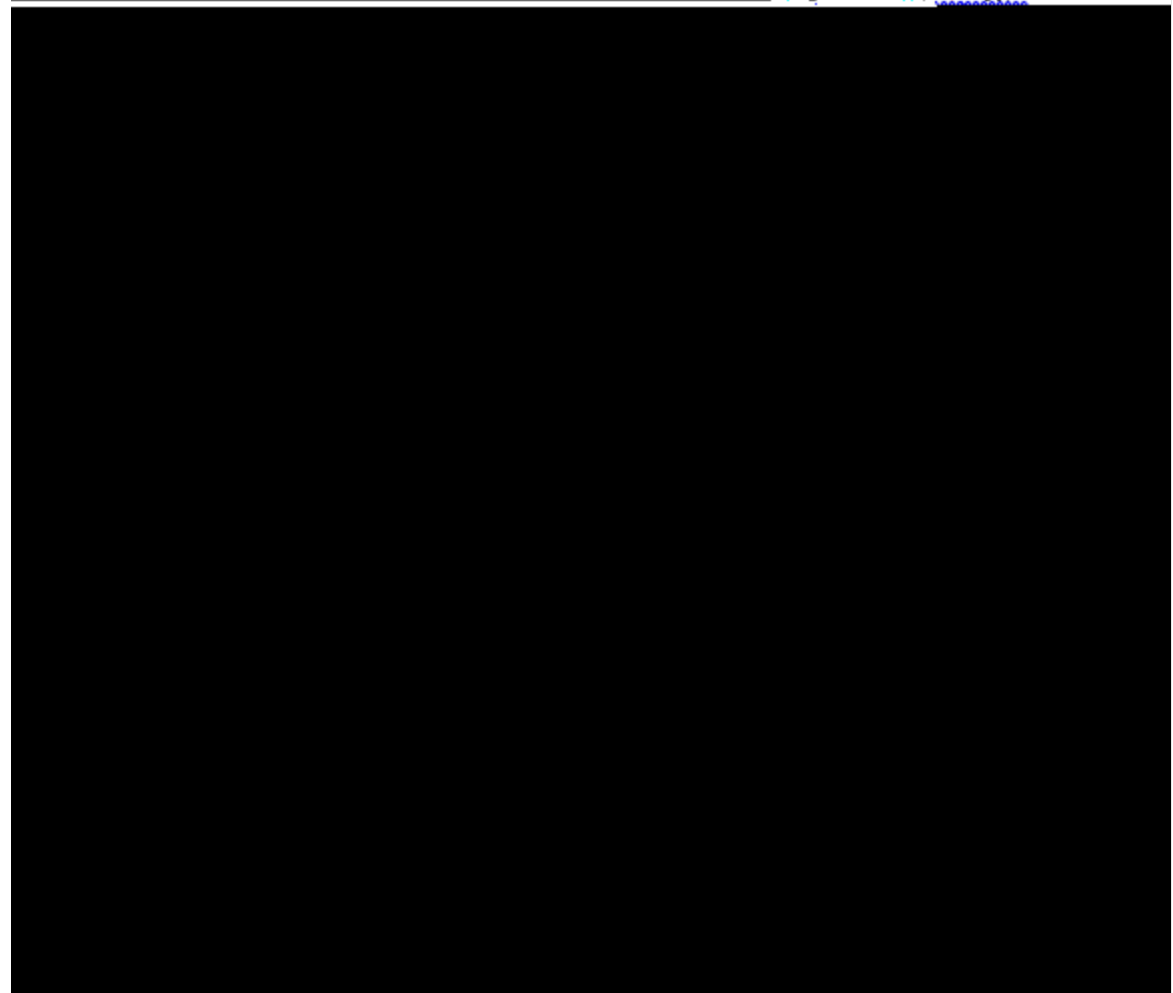
If to School:

University of Louisia
700 University Aven
Sugar Hall 151

[Redacted text]
302 Health Services Bldg.

Shreveport, La
71272-0151

[Redacted text] 10/11/2011 10:00 AM

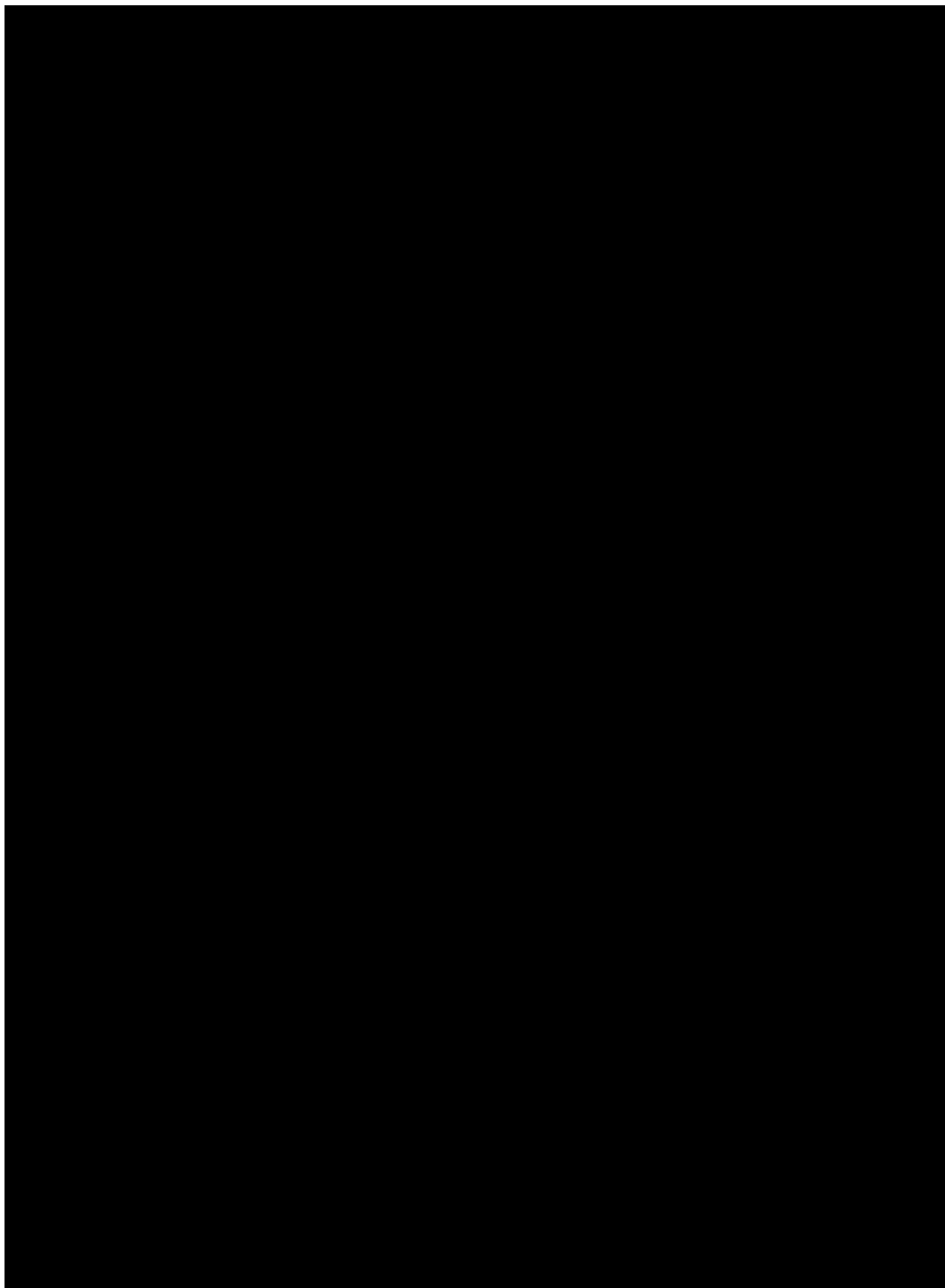


(g) Intentionally deleted.

(h) Notwithstanding to whom this Agreement is assigned, the assignee shall be bound by all the terms and conditions of this Agreement, including the terms and conditions of any assignment agreement, and shall be deemed to have accepted the terms and conditions of this Agreement by its execution of this Agreement. Sections 4, 7, 8, and 9 shall survive any termination or expiration of this Agreement.

[Signature Page Follows]

[Signature]



Statement of Student Responsibility Agreement

I, _____ (Student), hereby agree to the following terms and conditions of this Statement of Student Responsibility Agreement, which I have read and understand, and I have signed and dated this Statement of Student Responsibility Agreement in the presence of my parents/guardians and I have read and understand the same.

I understand that this Statement of Student Responsibility Agreement is a contract between me and the School, and I understand that I am responsible for my actions and decisions during the course of my externship.

I understand that I am responsible for the safe use of all equipment and facilities provided to me during the course of my externship.

I understand that I am responsible for the safe use of all equipment and facilities provided to me during the course of my externship.

I understand that I am responsible for the safe use of all equipment and facilities provided to me during the course of my externship.

I understand that I am responsible for the safe use of all equipment and facilities provided to me during the course of my externship.

(f) Student will begin training on such date as agreed upon by the parties in writing;

(g) Prior to participating in the externship program at Practicum Site, each Student must satisfactorily complete the Practicum Site HIPAA training, or an equivalent training through the School.

I understand that I am responsible for the safe use of all equipment and facilities provided to me during the course of my externship.

Print Name: _____

Appendix C: PT Student Assessment of Clinical Experience and Instruction

SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

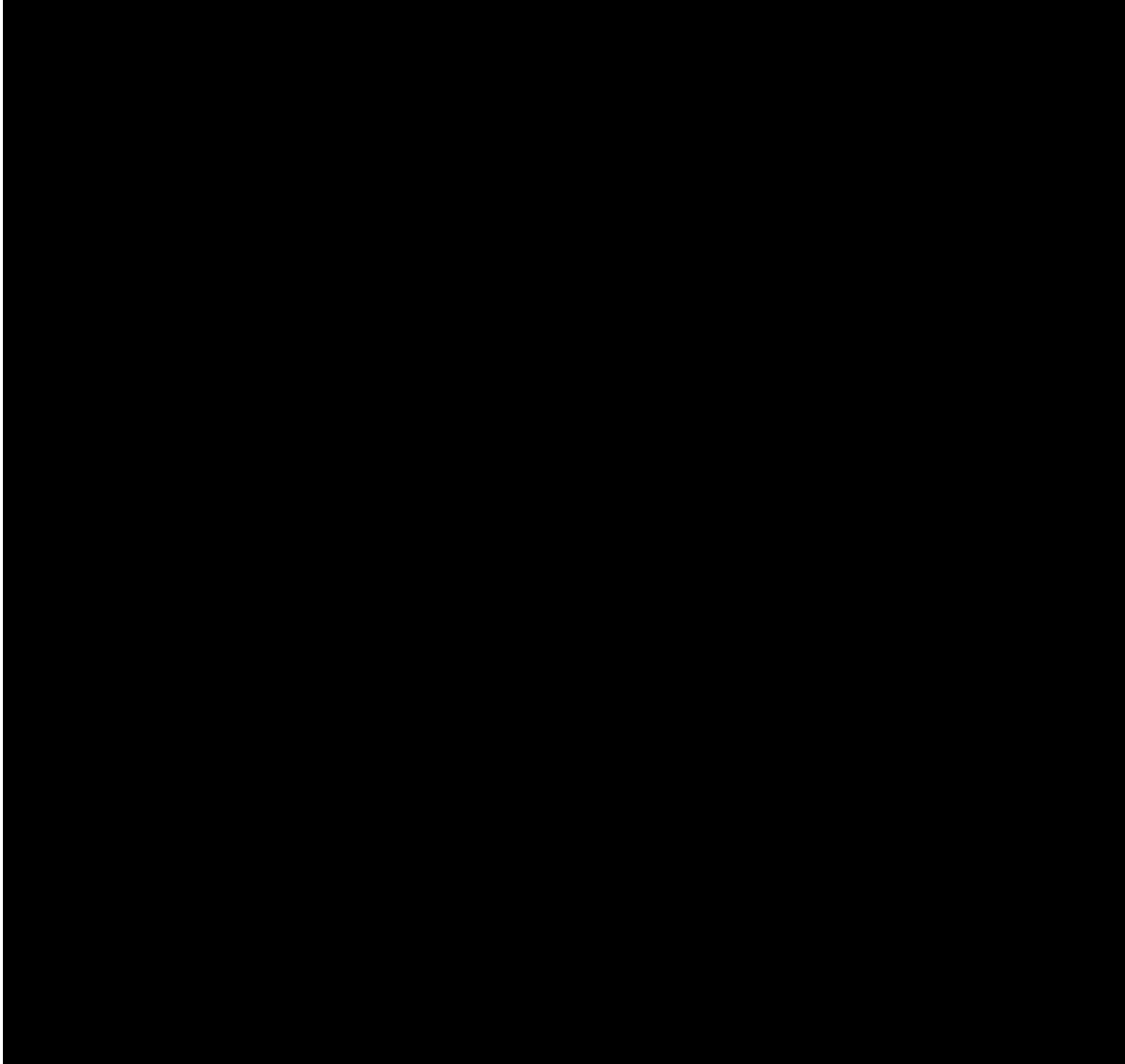
Information found in Section 1 may be available to program faculty and students to familiarize them with

1. Name of Clinical Education Site

Address City State

Number 2. Clinical Experience Number

Specify the number of
 Acute Care/Inpatient Hospital Facility Private Practice...



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

Environment	Rating
Providing a helpful and supportive attitude for your role as a PT student.	

Clinical Experience

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

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

- 1 student to 1 CI

13. How did the clinical supervision ratio in Question #12 influence your learning experience?

- Attended in services/educational programs

Attended in services/educational programs

1. I attended in services/educational programs that provided a high level of clinical supervision and support for my learning.

2. I attended in services/educational programs that provided a moderate level of clinical supervision and support for my learning.

3. I attended in services/educational programs that provided a low level of clinical supervision and support for my learning.

4. I did not attend in services/educational programs during my clinical experience.

5. I attended in services/educational programs, but the supervision and support were not sufficient for my learning.

6. I attended in services/educational programs, but the supervision and support were not consistent throughout my experience.

7. I attended in services/educational programs, but the supervision and support were not tailored to my individual needs.

8. I attended in services/educational programs, but the supervision and support were not timely.

9. I attended in services/educational programs, but the supervision and support were not clear.

10. I attended in services/educational programs, but the supervision and support were not helpful.

11. I attended in services/educational programs, but the supervision and support were not motivating.

12. I attended in services/educational programs, but the supervision and support were not challenging.

13. I attended in services/educational programs, but the supervision and support were not encouraging.

14. I attended in services/educational programs, but the supervision and support were not inspiring.

15. I attended in services/educational programs, but the supervision and support were not empowering.

16. I attended in services/educational programs, but the supervision and support were not enabling.

17. I attended in services/educational programs, but the supervision and support were not facilitating.

18. I attended in services/educational programs, but the supervision and support were not promoting.

19. I attended in services/educational programs, but the supervision and support were not supporting.

20. I attended in services/educational programs, but the supervision and support were not assisting.

21. I attended in services/educational programs, but the supervision and support were not helping.

22. I attended in services/educational programs, but the supervision and support were not aiding.

23. I attended in services/educational programs, but the supervision and support were not benefiting.

24. I attended in services/educational programs, but the supervision and support were not improving.

25. I attended in services/educational programs, but the supervision and support were not enhancing.

26. I attended in services/educational programs, but the supervision and support were not strengthening.

27. I attended in services/educational programs, but the supervision and support were not solidifying.

28. I attended in services/educational programs, but the supervision and support were not firming.

29. I attended in services/educational programs, but the supervision and support were not consolidating.

30. I attended in services/educational programs, but the supervision and support were not reinforcing.

31. I attended in services/educational programs, but the supervision and support were not reestablishing.

32. I attended in services/educational programs, but the supervision and support were not restoring.

33. I attended in services/educational programs, but the supervision and support were not reviving.

34. I attended in services/educational programs, but the supervision and support were not rejuvenating.

35. I attended in services/educational programs, but the supervision and support were not refreshing.

36. I attended in services/educational programs, but the supervision and support were not revitalizing.

37. I attended in services/educational programs, but the supervision and support were not reenergizing.

38. I attended in services/educational programs, but the supervision and support were not reinvigorating.

39. I attended in services/educational programs, but the supervision and support were not reanimating.

40. I attended in services/educational programs, but the supervision and support were not reawakening.

41. I attended in services/educational programs, but the supervision and support were not reawakening.

42. I attended in services/educational programs, but the supervision and support were not reawakening.

43. I attended in services/educational programs, but the supervision and support were not reawakening.

44. I attended in services/educational programs, but the supervision and support were not reawakening.

45. I attended in services/educational programs, but the supervision and support were not reawakening.

46. I attended in services/educational programs, but the supervision and support were not reawakening.

47. I attended in services/educational programs, but the supervision and support were not reawakening.

48. I attended in services/educational programs, but the supervision and support were not reawakening.

49. I attended in services/educational programs, but the supervision and support were not reawakening.

50. I attended in services/educational programs, but the supervision and support were not reawakening.

16. Overall, how would you rate this program based on the clinical experiences of new graduates?
Excellent
Very Good
Good
Fair
Poor

17. What specific qualities or skills do you believe a physical therapist student should have to function effectively in the workplace?
Excellent clinical learning experience; would not hesitate to recommend this program to other students.
Very Good
Good
Fair
Poor

18. What curriculum changes would you suggest to better prepare graduates for the workplace?
None
Minor
Moderate
Major
Extensive

19. What curriculum changes would you suggest to better prepare graduates for the workplace?
None
Minor
Moderate
Major
Extensive

20. What curriculum changes would you suggest to better prepare graduates for the workplace?
None
Minor
Moderate
Major
Extensive

21. What curriculum changes would you suggest to better prepare graduates for the workplace?
None
Minor
Moderate
Major
Extensive

22. What curriculum changes would you suggest to better prepare graduates for the workplace?
None
Minor
Moderate
Major
Extensive

23. What curriculum changes would you suggest to better prepare graduates for the workplace?
None
Minor
Moderate
Major
Extensive

24. What curriculum changes would you suggest to better prepare graduates for the workplace?
None
Minor
Moderate
Major
Extensive

25. What curriculum changes would you suggest to better prepare graduates for the workplace?
None
Minor
Moderate
Major
Extensive

26. What curriculum changes would you suggest to better prepare graduates for the workplace?
None
Minor
Moderate
Major
Extensive

27. What curriculum changes would you suggest to better prepare graduates for the workplace?
None
Minor
Moderate
Major
Extensive

28. What curriculum changes would you suggest to better prepare graduates for the workplace?
None
Minor
Moderate
Major
Extensive

29. What curriculum changes would you suggest to better prepare graduates for the workplace?
None
Minor
Moderate
Major
Extensive

30. What curriculum changes would you suggest to better prepare graduates for the workplace?
None
Minor
Moderate
Major
Extensive

31. What curriculum changes would you suggest to better prepare graduates for the workplace?
None
Minor
Moderate
Major
Extensive

32. What curriculum changes would you suggest to better prepare graduates for the workplace?
None
Minor
Moderate
Major
Extensive

33. What curriculum changes would you suggest to better prepare graduates for the workplace?
None
Minor
Moderate
Major
Extensive

34. What curriculum changes would you suggest to better prepare graduates for the workplace?
None
Minor
Moderate
Major
Extensive

35. What curriculum changes would you suggest to better prepare graduates for the workplace?
None
Minor
Moderate
Major
Extensive

36. What curriculum changes would you suggest to better prepare graduates for the workplace?
None
Minor
Moderate
Major
Extensive

37. What curriculum changes would you suggest to better prepare graduates for the workplace?
None
Minor
Moderate
Major
Extensive

SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

Information found in this section is to be shared between the student and the clinical instructor(s) at

Name: _____ Date: _____ Assessment of Clinical Instruction

Clinical Instructor: _____ Student: _____
 (Please print name of clinical instructor and student in the space provided. Do not write in the space provided.)

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

Rating	1	2	3	4	5
1. The clinical instructor(s) possess(es) familiarity with assessment techniques.					
2. The clinical instructor(s) possess(es) familiarity with the patient's condition.					
3. The clinical instructor(s) possess(es) familiarity with the patient's history.					
4. The clinical instructor(s) possess(es) familiarity with the patient's physical examination.					
5. The clinical instructor(s) possess(es) familiarity with the patient's laboratory and diagnostic test results.					
6. The clinical instructor(s) possess(es) familiarity with the patient's treatment plan.					
7. The clinical instructor(s) possess(es) familiarity with the patient's response to treatment.					
8. The clinical instructor(s) possess(es) familiarity with the patient's overall health status.					
9. The clinical instructor(s) possess(es) familiarity with the patient's social history.					
10. The clinical instructor(s) possess(es) familiarity with the patient's family history.					
11. The clinical instructor(s) possess(es) familiarity with the patient's psychological status.					
12. The clinical instructor(s) possess(es) familiarity with the patient's spiritual history.					
13. The clinical instructor(s) possess(es) familiarity with the patient's cultural background.					
14. The clinical instructor(s) possess(es) familiarity with the patient's religious beliefs.					
15. The clinical instructor(s) possess(es) familiarity with the patient's ethnic background.					
16. The clinical instructor(s) possess(es) familiarity with the patient's sexual history.					
17. The clinical instructor(s) possess(es) familiarity with the patient's reproductive history.					
18. The clinical instructor(s) possess(es) familiarity with the patient's substance use history.					
19. The clinical instructor(s) possess(es) familiarity with the patient's tobacco use history.					
20. The clinical instructor(s) possess(es) familiarity with the patient's alcohol use history.					
21. The clinical instructor(s) possess(es) familiarity with the patient's drug use history.					
22. The clinical instructor(s) possess(es) familiarity with the patient's overall health status.					
23. The clinical instructor(s) possess(es) familiarity with the patient's social history.					
24. The clinical instructor(s) possess(es) familiarity with the patient's family history.					
25. The clinical instructor(s) possess(es) familiarity with the patient's psychological status.					
26. The clinical instructor(s) possess(es) familiarity with the patient's spiritual history.					
27. The clinical instructor(s) possess(es) familiarity with the patient's cultural background.					
28. The clinical instructor(s) possess(es) familiarity with the patient's religious beliefs.					
29. The clinical instructor(s) possess(es) familiarity with the patient's ethnic background.					
30. The clinical instructor(s) possess(es) familiarity with the patient's sexual history.					
31. The clinical instructor(s) possess(es) familiarity with the patient's reproductive history.					
32. The clinical instructor(s) possess(es) familiarity with the patient's substance use history.					
33. The clinical instructor(s) possess(es) familiarity with the patient's tobacco use history.					
34. The clinical instructor(s) possess(es) familiarity with the patient's alcohol use history.					
35. The clinical instructor(s) possess(es) familiarity with the patient's drug use history.					

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

Comments: _____

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

The screenshot shows a web interface for a 'Midterm Evaluation'. At the top right, the text 'Midterm Evaluation' is visible. Below it, there are two main sections for text input: 'Midterm Statements' and 'Final Comments'. Each section has a corresponding text area. The interface is partially obscured by a dark, semi-transparent overlay, likely from a video recording. At the bottom of the page, there is a navigation bar with several menu items, including 'Home', 'About', 'Contact Us', 'Privacy Policy', 'Terms of Service', and 'Help'. The overall layout is clean and professional, typical of an educational institution's LMS.

Appendix D: Clinical Faculty DCE Assessment
Clinical Faculty DCE Performance Survey

Instructions: Please read each statement carefully and circle the



Instructions: Please read each statement

The Director of clinical education has confirmed student placement with the Clinical Instructor (CI) or Sit2udent



This Form must be submitted via Exxat or alternative platform by each Sunday evening at 11:59pm. There is no form due during the midterm week and final week.

Summary:

Summarize Strengths and Weaknesses:
Summarize Patient Population and IPE Experiences:
Describe any Challenging Situations:
Write 4 Measurable Goals for the Next Week:
1.
2.
3.
4.

CI Feedback from the previous week:

Appendix G: End of Week 1 Questionnaire

Student Name	
Facility Name	
Facility Physical Address- for visitation purpose	



	Type of Setting	Number of Students

PT 6650 Professional Education II

	Type of Setting	Number of Students

PT 6750 Professional Education III

	Type of Setting	Number of Students

PT 6850 Professional Education IV

	Type of Setting	Number of Students

** If you are unable to take any student(s) for a particular experience(s), please enter "0" **

Appendix I: APTA Guidelines and Self-Assessments for Clin. Ed.



Appendix J: Clinical Instructor Attestation Form



[Redacted content]

Appendix K: Clinical Education Handbook Attestation Form

ULM DPT Program Clinical Education Handbook Attestation Form

I _____ attest that I have received and reviewed the ULM DPT program clinical education handbook. I also confirm that I understand and agree to the expectations and responsibilities of my role as it relates to the program and University clinical education policies and procedures in which I will uphold to the best of my abilities. My signature below represents my full acknowledgement and compliance.

Signature

Date

#TAKEFLIGHT
ATTEND TO THE DETAILS

