



THE UNIVERSITY OF MISSISSIPPI  
**MEDICAL CENTER**  
EDUCATION • RESEARCH • HEALTHCARE

# Clinical Education Manual

## 2022-2023

School of Health Related Professions  
Department of Physical Therapy  
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CLINICAL EDUCATION  
MANUAL FOR CLINICAL INSTRUCTORS

This manual is designed for use by health care practitioners and facilities participating in the clinical education program of the Department of Physical Therapy, School of Health Related Professions, University of Mississippi Medical Center. Its purpose is to acquaint the Site Coordinator for Clinical Education (SCCE), physical therapists and other individuals with the philosophy and the procedures related to the program. It will also serve as a guide to the current physical therapist educational program at the University of Mississippi Medical Center. It is to be maintained within the health care facility and will be updated periodically by the University of Mississippi Medical Center's Director of Clinical Education (DCE). The Clinical Education Manual and all forms for Clinical Education will be accessible through Canvas by the student, and will be sent to the SCCE's by the DCE

If additional information in any area is needed, please feel free to contact us at 601-984-6330.

Kimberly Willis, PT, DPT, EdD  
Associate Professor  
Director of Clinical Education

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## **DEPARTMENT OF PHYSICAL THERAPY**

### **Mission Statement**

The mission of the Department of Physical Therapy is to prepare an autonomous physical therapist who will be effective in an interprofessional healthcare environment to improve lives by demonstrating knowledge, skills, values, and behaviors consistent with a doctoring profession and incorporating evidence-based healthcare delivery in culturally and socio-economically diverse communities.

### **Vision**

Cultivating Human Movement System Experts for a Healthier Mississippi

### **Philosophy**

The philosophy of the Department of Physical Therapy, School of Health Related Professions, University of Mississippi Medical Center (UMMC), is founded in the beliefs of the departmental faculty. It reflects the policies, philosophies, and objectives of the University of Mississippi community.

Faculty members believe, in an age of technological advancement, an increased emphasis on the rights, privileges, and responsibilities of every human being, as well as sensitivity and responsiveness to human needs, should provide the foundation for our efforts. Every person should receive the safest, highest quality, most cost efficient service from their health care providers.

Physical therapists are essential providers of health care. The department endeavors to develop physical therapists who have unique knowledge and competence in examining, evaluating, diagnosing, and treating patients/clients with existing or potential musculoskeletal, neuromuscular, cardiopulmonary, and integumentary disorders. Physical therapists have the additional responsibility to promote wellness within the community. Physical therapists provide a valuable, legitimate point of entry into the health care system by ensuring quality care in a cost efficient manner.

The Department seeks to facilitate development of future physical therapist professionals who are able to provide autonomous health care services, pursue critical inquiry, respect the rights and dignity of all individuals, adapt to changing professional roles, and demonstrate social responsibility. They are expected to exhibit professional behavior and function as a key member of the health care team.

Enhanced by the use of technology, didactic, laboratory, and clinical experiences, the faculty achieves this mission by developing and teaching a curriculum that is based upon the current and future states of the profession; by expanding the body of knowledge in the field through research and other scholarly activities; and by participating in service activities for the University, the profession of physical therapy and the community. Faculty members accept and promote the ethical standards established by the University and the profession.

## **UMMC SHRP Department of Physical Therapy**

Chair: Melanie Lauderdale, PT, DPT, EdD, NCS, Professor

### **FACULTY:**

Professors: Felix Adah, PT, PhD  
Kim Curbow Wilcox, PT, PhD, NCS  
Joy Kuebler, PT, MS, DPT  
Janet Slaughter, PT, DPT, PCS

Associate Professors: Ryan Babl, PT, DPT, MS, OCS, CSCS  
Ryan McGlawn, PT, DPT, OCS  
Kimberly R. Willis, PT, DPT, EdD  
Sherry Colson, PT, DPT, EdD

Assistant Professors: Michael Brown, PT, DPT, SCS  
Shuying Lin, PT, DPT, PhD  
Cody Pannell, PT, DPT

### **ACCREDITATION STATUS**

The Doctor of Physical Therapy program at UMMC's School of Health Related Professions is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, VA 22305-3085; Telephone: (703) 706-3245; email: [accreditation@apta.org](mailto:accreditation@apta.org). If needing to contact the program/institution directly, please call (601) 984-6330 or email [lbarnes@umc.edu](mailto:lbarnes@umc.edu).

**Physical Therapy DPT Curriculum and Course descriptions may be found at:**

<https://www.umc.edu/shrp/Programs/Doctoral%20Residency%20Programs/Doctor%20of%20Physical%20Therapy/Academics/Curriculum.html>

### **Student Goals**

#### **Education:**

1. Students will demonstrate entry-level knowledge and skill in the areas of examination, evaluation, diagnosis, prognosis, and intervention in patient-client management.

Student Outcomes for Didactic education:

- a. First year students will demonstrate a first-time pass rate of 75% on skill checks/practical exams
- b. Second year students will demonstrate a first-time pass rate of 80% on skill checks/practical exams
- c. Third year students will demonstrate a first-time pass rate of 80% on skill checks/practical exams
- d. Students will participate in IPE activities within the didactic component of the curriculum.
- e. Students will participate in learning activities across diverse cultural experiences.

2. Students will enter the profession of physical therapy with entry-level knowledge and skills in across all aspects of the profession and practice of physical therapy.

Student Outcomes for Clinical education:

- a. 90% of students will demonstrate competency within clinical experiences as evidenced by final grades of at least 85% in the final semester of the program

**Service:**

1. Students will actively participate in service to the community and the professions.

Students Outcomes:

- a. 90% of students will participate in community service activities at least 4 – 12 hours per semester of didactic work, depending upon course requirements. (Measured via Volunteer Verification form and self-reflection).
- b. 90% of students will become healthcare advocates through the UMMC CHA program with participation in at least one community health fair
- c. Students will participate in professional activities at the local, state, regional, or national level.

**Scholarship:**

1. Synthesize research findings to answer a clinically relevant question within the field of physical therapy.

Student Outcome:

- a. Each student will complete a student–led research project for dissemination at SHRP Research Day at the culmination of the second academic year

**CLINICAL EDUCATION PROGRAM**

The clinical education program at UMMC provides clinical education experiences designed to meet the mission, vision, and goals of the Physical Therapy program as well as to provide experiences for students to practice and integrate knowledge, skills, and professional behaviors that were developed during the academic component of the program. It is only through working with patients and clients that students develop an understanding of the multiple issues involved in the hands-on delivery of health care services. The clinical setting may be a hospital, agency, clinic, office, school, home, day care center or some other institution affiliated with the University program. All clinical education sites are required to have a current contract on file with the University of Mississippi Medical Center.

There are four different clinical experiences during the three year program. The initial clinical education experience is in the second fall of the program. The intermediate clinical education experience is in the third summer of the program. The two terminal clinical education experiences are in the third spring of the program. By the end of the terminal clinical education experiences, students are expected to demonstrate entry level competence on the clinical

performance instrument (CPI), the standardized measure of clinical competency used to assess student performance. In the event that a student does not reach entry-level on the CPI by the end of the terminal clinical education experiences, additional clinical and/or didactic activities may be required in order to meet this designation. Each will be considered on a case-by-case basis to meet specific areas of deficiency and may delay graduation. The student is considered to be at entry level performance and recommended for graduation through a variety of measures, including but not limited to: recommendations of faculty, completed competencies through practical examinations, and completion of all didactic components of the curriculum.

The clinical education experiences provide the student with exposure to various clinical settings with persons across the lifespan and socioeconomic backgrounds as well as across the continuum of health. Students complete a total of 32 weeks of full time clinical experiences under the mentorship of an experienced licensed physical therapist.

Each student must participate in the following clinical education environments: in-patient acute, outpatient orthopedic, neurological rehabilitation, and an optional clinical experience. The experiences are not required in any particular order; however, sequencing of the clinical education is related to the didactic curriculum in order to ensure that the students have been prepared didactically prior to entering the clinic. PT650 Clinical Experience I may be in an acute care setting or an outpatient orthopedic setting. PT651 Clinical Experience II may be in an acute care setting or outpatient orthopedic. PT652 and PT653 Clinical Experiences III and IV may be in acute care, outpatient orthopedics, neurological rehab or any other optional clinical environment depending on previous clinical placements. Due to the variety of clinical environments, a clinical site might not fit purely into one of these categories. In this case the DCE and SCCE will determine if the site has 50% or more of the intended patient population in order to meet the intent of the clinical experience.

All students must be in good academic standing within the physical therapy program to participate in clinical education.

Students are expected to allocate funds beyond tuition and fees to cover the clinical education experience. Additional costs may include, but are not limited to, parking, travel, and housing expenses.

### **Clinical Education Outcomes**

The program prepares students to enter the profession of physical therapy with clinical skills and practice skills in education, critical inquiry, management, and advocacy. Courses in the curriculum focus on developing the professional attributes of physical therapy practice.

The physical therapy clinical education program at UMMC expects students to:

1. Contribute to communities through the practice of physical therapy, encompassing professionalism, valuing diversity, and adhering to evidenced-based practice while following all legal and ethical guidelines. (Clinical Performance Instrument [CPI] Items 2, 5, 16, 17)
2. Accept the worth and uniqueness of each individual in a culturally diverse society, incorporating cultural belief systems, to ensure optimal client outcomes. (CPI Items 5, 7, 14)
3. Use effective professional verbal and nonverbal communications skills across clinical and nonclinical situations to promote optimal learning for applicable stakeholders.

- (CPI Items 2, 4, 5, 14, 15)
4. Use a systematic problem solving process to provide the framework for clinical decision-making in client and practice management. (CPI Items 9, 10, 12, 18)
  5. Develop and implement programs of evaluation, planning, and intervention across all applicable clinical settings with considerations of resources while emphasizing quality, safety, and efficiency. (CPI Items 1, 2, 3, 5, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18)
  6. Support and promote the ethical and legal practice of the profession while participating in lifelong learning and professional development. (CPI Items 2, 3, 6, 17)
  7. Demonstrate professional behaviors across all interactions with interprofessional team members and all applicable stakeholders representing the value of the profession. (CPI Items 2, 8, 12, 14, 18)

### **Clinical Education Selection and Planning**

Students have the opportunity to select clinical education sites based on a lottery system. Students select the first clinical education site through a lottery number randomly assigned. Other lottery numbers are assigned based on the first, ensuring that a student is in each quartile over the course of the affiliations. Students are given a list of clinical sites that have offered to accept students for the specific clinical education experience based on information received on the Clinical Education Request Form that is completed by the clinical sites. Students work closely with the DCE in order to choose clinical sites based on their particular needs, working within the available sites and the lottery system.

The DCE sends a Clinical Education Request Form to all participating clinical sites on or before March 1 each year with a return expected on or before April 25. The form will have information on dates of the clinical education experiences and types of patients/experiences requested for the following year. The SCCE will choose when the facility can provide a clinical experience for the student. A master list of available sites is posted for students to review. The DCE will confirm with the SCCE when the facility is selected by a student for a clinical experience.

A clinical experience will not be cancelled or changed once it is confirmed unless extenuating circumstances arise. These circumstances may include student illness or injury, family issues impacting the students' ability to participate, a staffing problem at the clinical site, or academic, professional, or behavioral issues causing the student's inability to progress within the program. Decision related to cancellations or changes will be made solely at the discretion of the DCE.

Additionally, specialized clinics may expect that students are performing at a higher level, academically, prior to starting a clinical experience. These sites may impose additional guidelines, applications, require letters of recommendation, etc. prior to allowing student participation. Students must meet all clinic requirements before reporting to the clinic for the experience. If there is a concern about student readiness, the DCE will be in contact with the student and the facility by midterm of the semester before the initiation of the experience for consultation to determine if the facility will still accept the student. Failure to meet the clinic expectations could result in reassignment at the discretion of the DCE.

If the SCCE senses a problem with staffing, change in management, or other clinical issues that require a change or cancellation of a clinical experience, it is the responsibility of the SCCE to inform the DCE as soon as possible. If a clinical education experience must be cancelled, the DCE will meet with the student to plan alternative experiences.

## **Clinical Education Environments**

### **I. Acute Care**

The inpatient acute experiences may occur in a hospital setting, specialty hospitals, or subacute/ skilled nursing settings (may be considered if there is a lack of available true acute care clinical sites). This setting provides exposure to clients with a variety of medical conditions and may include adults and/or pediatrics as well as critical care areas. Physical therapists work very closely with the entire healthcare team to increase functional independence and decrease the impact of the medical problem. Students need to be flexible in this setting due to unscheduled interruptions and fluctuating caseloads.

#### Strategies to prepare for this experience include:

Review systems and differential diagnosis

Review examination cases and information from acute care and clinical test and measures classes

Review management of lines, tubes, braces, orthotics, etc

Practice bed mobility, transfer techniques, gait training and balance training

Review set up and instructions for various assistive devices

Review post-surgical precautions for a variety of surgical procedures

Understand the discharge process including options for continued therapy and acquisition of Durable Medical Equipment (DME)

#### Objectives for Acute Care Facilities:

The objectives for the acute care experiences and criteria for successful completion depend upon the level of the student at the time of the experience. Criteria are found on the syllabus for each clinical course

### **II. Outpatient Orthopedic**

The outpatient orthopedic clinic may be a free standing ambulatory care facility or within a hospital system. Caseloads typically are adult general orthopedic cases; however some clinics may be involved in sports coverage, neurological cases, spine, work hardening, hand clinic, women's health, etc. These clinics offer a variety of patient diagnoses, but typically have the largest population of patients that fall into the musculoskeletal practice pattern.

#### Strategies to prepare for this experience include:

Practice examination skills, including special tests, joint mobilizations and capsular patterns

Review assessment and interventions the most common diagnoses for the clinical site

#### Objectives for Outpatient Orthopedic Facilities:

The objectives for the outpatient orthopedic experience and criteria for successful completion depend upon the level of the student at the time of the experience. Criteria are found on the syllabus for each clinical course.

### **III. Neurologic Rehabilitation**

These patient settings may be free standing hospitals, units within a hospital, outpatient facilities or subacute facilities. Rehabilitation in these settings requires intense physical therapy, occupational therapy, and speech therapy for functional outcomes after a traumatic brain injury, CVA, spinal cord injury, neurological disease or complicated medical/surgical conditions. Patients may be adult or pediatric and include medical diagnoses across all practice patterns.

Strategies to prepare for this experience include:

Review neurologic coursework, especially movement analysis and interventions.  
Be flexible and creative with interventions.

Objectives for Neurologic Facilities:

The objectives for the neurologic experiences and criteria for successful completion depend upon the level of the student at the time of this experience. Criteria are found on the syllabus for each clinical course. Neurologic clinical education experiences are completed during the terminal clinical education experiences.

#### **IV. Optional**

While the other three types of settings are required, one of the four affiliations may be a repeated area, or a specialty sports, home health, school system, manual therapy, cardiac/pulmonary rehab, pelvic health or other specialty in which the student is interested.

Strategies to prepare for this experience include:

Review coursework applicable to this facility.

Objectives for Optional Facilities:

The objectives for the optional sites and criteria for successful completion depend upon the level of the student at the time of this experience. Criteria are found on the syllabus for each clinical course. This clinical environment may only be completed during the terminal clinical education experiences.

#### **Clinical Site Information:**

A file for each clinical site is found in electronic format in the PT Clinical Education courses in Canvas. These files contain a signed contract, the Clinical Site Information Form (CSIF), and any other information pertinent to the site. Also, in these files are the Student Evaluations of the Clinical Education Experience for students to review. A database of clinical sites is maintained by the DCE with addresses/phone numbers, etc. Students will be provided with an electronic document containing any necessary information about clinical education sites.

#### **Establishing a New Clinical Site:**

Due to the number of students in the physical therapy program and the fluctuation in availability of clinical facilities, new clinical site contracts may be necessary to accommodate the desired geographical location and/or the desired specialty. **UNDER NO CIRCUMSTANCES SHOULD A STUDENT OR FAMILY MEMBER** contact a potential new clinical site. Students interested in setting up new clinical site agreement must first complete a Request for a New Clinical Site form located in Canvas. The DCE will contact the facility to determine the availability of the facility to have students, the appropriateness of the facility to the student's level and academic standing, and the types of clinical experience, patient populations, etc.

#### **Student Evaluations:**

The clinical performance of a physical therapy student is monitored utilizing the Online Clinical Performance Instrument (CPI) from the APTA. Students should complete a self-assessment with the Online CPI at midterm and in the last week of the experience. The clinical instructor should review the completed instrument with the student both at midterm and at the end of the course, and both student and clinical instructor should sign electronically.

Final Grade for Clinical Experiences: In order to receive a passing grade for each clinical experience, the student must complete all paperwork from the course syllabus as well as obtain an average score on the CPI grading scale as stated on each clinical education course syllabus. A student who receives a grade of "F" on any final CPI will be required to repeat and successfully complete the clinical education experience at an alternate clinic as assigned by the DCE before progressing to the next clinical education course or progressing to graduation. Failure to pass the CPI a second time may lead to dismissal from the program. Additionally, it is the responsibility of the student to collect all assessments and submit to the DCE within 5 business days of the end of the clinical affiliation. Please refer to the course syllabus for specific guidelines.

## ATTENDANCE POLICY (CE1)

|   |                                  |
|---|----------------------------------|
| <b>DPT Policies and Procedures</b>  |                                  |
| <b>Policy Name: Clinical Education Attendance Policy</b>  |                                  |
| <b>Revised Date: 2/27/ 2019</b>   | <b>Effective Date: 5/28/2019</b> |
| <b>Prepared By: Lisa Barnes/Kimberly Willis</b>   | <b>Approved By: LB</b>           |
| <b>Reviewed Date: 3/29/2021</b>   |                                  |
| <b>Department of Physical Therapy</b>   |                                  |
| <b>Document Type: Policy</b>  |                                  |
| <b>Title: Clinical Education Attendance Policy</b>  |                                  |
| <b>Purpose:</b> To define attendance expectations for student physical therapists during the clinical educational experiences throughout the academic curriculum  |                                  |
| <b>Scope:</b> Physical Therapy  |                                  |
| <b>Policy Statement:</b> A student enrolled in the Doctor of Physical Therapy (DPT) program in the School of Health Related Professions at the University of Mississippi Medical Center is required to successfully complete four clinical education courses within the curriculum. These courses encompass 32 total weeks within four eight-week courses. Each course is a 6 credit hour course. Two courses are integrated into the curriculum within the second fall semester and the third summer semester. The two terminal experiences are in the final semester of the program. Students are required to meet the attendance requirements of the courses in order to receive a final grade and earn the academic credit hours. |                                  |

### Criteria:

1. Students are expected to participate in clinic activities for 40 hours per week for eight weeks. Students may be required to make up any missed days by working on the weekends, extending the course dates, or preparing a professional presentation / assignment as determined by the clinic and the DCE.
2. All students must complete one of clinical education experience outside of the Metro Jackson area (including the tricounty areas of Hinds, Madison, and Rankin Counties) and another one outside the State of Mississippi. There are no exceptions to this rule, and students should be preparing early for the potential of added expenses during these times.
3. Students are expected to attend clinic as scheduled. If a student becomes ill and is unable to attend a regularly scheduled clinical session, the CI, SCCE, and DCE should be notified as soon as possible. Students are responsible working with the clinic and the DCE to make up any missed time.
4. If a holiday occurs during the clinical education experience, students are expected to follow the policy of the clinic in which they are working.
5. If inclement weather, natural disaster, public health crisis, etc., occurs during a clinical education experience, students should attend clinical experiences as directed by the CI per the clinic policies. Students should use good judgment when travel conditions to the facility are unsafe or impossible and should contact the CI and the DCE if this occurs. If time must be missed due to any of these unforeseen circumstances, the student is to work with the clinic and the DCE to arrange to make up necessary time.
6. Under no circumstances will a student be placed at a clinical site that is funding a portion or all of the student's PT education and/or has hired the student to begin employment upon graduation from the physical therapy program. This is a conflict of interest. Students are required to disclose to the program any arrangements with facilities. Additionally, a student will not be allowed to participate in a clinical education experience at a facility where the student has worked, volunteered, received treatment provided by the CI in the past, has observed for more than 25 hours, where supervision would be provided by a physical therapist who is a family member, or at a clinic within an institution where a family member may influence placement and/or grading. Furthermore, a student will not be allowed to participate in a clinical experience in which he or she is to be supervised by a therapist who meets the above criteria but has moved to a different facility.

## PROFESSIONAL RESPONSIBILITIES POLICY (CE2)

|   |                                  |
|---|----------------------------------|
| <b>DPT Policies and Procedures</b>  |                                  |
| <b>Policy Name: Clinical Education Professional Behavior Policy</b>   |                                  |
| <b>Revised Date: 2/27/ 2019</b>   | <b>Effective Date: 5/28/2019</b> |
| <b>Prepared By: Lisa Barnes/Kimberly Willis</b>   | <b>Approved By: LB</b>           |
| <b>Reviewed Date: 3/29/2021</b>   |                                  |
| <b>Department of Physical Therapy</b>   |                                  |
| <b>Document Type:</b> Policy  |                                  |
| <b>Title:</b> Clinical Education Professional Behavior Policy   |                                  |
| <b>Purpose:</b> To define expectations for professionalism for student physical therapists during the clinical educational experiences throughout the academic curriculum   |                                  |
| <b>Scope:</b> Physical Therapy  |                                  |
| <b>Policy Statement:</b> A student enrolled in the Doctor of Physical Therapy (DPT) program in the School of Health Related Professions at the University of Mississippi Medical Center is expected to maintain the utmost level of professionalism throughout their tenure in the program. This includes the time spent representing UMMC and the DPT program in various clinical environments while participating in the four clinical education courses within the curriculum. |                                  |

### Criteria:

1. **Professional Attire:** Students have identification badges which should be worn in accordance to UMMC policy. Student should always be in the appropriate professional attire while in the clinical environment. Students should follow the SHRP professional appearance policy, or may follow the clinic's dress guidelines with permission from the CI. Closed toed shoes are to be worn in the clinic at all times. Heavy cologne or perfumes should be avoided, and jewelry should be kept to a minimum with no long chains or earrings. Fingernails should be short and clean for hygiene purposes as well as patient safety.
2. **Cell Phones:** Students are not to use cell phones in the clinical areas. Students may use phones for personal calls during breaks and lunch. Under no circumstances should students take or transmit patient pictures due to patient privacy regulations. This is a serious violation of HIPAA. Students who do not adhere to this policy may be removed from the clinical site immediately upon the request of the site.
3. **Social Media:** Students should not post any personal information, photograph, or comment related to any patient encountered during clinical education to any social media platform as this is a violation of HIPAA regulations. Students should not post any comments regarding the CI, or any other clinic employee encountered during the educational experience. Students who do not adhere to this policy may be removed from the clinical site immediately upon the request of the site.
4. **Professional Responsibilities:** It is always important for students to review professional responsibilities before each clinical affiliation as follows:
  - a. Physical therapy services are provided under the referral from an appropriate healthcare provider unless the services are considered part of Mississippi's limited direct access, or if the student is

practicing in a state that has full direct access for physical therapy services. Student should seek clarification from the CI and clinical site regarding the legality of direct access.

- b. The student participates in direct patient care only under the supervision of the clinical instructor who must be a licensed physical therapist in the state where services are provided. Additionally, the CI is required to have at least 1 year of clinical experience as a physical therapist.
- c. Student should respect patient privacy and dignity at all times. There should be no discussion of a patient outside of a clinical setting unless it is in a class discussion on specific diseases or in cases presentations/reports, in which instance, the patient's name or any other identifying information is **not** mentioned.
- d. Students must complete all health requirements specific to individual clinical sites, and have proof of these when reporting to the site on the first day of the educational experience.
- e. Students must abide by the clinic regulations regarding criminal background checks prior to working with patients in the clinic. Student should take a copy of the background check/clearance letter when reporting to the clinical site on the first day of the educational experience.
- f. Students in clinical facilities are representing the University of Mississippi Medical Center as well as the School of Health Related Professions. Students are expected to uphold the utmost levels of professionalism during all behaviors, actions, and dialogue, which should never embarrass, malign, or otherwise negatively affect the institution.
- g. Students are expected to adhere to:

The APTA Guide for Professional Conduct  
The APTA Code of Ethics for the Physical Therapist  
The APTA Professional in Physical Therapy: Core Values  
<http://www.apta.org/Ethics/Core/>

Other information regarding professionalism may be found on the APTA website

<http://www.apta.org/Professionalism/>

## REQUIREMENTS OF CLINICAL EDUCATION SITES

### **Clinical Education Agreements:**

All facilities must have a fully executed clinical education agreement in effect between the two facilities for students to participate in educational experiences. These agreements specify the duties and responsibilities of all parties involved. The facility is responsible for care to patients in their facility. The clinic has the right to terminate a student's experience in the event of unprofessional and unethical behaviors of the student. UMMC has a standard contract. If the facility has a contract that is required, the contract/agreement must first be approved by the legal department of UMMC. If something other than the standard contract is required, a copy will be placed in the student files for review.

### **Access to Emergency Care:**

Students should communicate with the individual clinical sites regarding access to emergency care during clinical education experiences. Emergency care does not have to be on the premises and students are responsible for any incurred costs.

### **Student Illness/Injury/Emergency during Clinical Education Experiences**

Since students are not employees of the facility, if the student is injured during a clinical education experience, the facility will provide medical care to the student, but shall not bear the cost. If the student becomes ill, and the illness is not an emergency, the student may seek medical care at the facility of his or her choice.

### **Clinical Site Information Form:**

Clinical sites should provide a clinical site information form (CSIF) as these forms provide information regarding client/patient population, site policies, contact information for the SCCEs and CIs, and estimated expenses of parking, meals, housing, and transportation.

### **Clinical Supervision of Physical Therapy Students**

The student participates in direct patient care only under the supervision of the clinical instructor who must be a licensed physical therapist in the state where services are provided.

## REQUIREMENTS OF EDUCATIONAL PROGRAM

Pertinent information will be provided to the clinical site prior to the scheduled experience. The following information will be included to assist the SCCE and CI in planning the clinical affiliation.

### **Clinical Education Packet:**

The clinical facility and students will electronically receive the following information.

- Student Data Sheet\*
- Course Syllabus with student performance expectations, objectives, and description of clinical education assignments
- Instructions for the Student for the Online Clinical Performance Instrument
- Instruction for the CI for the Online Clinical Performance Instrument
- Student Evaluation of the Clinical Site
- Liability face sheet from Healthcare Providers Service Organization\*\*/\*\*

\*Student Data Sheet is sent by the student to the SCCE 8 weeks prior to the experience. This includes contact information for the student as well as the emergency contact information, previous clinical experiences, goals for the clinical affiliation, self-assessed strengths and weaknesses, and other information that the student would like to provide.

\*\*All students currently registered for clinical education courses are covered by professional liability protection by American Casualty Co. through Healthcare Providers Service Organization. This program provides limits of \$1,000,000 per claim and \$5,000,000 in aggregate. Insurance coverage verification sheets are sent to each clinical affiliation. Students have access to this information via Canvas.

\*\*\* Liability face sheet from HPSO. All students currently registered for clinical education courses in the physical therapy program are covered by professional liability protection.

### **Health Insurance:**

Students are required to have and provide proof of health insurance coverage during enrollment at the University of Mississippi Medical Center.

### **Health Records and Physical Examination:**

All students are required to have a physical examination prior to enrolling in the physical therapy program. Additionally, students must provide documentation of immunizations. Student Health will provide immunization records upon request. Student Health will also provide annual TB skin testing and Flu vaccines. All other requirements by the clinical facility will be at the expense of the student. Current requirements for clinical affiliations include PPD test annually, Flu shot annually, Hepatitis B vaccination, Varicella/Rubella screening or history of having Varicella/ Rubella.

### **Drug/Alcohol Screening:**

Many clinical education facilities required that students complete a drug screen just prior to the experience. Students are responsible for the costs incurred for these tests which may be completed through PreCheck. Students may choose to go to another facility for the screenings, but must ensure that information required by the clinical site is included in the report.

### **Background Checks:**

The UMMC conducts national background checks of all individuals admitted to the Physical Therapy educational program. Background checks may be required before each clinical experience through PreCheck since some clinical sites now require a more recent and more extensive check prior to the clinical experience. Students will be responsible for the cost.

**BLS CPR Certification:**

Students are responsible for certification in Basic Cardiac Life Support for Healthcare Providers by either the American Heart Association or the American Red Cross. During the second summer semester, students are required to earn their certification in PT633 – Acute Care in Physical Therapy II.

**Health Insurance Portability and Accountability Act (HIPAA)/Patient Confidentiality:** Students complete annual compliance training which includes HIPAA guidelines through UMMC and should maintain a certificate of completion to provide as required by clinics.

**Universal Precautions:**

Students complete training on Universal Precautions, Isolation Procedures, Donning/Doffing PPE during the first fall semester in PT630 - Principles of Physical Therapy Practice. Students are given and should maintain a Certificate of Completion.

**Site Requirements:**

Any information not contained in the contract that is a clinical requirement should be addressed in the CSIF or other communication with the DCE.

**Confidentiality:** Students are reminded that all information related to a given clinical site is the property of that site. Students must obtain permission from the SCCE for use.

**Occupational Safety and Health Administration (OSHA) Requirements:**

These requirements include protective measures for all health care personnel to prevent the spread of communicable disease. OSHA training ensures that students demonstrate proper hand-washing technique, apply personal protective devices, understand isolation precautions and appropriate protection of each classification, as well as understand the location of Policy and Procedure Manuals in each clinic with which they are affiliated.

**American Disabilities Act Requirements:** Faculty and staff are prohibited from discussing any disability with the clinical site without proper authorization from the student.

**Clinical site Visits**

The DCE will make clinical site visits during the clinical education experiences as possible. These visits will allow the DCE to meet with CIs, check on student clinical performance, and view interactions related to patient care as necessary. Site visits will not be made to every site during every clinical education course, but will be made as scheduling allows and if a CI or SCCE specifically requests a site visit. The DCE will schedule the site visits with the SCCE or CI as appropriate and in consideration of clinician work responsibilities so that clinical activities will not be disrupted.

### **Strategies for Facilitating Student Learning**

Have the student:

- Prepare ahead of time questions for other disciplines about how they treat the same goal for the patient differently than PT and then observe other disciplines.
- Attend case conferences.
- Develop questions prior to treating the patient.
- Ask for feedback from CI or other PTs.
- Participate in patient rounds with MDs in the morning. Then discuss what was learned with CI/PT.
- Develop/defend multiple treatment options for a patient.
- “thinking out loud” if your facility provides an environment that supports this concept.
- Complete a review of a medical record and identify if essential components are included in the documentation.
- Compare/contrast how he/she treated patients with similar diagnoses during a previous clinical experience.
- Compare clinical reasoning and/or judgment to that of experienced clinicians.
- Attend patient support groups.
- Identify advocacy needs of patients and families.
- Identify the impact of an injury, disease, disability, condition on the patient’s family.
- Compile a facility resource notebook with current literature on topic of interest to the staff.
- When multiple students are at your facility, involve upper level students with beginning students in orientation, chart review, documentation, problem solving/treatment planning, practice techniques on each other.
- Prepare for future role of CI by having student help a CI prepare for a student, assist a CI with a student, or assist the CCCE in duties of that role.
- Videotape in-service and self-assess the presentation.
- Complete a chart review and 1) comparing patients with similar diagnoses but different clinical presentations or plans of care, 2) compare patients at different ages and with similar diagnoses, 3) comparing management of similar patients by different therapists, giving students only patient history and having them articulate examination approach, 4) read OT, SLP, RN notes and discuss how this information impacts PT.
- Contrast/compare how different practitioners think – how is the OT focus different from the PT focus?
- Compare documentation of first week to documentation of midterm and/or final week.
- Track and compare outcomes with similar types of patients over entire clinical.

#### **Model questions to ask students:**

- What will your learning/insights lead you to do differently?
- Describe a decision you made today – how did you make the decision? Describe your reasoning. Compare/contrast your own clinical reasoning with that of your CI.
- What influence might culture have on this situation?
- What do you assume about a situation and what impact might your assumptions have on this situation?
- Did you ask the patient all the necessary questions? How would you determine this?
- What did you do today that made you feel like a PT?

Adapted from Mary Weddle, PT, DSc and Joanne Whipple, PT 2006 .

## Time Management with Students: Barriers and Strategies

A major barrier to the Clinical Instructor is using time efficiently when working with students. The major frustration is lack of time as a resource. What can we do to change this?

1. BARRIER: The student takes an excessive amount of time reviewing the medical record.

### STRATEGIES:

- The student does not have to be with you for every minute of the day.
  - When just starting out, give the student the most typical/simple types of clients. Once the student is competent with the typical types, introduce clients with more unusual or complex diagnoses.
  - Have the student review the medical record ahead of time.
  - Have the student review the medical record while you are treating another patient.
  - Have the student develop a cheat sheet to help with scanning the medical record quickly to pick out the important information.
  - Remember, it is the student's responsibility to review the medical record and to develop a method for doing this task more quickly and independently.
2. BARRIER: It is taking the students (and therefore you) an excessive amount of time in diagnostic and assessment procedures.

### STRATEGIES:

- The student has been taught how to do diagnostic and testing procedures. You should not have to teach these skills again. With the student, determine what procedures are not known and send the student home to research and practice.
  - Ask the student to bring class notes on assessment procedures to the clinical. If the student says, "No one taught me," respond with, "Well, how are you going to find that out? I want you to research the information tonight and show me tomorrow."
  - If your facility has a specific procedure or form, give it to the student with instructions and expect demonstration of the skills the next morning.
  - On the very first day, start involving the student in therapy and diagnostics. Co-treat with the student as this will give you an idea of readiness.
  - If you are at large facility, buddy the student up with another student. It does not have to be student from the same discipline.
  - As soon as the student is ready with a particular skill, allow appropriate independence.
3. BARRIER: The student is taking an excessive amount of time in taking the history for the client.

### STRATEGIES:

- Make sure the student has a watch and is wearing it.
  - Have the student write down the pertinent questions during the chart review. This aspect probably does not need to be supervised.
  - Have the student create a list of typical history questions and sequencing the night before.
  - Give a time expectation.
  - Give the student permission to redirect the client when history taking.
  - Make sure the student has a notebook or clipboard.
  - Encourage the student to observe you, take notes on questions, and expect answers the next day.
  - If you have watched the student before and competence was demonstrated, encourage independence with history taking.
  - If the student needs practice, consider teaming up with another student.
4. BARRIER: The student is taking an excessive amount of time coming up with the therapy plan.

STRATEGIES:

- Let the student come up with a plan independently and then you refine it.
  - Have the student write out the plan. As part of the written plan, require the student to prioritize the objectives and estimate the time it will take for each objective or intervention.
  - Allow the student to explain how therapy leads to a functional goal.
  - Ask the student to identify current functional activity limitations and then have the student problem solve what impairments underlie the functional limitations. Follow this with asking the student to generate a plan of care from the impairment level.
  - Ask the student what equipment is needed for the treatment and then make the student responsible for having it. Ask: Might there be something else you will need?
  - Have the student responsible for alternate plans just in case something does not work. What if the patient presents more involved or less involved?
5. BARRIERS: The student is taking an excessive amount of time with the paperwork/charting.

STRATEGIES:

- After observing a session, have the student practice writing the chart notes while you are writing your entry. Then have the student compare the two notes while you move on to something else.
- Have the student time how long it takes to write a note and then set goals for a time limit.
- After treating a patient, leave the student alone to write the note outside of the chart. Then review it later and have the student write it in the chart.
- Have the student develop a list of functional goals and objectives for a particular diagnosis.
- Have the student do a self assessment of the treatment session, including charting.
- Have the student work with another student for peer review. It does not necessarily have to be a student from the same discipline.

**Department of Physical Therapy**

**Action Plan to Address Student Problems in the Clinical Setting**

Students and clinical instructors will create a plan of action to address areas of weakness so that the students may satisfactorily complete their full time internships. Students may require assistance in taking ownership of the identified problems and in developing a plan to address remediation. Although development of a plan is a collaborative effort with a CI, SCCE, and/or DCE, the student is responsible for designing the plan.

This plan should contain:

1. Problems/behaviors that the student either is not demonstrating or is in need of improving.
2. Learning objectives that are specific, measurable, achievable, time referenced, and results oriented (SMART).
3. Specific activities to achieve the objectives.
4. Outcome measures to demonstrate competency.

Development of plan:

1. CI and student discuss problems and agree on primary issues of concern.
2. Student drafts plan and submits to CI with learning objectives, activities and outcome measures. Activities are opportunities to increase skill, attitude, and behavior. Activities may include texts review, practice with others, consultation with faculty/classmates, chart review, or any other strategies to increase knowledge and skill. Outcome measures are the student's demonstration of competency.
3. CI reviews plan and provides feedback so the student can revise if necessary. Plan should be clear, concise and address all issues noted. Once plan is completed and approved, both CI and students sign it.
4. Consequences in the event of unsuccessful completion of an Action Plan should be discussed with student during initial meeting with CI and student.
5. Student proceeds with plan consulting CI as needed.
6. Once student has demonstrated the behavior consistently addressed in the outcome, signatures are obtained and plan is complete.

**Example of Action Plan Format**

Student \_\_\_\_\_ CI \_\_\_\_\_ Date \_\_\_\_\_

| <b>Problem</b>                           | <b>Learning Objectives</b> | <b>Specific Activities (Student completes this section.)</b>    | <b>Outcome Measurement (What student, CI will see hear or feel to verify success.)</b> |
|--|----------------------------|---|--|
|  |                            |   |  |
|  |                            |   |  |
|  |                            |   |  |
|  |                            |   |  |
| Consequences for Unsuccessful Completion |                            | If not met, please contact DCE for further remediation planning |  |

At the completion of the time frame: Date \_\_\_\_\_

Student \_\_\_\_\_ CI \_\_\_\_\_

Adapted with permission from Erikson, N @ Eastern Washington University