



CHARLESTON
SOUTHERN
UNIVERSITY

PHYSICAL THERAPY

**CLINICAL EDUCATION
HANDBOOK**

Doctor of Physical Therapy Program

Faithfully Committed to Your Success

Last updated: August 1, 2024

Preface

Clinical education is a requirement and a critical component of the Doctor of Physical Therapy curriculum. To develop into an entry-level clinician, a student must have the opportunity to learn and practice under a licensed physical therapist allowing integration and application of the classroom knowledge to patient care.

This handbook is to serve as a guiding document for students, Site Coordinators for Clinical Education (SCCEs) / Clinical Coordinators for Clinical Education (CCCEs), and Clinical Instructors (CIs) as it pertains to the systems and processes used in the clinical education program of Charleston Southern University's (CSU) Doctor of Physical Therapy (DPT) program. The document is publicly accessible on the Program's home website at www.charlestonsouthern.edu/dpt. This handbook is meant to supplement the Charleston Southern University Student Handbook and Faculty Handbook. It is not intended to be an exhaustive document but to provide additional information related to the DPT program policies and procedures as related to clinical education. These documents are available upon request.

Questions related to the content of this handbook should be directed to the Director of Clinical Education or the Program Chair.

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Acknowledgment of Receipt of Clinical Education Handbook

I, _____, hereby acknowledge that I have received a copy of the Charleston Southern University DPT Program *Clinical Education Handbook* and all its contents. I acknowledge further that I accept the policies, procedures, roles, and responsibilities applicable to my role in the Clinical Education Program.

Print Name

Signature

Facility

Role in Clinical Education Program
(SCCE, CCCE, CI)

Date

Program Overview

The CSU DPT Program is eight semesters in duration, with students matriculating in May and graduating in December, thirty-one months later. The program's mission was developed to meet practice expectations of contemporary preparation for entry-level physical therapists using the APTA's mission and vision, *Core Values*, recommendations from APTA's academies, *Code of Ethics*, the ICF as outlined in the *Guide to PT Practice, Minimal Required Skills of Physical Therapist Graduates at Entry-level*, as well as current trends in PT education as published in the *Journal of Physical Therapy Education* and the *Interprofessional Education Collaborative (IPEC) Core Competencies*. Semesters 1-6 of the program comprise the didactic portion of the curriculum, which also includes service and clinical components. Students complete a series of integrated clinical experiences throughout the didactic curriculum in Fall I, Fall II, and Spring II semesters, including a full-time two-week integrated experience as part of DPTE 830 – Clinical Experience I, where students will work in an ambulatory setting with a regional clinical partner. Following the didactic portion of the curriculum, students complete three full-time 10-week clinical experiences in semesters 7-8.

Clinical Education Faculty and Staff

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Accreditation

Effective April 26, 2022, Charleston Southern University has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education (3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; phone: 703-706-3245; email: accreditation@apta.org). If needing to contact the program directly, please call 843-863-7186 or email jtankersley@csuniv.edu.

Candidate for Accreditation is an accreditation status of affiliation with the Commission on Accreditation in Physical Therapy Education that indicates the program may matriculate students in professional courses. Achievement of Candidate for Accreditation status does not assure that the program will be granted Initial Accreditation.

Mission, Vision, and Goals

University Vision:

To be a Christian university that is nationally recognized for integrating faith in learning, leading, and serving.

- **Learning:** *We demolish arguments and every pretension that sets itself up against the knowledge of God, and we take captive every thought to make it obedient to Christ (2 Corinthians 10:5).*
- **Leading:** *And whatever you do, whether in word or deed, do it all in the name of the Lord Jesus, giving thanks to God the Father through him (Colossians 3:17).*
- **Serving:** *For we are God's workmanship, created in Christ Jesus to do good works, which God prepared in advance for us to do (Ephesians 2:10).*

University Mission:

To Promote Academic Excellence in a Christian Environment.

DPT Program Vision:

The Department of Physical Therapy at Charleston Southern University will embody biblical values and be a nationally recognized leader in academic excellence, compassionate service, and advanced clinical care.

- **Academic Excellence:** The Department of Physical Therapy will employ faculty who are recognized for their depth and breadth of expertise in content areas. The students will be encouraged to perform at their highest level to set the stage for lifelong learning.

"Instruct the wise and they will be wiser still; teach the righteous and they will add to their learning" (Proverbs 9:9).

- **Compassionate Service:** The Department of Physical Therapy will volunteer consultative services to the people of the Lowcountry and around the globe.

"Work willingly at whatever you do, as though you were working for the Lord rather than for people. Remember that the Lord will give you an inheritance as your reward, and that the Master you are serving is Christ" (Colossians 3:23-24).

- **Advanced Clinical Care:** The faculty and graduates of the DPT program will provide integrated professional and autonomous care to people across the lifespan in a variety of healthcare arenas.

"Each one should use whatever gift he has received to serve others, faithfully administering God's grace in its various forms" (1 Peter 4:10).

DPT Program Mission:

The mission of the Department of Physical Therapy at CSU is to prepare highly skilled practitioners in a Christian environment, who demonstrate compassionate evidence-based clinical care while serving their community and profession with humility.

DPT Program Goals:

The primary goal of the Department of Physical Therapy at CSU is to produce graduates who will be recognized for their leadership, integrity, evidence-based care, service, and professionalism in a variety of clinical environments. Specifically, the Department of Physical Therapy has established the following goals:

Goal 1: Faculty and students will contribute to the clinical and scientific advancement of the profession.

Goal 2: Faculty and students will advocate for the physical therapy profession through active involvement in the community and organizational membership.

Goal 3: Students will practice in a professional, legal, and ethical manner that is consistent with the APTA Code of Ethics, state practice acts, and the values of service, compassion, and humility.

Goal 4: Students will demonstrate examination, evaluation, and intervention skills necessary for evidence-based, entry-level practice.

Goal 5: Graduates will value lifelong learning and describe a plan to maintain contemporary expertise in their clinical practice.

Charleston Southern University Physical Therapy Curricular Schema

Summer I			Fall I			Spring I		
12 weeks			15 weeks			18 weeks		
DPTE 710	Principles & Values in Physical Therapy	3	DPTE 720	Applied Kinesiology	3	DPTE 730	Motor Control & Motor Learning	2
DPTE 711	Applied Human Anatomy	5	DPTE 721	ICE I with Service Learning	2	DPTE 731	Health Promotion & Wellness	2
DPTE 712	Screening and Examination	3	DPTE 722	Foundations of Research	3	DPTE 732	Musculoskeletal I: Examination	4
DPTE 713	Physiology	3	DPTE 723	Applied Neuroscience	3	DPTE 733	Neuromuscular I	4
			DPTE 724	Mobility & Function	3	DPTE 734	Hospital-Based Care	2
			DPTE 725	Concepts of Diagnostic Imaging	1	DPTE 735	Seminar I	1
			DPTE 726	Pharmacology	2			
		14			17			15
Summer II			Fall II			Spring II		
12 weeks			15 weeks			15 weeks		
DPTE 810	Special Populations Across the Lifespan	5	DPTE 820	ICE II	1	DPTE 830	Clinical Experience I	2
DPTE 811	Exercise Prescription	4	DPTE 821	Evidence-Based Practice I	3	DPTE 831	Cardiopulmonary	3
DPTE 812	Biophysical Agents	2	DPTE 822	Musculoskeletal II: Evaluation & Intervention	5	DPTE 832	Evidence-Based Practice II	3
DPTE 813	Disabilities Management	2	DPTE 823	Neuromuscular II	5	DPTE 833	Complex Medical Diagnoses	5
			DPTE 680	Administration for PTs	3	DPTE 834	Integumentary	2
						DPTE 835	Seminar II	2
		13			17			17
Summer III			Fall III					
20 weeks			11 weeks					
DPTE 910	Clinical Experience II	10	DPTE 920	Clinical Experience IV	10			
DPTE 911	Clinical Experience III	10	DPTE 921	Diakonia: Commission for Service	1			
		20			11			

Clinical Education Program

The clinical education program facilitates the experiential learning process integral to the physical therapy curriculum. The mission of the clinical education program is to train entry-level physical therapy practitioners who embrace evidence-based practice, service, and professionalism. As such, the clinical education coursework progresses from part-time integrated experiences designed to provide initial exposure to technical skills and generic abilities to full-time clinical experiences developing toward entry-level practice. Progressively higher performance expectations are embedded into the three-terminal experiences after all preparatory academic coursework has been completed. The first full-time experience will take place in an ambulatory setting. The final three-terminal experiences will consist of an ambulatory setting, a non-ambulatory setting, and a third setting influenced by the student's interest.

Clinical experiences are designed to reinforce and allow students to practice skills learned in the classroom and laboratory. As such, clinical experiences and clinical instructors are considered vital components of the student's learning experience. Clinical Instructors (CIs) comprise the Clinical Education Faculty of the physical therapy program, supplementing core faculty and associated faculty, and are respected and valued for their clinical expertise. Clinical experiences prepare students to integrate evidence-based reasoning into contemporary clinical practice. After these experiences, students will be able to practice at entry level and value the role physical therapists play in a variety of healthcare settings for patients with medical and surgical conditions from across the lifespan commonly seen in physical therapy practice. Graduates of this program are encouraged to further their professional development through specialization in practice, participation in residency training, the pursuit of advanced degrees, and any other appropriate method of study.

Clinical Course Descriptions

Integrated Clinical Experiences

DPTE 721 - Integrated Clinical Experience & Service Learning

For the integrated clinical experience component of this course, students perform components of an examination on a live patient under the supervision of CSU DPT core faculty. Participation in this experience develops professional behaviors, communication skills, and elements of patient/client management including taking patient history and systems review. This assignment will be students' first exposure to live patient care and will count as a clinical practical examination.

DPTE 820 – Integrated Clinical Experience II

For the integrated clinical experience component of this course, students will oversee first-year DPT students as they perform components of a patient examination with supervision from CSU DPT core faculty. Students in DPTE 820 will provide feedback to first-year students to facilitate a teaching and learning opportunity for all students. Based on the examination, DPTE 820 students will develop patient/client management skills through evaluation and provision of appropriate intervention as outlined in the syllabus. This assignment will count as a clinical practical examination.

Integrated Full-Time Clinical Education Experience

DPTE 830 – Clinical Education Experience I

For this integrated clinical experience, before beginning the 6th didactic semester students will complete a two-week (80-hour) full-time rotation intended to allow students to experience full-time clinical practice before beginning their terminal clinical experiences. This experience is designed to allow students to perform elements of patient/client management with an emphasis on skills and behaviors required for success in the profession of physical therapy referred to as generic abilities. These abilities are attributes, characteristics, or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success. Descriptions of these generic, professional abilities and how they are defined are included in [Appendix A](#). Students will be expected to perform at a beginner level, requiring close clinical supervision with the management of patients with consistent monitoring and feedback, even with patients with simple conditions.

Terminal Clinical Experiences

After successful completion of all didactic coursework in the physical therapy curriculum, students will participate in three 10-week, full-time terminal clinical education experiences, including DPTE 910/911/920 (Clinical Education Experiences II-IV). The student performs elements of patient/client management with an emphasis on the development of the skills and behaviors outlined and assessed by the *American Physical Therapy Association's Physical Therapist Clinical Performance Instrument (CPI)*. These skills and behaviors include safe patient care, professionalism, accountability, communication, cultural competence, professional development, evidence-based practice, and activities including clinical reasoning and optimal administration of financial resources and personnel.

The student performs elements of patient/client management across the lifespan commonly seen in physical therapy practice. Terminal clinical experiences allow students to work to develop patient examination, diagnosis, prognosis, intervention, and outcome assessment skills in the management of the patients over the course of the three experiences. Settings will include an ambulatory setting, a non-ambulatory setting, and a third setting influenced by the student's interest.

DPTE 910 – Clinical Experience II

This course encompasses weeks 1-10 of the 30-week full-time clinical training sequence of the CSU DPT program. By the end of this experience, the student is expected to perform at an intermediate performance as defined by the CPI rating scale anchors. Intermediate performance is defined as a student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions. At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning. The student is capable of maintaining 50% of a full-time physical therapist's caseload.

DPTE 911 - Clinical Experience III

This course encompasses weeks 11-20 of the 30-week full-time clinical training sequence of the CSU DPT program. By the end of this experience, the student is expected to perform at an advanced intermediate performance as defined by the CPI rating scale anchors. Advanced intermediate performance is defined as a student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions. At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. The student is capable of maintaining 75% of a full-time physical therapist's caseload.

DPTE 920 - Clinical Experience IV

This final full-time clinical education experience follows the successful completion of all didactic coursework in the physical therapy curriculum as well as 20 weeks of full-time clinical education. This course encompasses weeks 21-30 of the 30-week full-time clinical training sequence of the CSU DPT program. Students are required to reach a skill level deserving of a rating of at least "Entry-Level" on all 18 *Professional Practice and Patient Management* competencies of the *CPI* by the end of this clinical experience. The entry-level performance anchor is defined as a student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions. At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.

Consults with others and resolves unfamiliar or ambiguous situations. The student is capable of maintaining 100% of a full-time physical therapist's caseload in a cost-effective manner.

Note: the facility's expectation of an entry-level practitioner should be considered in addition to the definition provided in the *CPI* when assessing students for entry-level. For example, after this clinical experience, students are expected to perform at a level of independence comparable to a recently hired new graduate.

Additional Assignments

The DCE may require additional assignments to enhance learning as indicated in the syllabus for the course. The student should seek guidance from the CI or faculty as needed to facilitate the completion of any assignments while on clinical rotation.

Game-changing Patient

During each full-time clinical experience, students should continually look for a particularly impactful patient. This patient may have been diagnosed with a certain pathology, displayed a unique personality, or achieved incredible outcomes resulting from physical therapy services. Students will select a single patient, across their clinical experiences, to present to the faculty prior to graduation.

Clinical Forms and Logs

All forms/documents are due by the end of the clinical experience unless otherwise noted. Students must complete all requirements to receive a passing grade for clinical education experiences,

including submitting all documentation and attending pre- and post-clinical meetings. Charleston Southern University DPT program will utilize the EXXAT Steps online platform to manage student documentation. Students will be required to upload documents as described in the syllabus to the EXXAT platform.

Clinical Education Policies and Procedures

Clinical Affiliation Agreement

Charleston Southern University and all clinical partners must have a clinical affiliation agreement signed and in place prior to any student completing any full-time clinical experience with that clinical partner. While CSU does use its own *Evergreen Clinical Affiliation Agreement* (see [Appendix C](#)), some clinical partners prefer or require a contract of their language. In such cases, the contract will be reviewed by CSU Senior Officers to ensure that CSU will be able to abide by the potential clinical partner's terms. The program's administrative staff will seek renewal of contracts in the Fall of the year preceding their expiration unless the terms of such contracts include a clause of automatic renewal.

Student Assignment to Clinical Facilities

For a student to progress to full-time clinical experiences two-thirds faculty majority vote on student-readiness is required using ACAPT Student Readiness for the First Full-Time Clinical Experience (appendix L) and successful completion of all prior course work. The DCE is responsible for assigning students to their clinical experiences and ensuring students are placed to meet the requirements of the educational program. The student's preference, academic record, professional goals, and availability of clinical experiences will be considered when assigning clinical experiences. If a clinical assignment is canceled, the DCE should be immediately notified, and the student will be reassigned to another facility as soon as it can be arranged.

Before the terminal clinical education experiences, students will provide preferences to their clinical education advisor and may be asked to rank facilities by setting type, facility type, classification, geographic location, or special offerings for clinical education in the Fall I and Spring I semesters. After slots are offered from clinical experiences, during Summer II and Fall II, students will be asked to create a wish list for each clinical experience. The DCE will match the students with the assistance of EXXAT software. A student who does not submit their wish list by the due date will be assigned a clinical by the DCE from slots remaining after the match is completed. Student requests for specific sites for the terminal full-time clinical education experience in a specialty setting will be accommodated as much as possible, as this clinical is designed to allow the student to gain experience in an area of individual interest.

Students will be notified of first come, first-serve slot offers and will have the opportunity to indicate their interest in being placed in the slot. When interest is indicated, the student is expressing that they are willing to go to this clinic if assigned. The DCE will primarily assign first-come first-serve slots by selecting a student who has indicated interest on EXXAT but in some cases may select a student from the cohort to fill the slot.

The DCE will assign students to each clinical experience at least 4 months before the beginning of the clinical experience. A signed affiliation agreement is required with all full-time clinical

education sites. If a contract for a new clinical affiliation site is not successfully negotiated within 3 months of the clinical experience, the student will be placed at another clinical site.

Students may need to travel locally or regionally (within the Southeastern United States) to fulfill clinical requirements, depending on slot availability. For those pursuing a specialized area of physical therapy, travel outside the local or regional area may be required. Students also have the option to travel nationally or internationally, provided slots are available. All travel expenses related to clinical placements are the student's responsibility. Students should expect to perform at least one clinical experience outside of the Tri-County region (Charleston, Berkeley, and Dorchester counties) and at least one clinical experience treating an underserved population. An underserved population is defined as a clinical setting in a rural area as defined by AHEC or a facility that significantly and consistently accepts patients who are uninsured/underinsured and provides pro bono service, special programming, or financial assistance to underserved populations, ultimately as defined by the DCE. The DCE has ultimate authority over all student clinical placements.

A student may voluntarily opt out of a match. If a student chooses to opt out of a match, the student must **email the DCE** identifying which clinical experience they want to opt out of the match, and acknowledge that by opting out, the student may be delayed in their progression resulting in possible delayed graduation and possible increased financial burden to the student.

Students should make initial contact with the clinical facility to which they have been assigned as directed by the DCE, typically one to three months before the start of the clinical. The student may ask the contact person (SCCE or CI) questions regarding dress, grooming, arrival time, working hours, and facility expectations at this time. If the student does not receive the necessary information from the facility, they should coordinate efforts to obtain information through the DCE. Information regarding facility offerings and details specific to each clinical site are available for review in EXXAT.

Clinical Experiences Abroad or in Specialized Clinic

Students who request or apply for a specialized clinical experience including experiences abroad will be selected at the discretion of the Director of Clinical Education. The DCE will include consideration of the student's academic performance and professionalism in the decision-making process.

Clinical Facility Criteria

Clinical sites for the CSU DPT program are chosen according to their willingness and ability to do the following:

- Facilitate an environment where ethical and legal practice is encouraged and promoted.
- The clinical facility employs an adequate number of CIs to provide appropriate supervision of the student. Supervision must be provided at a level that meets legal directives for that setting.
- The facility has an adequate number and variety of patients available to the student.
- A written clinical affiliation agreement has been signed and approved by CSU and the facility.

- The facility has a designated Site Coordinator of Clinical Education (SCCE) responsible for coordinating assignments and activities of the students.
- Feedback is willingly shared between the CIs, SCCE, and DCE regarding performance in their respective roles.
- The SCCE, CI, or other identified personnel will orient the student to the facility by:
 - Performing a facility tour.
 - Showing the locations of the MSDS, fire extinguishers, emergency evacuation routes, and personal protective equipment.
 - Discussing the exposure control plan of the facility.
 - Reviewing dress code, punctuality, and attendance requirements.
 - Providing the student with guidelines and expectations regarding documentation and charting in that facility.
 - Reviewing other pertinent site-specific procedures for patient care

Other criteria are also important in the selection of clinical sites but are not absolute requirements. Such criteria are as follows:

- The philosophy of the clinical site regarding patient care and clinical education is compatible with that of the academic program.
- The clinical education site provides other learning experiences (administrative, educational, and research) in addition to the primary training activity of evaluating and treating patients.
- The student will be designated an area for personal belongings and charting.
- The clinical site is receptive to alternative models of clinical instruction (e.g., 2 students per clinical instructor, 1 student with split supervision by different clinical instructors).
- A credentialed clinical instructor is on-site.

Request for New Clinical Sites

Students may petition the DCE to establish additional clinical sites. A maximum of 2 requests per student may be made. The student must complete the *Request for New Clinical Site Request* form and submit it to the DCE by the first week of January of the year preceding the clinical education experience but are encouraged to be submitted earlier (see [Appendix D](#)). If the DCE and the clinical site agree to a contractual relationship, the student initiating the request will be given the first option to have a clinical experience at this site should the facility offer an appropriate clinical education experience.

ACAPT position on student requests for clinical sites:

“Recognize that only representatives employed by the academic program’s clinical education team are permitted to request clinical placement for physical therapist and physical therapist assistant students.

SS: In October 2016, the CE SIG representative body adopted the position statement that student physical therapists and student physical therapist assistants should not contact clinical education sites to request clinical education experience placement in the future. This position statement was published on the CE SIG website in March 2017 and is currently found in the Reference Manual for Site Coordinators of Clinical Education.¹⁶ The PPTF endorses this position statement. Students who may have a particular interest in a clinical education opportunity should work through the team led by the director of clinical education to determine if a request for a clinical education

experience is feasible. Clinical education policies and procedures at both academic program and the clinical education site should reflect this placement process recommendation.” - **Final Report from the *Clinical Education Placement Process Task Force May 2020***.

Communication Prior to Clinical Education Experiences

The CSU DPT program will send *Clinical Request* forms for clinical education experiences occurring in the next calendar year to the facility on March 1 of the preceding year. For example, requests for the calendar year 2025 would be sent on March 1, 2024.

The facility is requested to return the completed *Clinical Request* form to the CSU DPT Program by April 30th.

Notification to the facility that a student will or will not use the allotted slot will occur by the end of the same year.

Students will contact the facilities' SCCE once they have been assigned to the facility to make an introduction and identify any facility requirements outside of common practice or not listed in the clinical affiliation agreement. The student is required to review *Clinical Site Information* and contract before beginning the clinical placement.

Four weeks before the scheduled clinical education experience, the DCE will provide the following documents to the SCCE and CI:

- An updated copy of the *Clinical Education Handbook*.
- Any other documentation required by the facility.
- Information pertaining to criminal background checks or drug screens will be sent upon request only.
- The current version of the course syllabus.

Clinical instructors and SCCEs may also access the *Clinical Education Handbook*, copies of clinical education syllabi and other useful links/documents on the Public EXXAT page (link [here](#)).

Communication During Clinical Education Experiences

The student and CI will complete the respective *Week 1 Contact Form* (see [Appendix E](#) and [Appendix F](#)) and submit it to the DCE. Additionally, contact between the CI/student and DCE will be made through feedback forms completed as assigned in the course syllabus. The student or CI can request a call from the clinical education staff at any time by email, phone, or by use of the feedback forms.

The student and CI will complete the *Physical Therapist Clinical Performance Instrument (PT CPI)* at midterm and final to provide the student and DCE with feedback on student performance. The DCE will review the completed *CPI* and comment within the *CPI* document on student/CI narratives. The DCE will contact the student and the CI if any “Significant Concern” boxes are checked on any *CPI* evaluation.

In the event of student or CI concerns regarding the clinical experience, the student and CI should candidly discuss their concerns with each other. The DCE should be contacted if the student,

clinical instructor, and SCCE cannot resolve these concerns. If the issue cannot be resolved over the phone and the student is still at risk of being removed from a placement, the DCE will travel to the clinical facility for a site visit with the student, CI, and SCCE.

The DCE or another core faculty will initiate at least one site visit or phone call to the student and the CI during each terminal clinical rotation.

Assessment of Students During 2-Week Clinical Education Experience

The student will self-assess their performance utilizing the *Generic Abilities Self-Assessment* (Appendices A and B) and feedback forms as assigned in the syllabus to reflect performance during this first full-time experience. The clinical instructor will complete the Student Performance assessment for Clinical Education I (Appendix B) at the end of the experience rating the student in the frequency of performance in 6 criteria.

Assessment of Students During 10-Week Clinical Education Experiences

For the final three full-time clinical education experiences, the CI is expected to provide regular feedback and assessment of student performance through discussion, completion of formalized feedback forms throughout the clinical experience, and completion of the *Clinical Performance Instrument (CPI)* assessment tool (link [here](#)) at midterm and final. Instructions for completing the *CPI* and rating student performance are included in the required *APTA CPI Training* and within the *CPI*, to include anchor definitions to rate student performance. Students must show progression throughout the clinical experiences and be entry-level by the end of their final terminal clinical education experience (i.e., DPTE 920). Students are expected to prepare for the midterm and final evaluations by self-rating their performance before these evaluative meetings with the clinical instructor. It is recommended that students receive verbal feedback regularly in addition to formalized assessment and feedback forms.

All students, SCCEs, and CIs must complete the *PT-CPI/WEB Assessment Course 3.0* through the *APTA Learning Center* (link [here](#)). The *PT CPI* may not be accessed by either the student, CI, or SCCE until this training is completed. Students will be required to complete this training as part of the course requirements for DPTE 820 – Integrated Clinical Experience II during the Fall 2 term. If SCCEs/CIs have not previously completed this training, they are encouraged to allow time for its completion well in advance of the midterm of the first clinical experience during which they host a student, as completion of the *CPI* assessment can be time-intensive. If any party has already completed the *CPI* training through the APTA Learning Center, they are not required to repeat the training. Anyone having difficulty logging into the *CPI* should contact the CSU DPT administrative assistant to obtain help with logging in.

The DCE is responsible for assigning grades to students for all Clinical Education experiences.

Student Remediation

Each student must pass each full-time clinical experience to be considered for progression in the program. Remediation is a privilege provided by the faculty and is designed to improve the student's academic, clinical, or professional attributes needed to successfully meet or exceed the progression and graduation requirements. The complete remediation policy is detailed in the *DPT Program Student Handbook*. Additionally, the Director of Clinical Education will meet with

students who receive “performance on this criterion is unacceptable” on any of the *CPI* performance criteria and/or not progressing as determined by the Clinical Instructor and/or DCE during the full-time experiences. The student who is culpable of any unsafe, illegal, unethical, or unprofessional behavior during a clinical experience could be dismissed from the program without an opportunity for remediation.

Assessment of the DCE

The Program Director will utilize feedback from CIs, SCCEs, core faculty, and students to assess the DCE. The clinical education faculty will provide feedback using the *APTA DCE Performance Assessment*. The administrative assistant will distribute these surveys every December and gather responses. Every SCCE/CI that accepted a student for a full-time clinical during that calendar year will receive a survey.

Assessment of Clinical Education Faculty

The DCE will utilize ongoing student feedback to evaluate clinical instruction for students during clinical education experiences. First, the DCE will utilize the *Week One Contacts* forms (see [Appendices E](#) and [F](#)) used by the student and the CI, allowing each party to express any concern about the potential for barriers to an effective clinical learning experience. Second, the CI and student will meet regularly to assess student progress and complete the feedback forms as assigned in the course syllabus (see [Appendix G](#) for example form). Formalized feedback forms encourage the students to collaborate with their CI to create goals, discuss performance, and provide constructive feedback. Third, the APTA’s *Physical Therapist Student Evaluation Clinical Experience and Clinical Instruction* will be completed by students for each full-time clinical experience, to comment on their perception of the CI’s mentorship and practice patterns. This form will be reviewed by the DCE at the conclusion of each clinical experience. Additionally, the DCE will contact the CI and student by phone or in-person visit during each terminal clinical experience to obtain verbal feedback on student progression and the effectiveness of clinical teaching. Using the feedback forms and phone calls, in conjunction with the midterm and final *CPI* assessments, the DCE will continuously monitor student progress and learning during each clinical education experience.

The DCE has decision authority and is ultimately responsible for monitoring clinical education faculty performance and credentials. The DCE will assign a student to another CI or clinical site if the instructor no longer meets the program’s expectations. Additionally, the Program will discontinue the affiliation agreement with any facility identified to be performing illegal or unethical behavior.

Immunization Requirements

The Department of Physical Therapy requires students to provide proof of the following immunizations prior to beginning any clinical experiences. Each immunization must be dated and signed or stamped by a healthcare professional or office. Parental signatures are not acceptable.

Students may request an exemption from the immunization requirement by submitting a written request to the Program Director on the designated *Request for Immunization Waiver* ([Appendix K](#)). The request must include the immunization(s) the student is seeking exemption, the student’s signature, and a statement of the release of all liability pertaining to the student’s decision to

exercise the choice of exemption, as any or all of the Department's clinical education partners at any time, may delay or deny the student access to the required clinical portion of the academic program, and may result in delay or denial of progression, completion of academic requirements, and graduation.

- Meningitis Vaccine: CSU recommends the meningitis vaccination for all students.
- Measles, Mumps, Rubella: The student must provide documentation of 2 MMR vaccines given at least 28 days apart or a positive titer showing immunity (this can be from childhood). Students with two documented doses of MMR are not recommended to be serologically tested for immunity. However, if serological testing is completed and the student has a negative titer, the student will need to repeat the 2-shot series. You may be exempt from this requirement only if you are pregnant or trying to conceive, or you are allergic to eggs.
- Tetanus-Diphtheria: The student must provide documentation of a single Tdap vaccination. If documentation of Tdap is not within the past 10 years, documentation of Tdap vaccine OR Td booster within 10 years is required to be uploaded.
- Varicella (Chicken Pox): The student must provide evidence of varicella immunity in one of the following ways: 1) Documentation of 2 doses of varicella vaccine given at least 28 days apart (this can be from childhood) OR; 2) Laboratory evidence of immunity through a qualitative titer. PLEASE NOTE: If the student has a negative titer, the student will need to get 2 doses of varicella vaccine, 4 weeks apart, and upload all documentation OR 3) Verification of history of varicella or herpes zoster by a healthcare provider.
- Hepatitis B: The student must provide documentation of 3 doses of vaccine.
- Annual Flu Shot: The student must provide documentation of the annual flu vaccination during the flu season (October 1- March 31, or dates defined by the CDC) while enrolled in the DPT Program.
- COVID-19: The student must provide documentation of either one dose of the Johnson and Johnson vaccine or two doses of the Pfizer or Moderna vaccines.
- All students must also meet the SC State Law Immunization Requirements for healthcare workers per the healthcare industry standard
<https://www2a.cdc.gov/vaccines/statevaccsApp/Administration.asp?statetmp=SC>

TB Screening: All students are required to complete the [Health Care Personnel Baseline Individual TB Risk Assessment Form](#) annually.

- If "Yes" is marked on any of the statements on the [Health Care Personnel Baseline Individual TB Risk Assessment Form](#), the student should begin the process of completing a 2-step PPD and submit it to the DCE.
 - If the student has a history of positive PPDs, a clear chest x-ray will need to be completed before the start of the student's first clinical experience and as required by clinical sites.
 - A negative Quantiferon TB Gold test will also be accepted in place of a 2-Step PPD.

Please note – many clinical sites require PPDs completed no more than 30 days before the clinical experience start date, so students may be required to complete additional PPD testing.

Students enrolled in the DPT program will be required to comply with additional immunizations, vaccinations, and/or testing that are mandated by clinical affiliation sites, or as program

requirements change. This includes complying with site-specific policies associated with the Covid-19 pandemic. A student who does not comply with the clinical affiliation site's policies may be delayed in their progression of clinical education.

Criminal Background Check and Substance Abuse Policy

Charleston Southern University is committed to protecting the safety and health of its students as well as people whom they may encounter during clinical learning experiences. The use of substances that interfere with the judgment and/or motor coordination of students poses an unacceptable risk for clients/patients, CSU, the faculty, and healthcare agencies. All fees associated with criminal background checks and drug screening are the responsibility of the student.

Criminal Background Check

The Department of Physical Therapy requires a criminal background check on accepted students prior to admission to the DPT Program. The purpose of this testing is to enhance the health and safety of patients, students, faculty, and staff in academic and clinical environments. The criminal background check will identify the applicant's history of all criminal convictions, conviction-equivalent adjudications, and arrests without final adjudication. The background check is completed by Certiphi Screening Inc and is requisite for both matriculation and placement at clinical sites. Students will be required to complete subsequent background checks as required by affiliation agreements of clinical sites to where the student has been assigned.

Discovery During the Curriculum

At the request of the clinical education site, the most current criminal background check will be provided by the student to the clinical site to where the student has been assigned. The clinical site has full authority to not allow the student to complete the clinical experience at that site resulting from significant findings on the background check. All decisions are final, and students are not able to appeal these decisions. A significant criminal background screen includes but is not limited to a conviction for any matter:

- Listed in the *South Carolina Board of Physical Therapy*, published by the South Carolina Department of Labor, Licensing and Regulation, that would prohibit licensure;
- Noted by the program accrediting agency; and/or
- Identified by a clinical affiliate as unacceptable for clinical practice.

Students discovered to have a criminal record while enrolled in the program may not be eligible for placement at clinical sites and/or licensure in the state(s) they intend to gain licensure to practice, even if a DPT degree has been conferred. Students with results on their criminal background check, including speeding tickets and minor traffic violations, should discuss their results with the state board(s) in which the student intends to obtain a physical therapist license to practice to gain an understanding of any licensure implications to allow the student to make an informed decision if to proceed with the education program.

Student Rights

If an applicant believes his/her criminal background information is incorrect, he/she will have an opportunity to demonstrate the inaccuracy of the information to the investigating agency. The search of court records and documents and discussion of incorrect or inaccurate results is the responsibility of the applicant in question.

Urine Drug Screen

All students must be free of alcohol and unlawful drug use to enroll and/or progress in the DPT Program. In compliance with the affiliation agreements between Charleston Southern University, the Department of Physical Therapy, and clinical practice facilities/agencies, a urine drug screen is required for all DPT students participating in clinical education/learning experiences. Students will be required to complete subsequent urine drug screens as indicated by affiliation agreements of clinical sites to where the student has been assigned. Failure to provide the requested sample will be treated as a positive result. Results of these tests will be made available to both the clinical partner with whom the student has chosen to affiliate and the Vice President for Student Life at CSU. All unsatisfactory results will be handled according to the policies outlined in the *CSU Student Handbook*. Clinical affiliates have the authority to prohibit students from participating in the clinical experience due to a positive drug test, which may cause an unforeseen delay in academic progression and graduation.

Drug Screening Procedures

All drug screens whether federal, non-federal, or in-house are performed by the 49 CFR Part 40 guidelines as required by the Department of Transportation. The Department of Physical Therapy will provide each student with a Certiphi Screening Inc *Drug Screening Order Placement* form. The student must adhere to the instructions on the form to successfully purchase the drug screen order. Cut-off levels are set to the SAMSHA (Substance Abuse and Mental Health Service Administration) standards.

Results of Urine Drug Screen

- Negative results are typically returned within 24 hours. All results are then posted to the student's Certiphi Screening Inc and he/she will then share them with the clinical partner as requested.
- A drug screen will be presumed non-negative if any of the drugs listed in the 10 Panel Urine Drug Screen are found and when further review by the Medical Review Officer (MRO) could not verify or confirm acceptable justification with proper documentation.
- All non-negative tests are sent to a Medical Review Officer (MRO) for further review. The MRO will contact the student for an interview; a minimum of three contact attempts will be made over a two-day period. The MRO will request written documentation for any prescriptions that may have produced positive test results. The student will have 24 hours to provide written documentation of their prescription(s).
- Students may also be contacted to retest if the drug test results in a fatal flaw or dilute negative. The student will receive a new registration form (via email) and must repeat the sample. If the specimen is rejected due to donor error, the student may be contacted to place or pay for a new order.

Professionalism Standards

Professional behavior is an academic requirement for DPT students, during all aspects of the program, on and off-campus. Professionalism requires medical knowledge, contemporary skills, expertise, and conduct that is consistent with the practice of a physical therapist. The APTA has identified eight Core Values that serve as a benchmark for professionalism.

Students who commit academic or professional misconduct, whether on or off-campus, are subject to the associated disciplinary procedures and sanctions outlined in the *DPT Program* and *CSU Student Handbooks*.

Clinical Education Dress Code

Students should wear professional dress (business casual) unless otherwise instructed by the facility. Students may be required to purchase specific items of clothing to meet a clinical site's requirements. Some facilities require the student to wear a lab coat in addition to professional dress. Lab coats will be the financial responsibility of the student. It is a legal requirement that each student wear a name badge during all clinical experiences. If a clinical site requires a facility-specific badge, the student may wear that name badge instead of the CSU name badge for that clinical experience. Name badges are to be seen above the waist at all times.

Clinical instructors or physical therapy faculty reserve the right to dismiss from class, clinical or educational site, any student who is not dressed professionally. Student dismissal may result in requiring further professional development training and may also interfere with graduation in a timely manner or completion of the program.

Student Identification in Clinical Settings

Students must clearly distinguish themselves from physical therapists, medical students, and other health profession students and graduates. Students will always introduce themselves to patients, patient family members, and clinical site staff by stating their full name and position title – “Physical Therapy Student” or “Student Physical Therapist.” Patients reserve the right to refuse to be examined or treated by a student. If this occurs, then the student must relinquish the patient's care to his/her clinical instructor or another licensed physical therapist. This policy complies with the Lewis Blackman Act of South Carolina.

- http://www.scstatehouse.gov/sess116_2005-2006/bills/3832.htm
- <http://www.lewisblackman.net/>

Clinical Schedule and Attendance

The design of the clinical education experience promotes the development, practice, and assessment of the student's ability to provide physical therapy services in a variety of settings. Attendance and punctuality are critical aspects of professional responsibility for service provision. The policy presented below is consistent with expectations in an employment situation.

- The clinical schedule will be as directed by the clinical instructor.
- The student must be present daily
- For an absence due to illness, the student will notify the CI and DCE, and the student will work with the CI to create a plan to make up the missed.
- The DCE should be contacted by the student via email within 24 hours in the event they are absent from the clinical.
- The student is responsible for tracking missed and make up time in EXXAT. Any other absence must be pre-approved by both the CI and the DCE with a make-up plan.
- Make up time can be an alternative shift, beginning shift early or staying late, or completing an outside clinic assignment which replaces the time such as a literature review and then presenting this information to the CI, etc.

- A personal day off for special events (e.g., weddings and graduations) may be permitted at the discretion of the SCCE and CI. The plan for this day off and the plan to make up the time must be communicated to the DCE in an email. Vacations will not be approved.
- Absence from a clinical day to attend a professional development activity must be coordinated with the SCCE/CI only after students receive prior written approval from the DCE and the Program Director. Accommodating a student's requests and approving a plan to make up this time will be at the discretion of the CI. This plan should be communicated to the DCE in an email once determined.
- The DCE will work with the student and CI and/or SCCE to establish an acceptable plan for family emergencies and deaths, however, students must still meet the minimum number of hours for clinical education required by CAPTE and the clinical site.
- Timeliness is expected for all clinical activities.
- Any delay in arriving at work should be reported to the clinical instructor before the beginning of the workday. The student must inform the DCE via email within 24 hours.
- Holidays are observed according to the facility's standard of practice and not the University's calendar.
- In the case of illness, the facility may require a medical release to return to work.
- Under no circumstances should the DCE find out about absences after the clinical ends.

Inclement Weather

Official school campus closures for inclement weather do not apply to students during full-time clinical experiences. If the clinical site is open and the clinical instructor is working during school holidays or days that the school is closed for inclement weather, the student is expected to be in attendance unless other arrangements have been made with the SCCE/CI and the DCE.

Student Exposure to Infectious Environmental Hazards

The policy of the Charleston Southern University Department of Physical Therapy is to follow guidelines made by the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) regarding exposure to infectious and environmental hazards. This *Bloodborne Pathogens Exposure Control Plan* manual is located in the Department of Physical Therapy office and is available upon request. Standard Operating Procedures for Hazardous Materials Spill are located in the College of Health Science Emergency Action Plan.

Procedures for Care and Treatment after Exposure

Exposure to bloodborne pathogens and hazardous substances is a risk assumed by all healthcare providers and students training to become healthcare providers. Students are required to complete specific training on infectious and environmental hazards before any educational activities that would place students at risk for exposure.

During clinical experiences, students are expected to familiarize themselves with each clinical site's specific policies regarding standard precautions.

When injury or hazardous exposure to chemical agents, blood, or body fluids occurs, either in the laboratory or in the clinical setting, the incident is to be immediately reported to the appropriate person following the completion of initial first aid safety procedures. Failure to report an accident or injury in a timely manner may be grounds for disciplinary action.

If the incident occurs at a clinical training site, the designated clinical instructor should be notified immediately. The student must follow each clinical site's protocol and is to seek evaluation and treatment based on the site's protocol for dealing with injuries and exposure. If the clinical site lacks protocol, treatment should be sought in the nearest emergency department determined by the student and clinical instructor. Subsequently, all incidents should be reported to the Director of Clinical Education by submitting an *Incident Report* form within 48 hours of the event.

Emergency

In any personal emergency, the student should take steps to care for the emergent situation and to notify their CI and the DCE as soon as possible. In all medical emergencies, the student should get appropriate emergency care. All students are required to maintain health insurance throughout the program.

Incident Reporting

The student must immediately notify the CI and the DCE if they are involved in any incident during a clinical experience using the *Incident Reporting* form (see [Appendix H](#)) and by the policies and procedures outlined in the *CSU DPT Student Handbook*. The DCE will notify the Program Director and the CSU office of the Vice President of Business Affairs. If students are unsure if an incident qualifies and something that needs to be reported, they should err on the side of caution and follow these reporting processes.

Responsibilities of the Director of Clinical Education

- Plan, implement, and refine the academic clinical education component of the CSU DPT curriculum in collaboration with the academic faculty, clinical instructors, and students.
- Communicate and coordinate the spread of information between the affiliated clinical education sites and the academic institution.
- Maintain updated clinical education files on each facility including clinical education agreements, APTA's [Physical Therapist Student Evaluation Clinical Experience and Clinical Instruction](#), and other current clinical site information.
- Review and maintain clinical education files including *CPI* evaluations, *Contact Sheets*, and Bi-weekly feedback forms.
- Coordinate the preparation, assignment, and supervision of students in clinical experiences.
- Communicate with clinical education faculty and students before, during, and after clinical education experiences.
- Provide counseling and remedial interventions on an as-needed basis.
- Assign final grade for Clinical Education Experience.
- Perform site visits to develop relationships and evaluate sites.

Responsibilities of the Site Coordinator of Clinical Education

- Coordinate assignments and activities of students at the clinical education site.
- Select a qualified CI for student assignment.
- Distribute information about the curriculum, evaluation materials, clinical education experience objectives, and specific student profiles to the CI.

- Communicate with DCE, CI, and students.
- Educate and develop Clinical Instructors' skills as needed.
- Assist the CI and the DCE in developing alternative or remedial instruction for students as needed.
- Assist the Clinical Instructor in evaluating the student as needed.

Responsibilities of Clinical Instructors

- Minimum of 1 year of post-graduate clinical experience.
- Licensed physical therapist in the state of practice.
- Provide effective clinical instruction to the student.
- Use best efforts to facilitate safe practice by the student physical therapist.
- Demonstrate clinical competence and legal and ethical practice.
- Review the *Student Clinical Information Form* (see [Appendix I](#)) and the *APTA Clinical Performance Instrument* before the student's arrival.
- Discuss clinical education objectives, the student's objectives, and methods of supervising and communicating with the student during the first day(s) of the clinical education experience.
- Complete the *Clinical Instructor Week 1 Contact* form (see [Appendix F](#))
- Review and modify objectives, supervision, and communication with the student throughout the clinical education experience as needed.
- Maintain communication with the student regarding performance, objectives, and learning outcomes via formal and informal discussions as well as through required feedback forms
- Perform midterm and final evaluations using the *Clinical Performance Instrument*.
- Report to the SCCE and DCE any student who is at risk of failing the clinical education experience.
- Facilitate evidence-based learning in the student.

As part of providing quality clinical physical therapy education, appropriate supervision, and regular discussion/feedback to the student, the CI is required to:

1. Provide the opportunity for students to achieve a caseload that will allow them to demonstrate adequate efficiency and productivity for clinical education benchmarks for each clinical experience according to normal efficiency/productivity standards in relation to the specific clinical setting and course expectations.
2. Provide the opportunity for students to perform an adequate number of physical therapy examinations over the course of the clinical experience to develop competency.
3. Facilitate safe performance of the student in patient management activities.
4. Students and CIs should debrief regularly to discuss strengths, weaknesses, opportunities for improvement, etc.
5. Facilitate opportunities for collaboration between the student and the patient, the patient's family, and other healthcare workers to develop and modify an effective plan of care for physical therapy patients in the current setting.
6. Arrange interprofessional collaboration or learning activities for student such that are appropriate to the clinical setting.
7. Arrange supervision opportunities with PTA and other support personnel.

Rights and Privileges of Clinical Education Instructors

All clinical instructors are considered Clinical Education Faculty for the Charleston Southern University DPT Program, and as such are entitled to the use of that designation. Note: Clinical instructors shall not be deemed to be employed by, an agent, or a servant of Charleston Southern University. Further, the University assumes no responsibilities as may be imposed upon an employer under any law, regulation, or ordinance; and that CIs are not entitled to any benefits available to employees. CIs are invited to collaborate with CSU core faculty in conducting clinical research. CIs may have the opportunity to serve as lab instructors or guest lecturers on a specific topic. Clinical instructors will be provided a certificate for clinical instruction hours after completion of student clinical and may be eligible to earn CEU units as outlined by the *individual state practice act*. Clinical instructors can receive access to CSU library and virtual access to textbooks. Clinical instructors may also have opportunity to attend free or reduced cost CEUs sponsored by CSU DPT program.

Student Responsibilities for Clinical Education

Before a student can attend a clinical education experience they must:

- Show proof of current
 - Certification in CPR/BLS through the American Heart Association.
 - Vaccinations and immunizations.
- Completion of Care Learning Health & Safety Compliance Training. Required modules:
 - Abuse and Neglect
 - AIDET
 - Bloodborne Pathogens
 - COVID-19: Coronavirus Disease 2019
 - Culturally Competent Care
 - Disaster Preparedness
 - Electrical Safety
 - Fire Safety
 - Hand Hygiene
 - Hazard Communication – CHS Version
 - HIPAA
 - Isolation and Standard Precautions
 - Lewis Blackman Patient Safety Act
 - Moving, Lifting and Repetitive Motion
- Approval from core faculty that student has satisfied safety, academic, and professional requirements.
- Students enrolled in the DPT program will be required to comply with additional immunizations, vaccinations, and/or testing that are mandated by clinical affiliation sites.

Student Clinical Education History and Experiences

Each student will create a profile on EXXAT which can be provided to the clinical faculty at least four weeks before the start of each full-time clinical education experience or when the CI information is provided. Students will use the EXXAT profile to provide information to their clinical instructors about their background, clinical experience, strengths, weaknesses,

communication style, and other pertinent information that will allow CIs to facilitate student learning and to better prepare students for entry-level practice.

Clinical Education Experience Student Agreement

Each student must review and sign the *Clinical Education Experience Student Agreement* (see [Appendix J](#)) six weeks prior to the start of full-time clinical education experiences. This details information and rules the student should know before beginning the clinical experience and includes many of the items in this document, as well as a confidentiality agreement. Students will submit this form onto Exxat STEPS as part of pre-clinical requirements.

Review of Clinical Affiliation Agreement

Each student is required to review the *Clinical Affiliation Agreement* for each facility to which they are assigned six weeks before the start of full-time clinical education experiences. All provisions of the agreement requiring an obligation on the part of the student should be carefully reviewed. The student is required to read and sign the *Contract Review Sheet* (see [Appendix J](#)). If the agreement requires training or immunizations not routinely conducted by the CSU program, students must satisfy these requirements before they can attend this clinical education experience. *Clinical Affiliation Agreements* for each facility are available for review on Exxat STEPS. Students will submit this form onto Exxat STEPS as part of pre-clinical requirements.

Rights and Privileges of Students

Liability Insurance

Students are required to have liability insurance throughout the program. The university provides professional liability insurance by Healthcare Providers Service Organization Purchasing Group (HPSO) which provides \$2,000,000 and \$5,000,000 individual and aggregate coverage, respectively.

Americans with Disabilities Act (ADA) Requirements

Due to the ADA privacy requirement, the DCE is prohibited from discussing any disability with the clinical site without specific authorization to do so from the student. If a student is requesting accommodations during his/her clinical experience(s), written consent must be provided so the DCE can discuss any accommodations with the SCCE/CI before the student's arrival. The Department has a legal responsibility to disclose any limitations a student might have that could potentially interfere with his/her ability to safely interact with patients/clients. In cases where a student is not requesting accommodations, he/she is still encouraged to engage in a proactive, open dialogue with clinical education faculty about his/her educational needs to ensure realistic performance expectations. Thus, it is recommended that the student discuss any relevant information about their disability, which may result in any clinical performance, scheduling, or time management difficulties with the CI during a private orientation meeting. If problems arise which cannot be resolved, the DCE should be contacted as soon as possible. If requested and written permission is provided, the DCE will discuss the disability and implications for the clinical site before the student arrives at the assigned facility. Should problems arise later due to an undisclosed disability, clinical education faculty are neither obligated nor expected to alter their performance assessment. Thus, full disclosure is recommended to any student with a documented

disability before embarking on any clinical experience to maximize learning and optimize the successful completion of the clinical education experience.

However, the Department of Physical Therapy reserves the right to disclose health information for the following reasons:

1. *For treatment:* The Department may use or disclose health information about a student to facilitate medical treatment or services to a provider or in the case of an emergency to an emergency dispatcher should the student become injured or ill while off-campus at an assigned facility.
2. *As required by law:* The Department will disclose health information about a student when required to do so by federal, state, or local law. For example, the Department may disclose health information when required by court order in a litigation proceeding such as a malpractice action.
3. *To avert a serious threat to health or safety:* The Department may use and disclose health information about a student when necessary to prevent a serious threat to the student's health or safety or the health and safety of the public or patients for whom the student provides care. Any disclosure, however, would only be to someone able to help prevent the threat.
4. *Disclosure to health plan sponsor:* Health information may be disclosed for purposes of facilitating claims payment under the student's primary health plan in the event the student becomes injured or ill while off-campus at an assigned facility.
5. *In the event of death:* In the event of the death of a DPT student, the Department may be required to supply personal health information to determine the cause of death.

Health Insurance Portability and Accountability Act (HIPAA)

HIPAA identifies protected health information (PHI). Under all circumstances, students are prohibited from disclosing PHI or disseminating PHI via verbal, electronic, or any other means. This act ultimately protects patients' right to privacy and confidentiality. Students will receive introductory training in HIPAA as part of the Principles & Values in Physical Therapy course during the first semester of the program. Students also receive HIPAA training as part of their annual updates and as specified by the assigned clinical practicum. Any breaches in patient confidentiality or privacy will result in dismissal from the educational program.

Student Employment

Outside work obligations will not be considered an acceptable excuse for poor performance or absence from any scheduled course activities. Students may not miss or alter their clinical schedule to accommodate another job and should prioritize clinical education.

The Department of Physical Therapy does not allow students to substitute for or function as instructional faculty regardless of their prior knowledge, education, or experiences. If a student is asked to substitute for a staff person on a clinical experience, he or she must contact the DCE, and appropriate actions will be taken.

Sexual Harassment

The University prohibits Sexual Harassment, Gender-Based Harassment, Non-Consensual Sexual Intercourse, Non-Consensual Sexual Contact, Sexual Exploitation, Intimate Partner Violence, Stalking, Retaliation, and Complicity ("Prohibited Conduct"). These forms of Prohibited Conduct

are unlawful, undermine the character and purpose of the University, and will not be tolerated. For a full description of this policy and procedures, including prohibited conduct, reporting and grievance procedures, resolution, education, and prevention, please visit:

<https://www.charlestonsouthern.edu/wp-content/uploads/2019/08/Sexual-Misconduct-and-Harassment-Policy.pdf>

File a Complaint

Any individual or organization that is dissatisfied with his/her experience or encounter with any student, faculty, or staff member associated with the Department of Physical Therapy may file a complaint against the offending party with the Department of Physical Therapy Program Director. The complaint must be made in writing and contact information supplied to be considered bona fide. Complaints should be addressed as follows:

Janet B. Tankersley, PT, DPT, PhD
Chair and Program Director
Department of Physical Therapy
Charleston Southern University
Health Sciences Building
9200 University Blvd
Charleston, SC 29406
Email: jtankersley@csuniv.edu
Phone: (843) 863-7186

Complaints Involving the Department or Program Director

Complaints about the Department of Physical Therapy or the Program Director may be submitted directly to the Dean of the College of Health Science at the following address:

Gabrielle Poole, DMSc, MSPAS, PA-C
Interim Dean, College of Health Sciences
Charleston Southern University
9200 University Blvd.
Charleston, SC 29406
Phone: 843.863.7452
Email: gpoole@csuniv.edu

Complaints Involving Physical Therapy Accreditation

The Program Director is responsible for all activity related to accreditation of the DPT Program. This includes but is not limited to providing CAPTE with required Program and accreditation information, and submission of fees and biannual reports. Complaints about the Department or University related to compliance with accreditation standards must be submitted in writing to the Commission on Accreditation in Physical Therapy Education (CAPTE). These complaints should be addressed as follows:

Commission on Accreditation in Physical Therapy Education
Department of Accreditation
3030 Potomac Ave., Suite 100
Alexandria, VA 22305-3085
Ph: (800) 999-2782 or (703) 706-3245
Email: accreditation@apta.org

The following actions will be taken on any written complaint filed with the University: The Department of Physical Therapy Program Director or Dean of the College of Health Science (Dean) will provide the complainant (person or organization submitting the complaint) with an acknowledgment of receipt of the complaint within 15 business days of the receipt of the complaint. This acknowledgment may take written or verbal form based on the nature of the situation. Within 30 business days after receipt of the complaint, the appropriate administrator of the University will provide the complainant and the Dean with the institutional response to the complaint if a response is determined to be necessary by CSU.

The Dean will maintain a record regarding the names of complainants, the date of complaints, the nature of complaints, the disposition of the complaint, and a supporting file reflecting actions taken in response to complaints for a timeline as prescribed by CSU policies. Formal complaints (written statements filed with the Program Director or Dean) and those responses and supporting files will be forwarded to the President's office. Complaints regarding the institution that cannot be resolved at the institutional level, particularly state-related policies and procedures or accrediting concerns, should be filed by the complainants to the S.C. Commission on Higher Education or the appropriate agency.

Confidentiality and Retaliation

The university recognizes the sensitive and confidential nature of many complaints and as a result, documentation and correspondence about written complaints are kept confidential. This information is shared with other departments only on a need-to-know basis. In addition, retaliation is strictly prohibited by the university as it is unlawful and undermines the character and purpose of Charleston Southern University. No adverse treatment or action can be issued to any employee, clinical education affiliate, or student who files a complaint or assists in the investigation of a complaint. The university will take prompt action in response to any act of retaliation.

Appendices

Appendix A: Generic Abilities Self-Assessment Form

Appendix B: Student Performance Rubric for Clinical Experience 1

Appendix C: Clinical Affiliation Agreement

Appendix D: Request for New Clinical Site Form

Appendix E: Student Week 1 Contact Form

Appendix F: Clinical Instructor Week 1 Contact Form

Appendix G: Example Feedback Form

Appendix H: Student Incident Report Form

Appendix I: Clinical Education Experience Student Agreement

Appendix J: Contract Review Form

Appendix K: Request for Immunization Waiver

Appendix L: Student Readiness for the First Full-Time Clinical Experience

Appendix A - Generic Abilities Self-Assessment Form

GENERIC ABILITIES

Generic abilities are attributes, characteristics, or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. Students will self-assess these abilities as a self-learning tool as part of integrated clinical experiences. Ten generic abilities were identified through a study conducted at UW-Madison in 1991-92 and have since been validated and accepted as defining physical therapy professional behavior. The 10 physical therapy-specific generic abilities and the three levels of associated behavioral criteria exemplify the quality of professional behavior expected of Doctor of Physical Therapy students and graduates.

Generic Ability	Definition
Commitment to Learning	The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.
Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.
Communication Skills	The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.
Effective Use of Time & Resources	The ability to obtain the maximum benefit from a minimum investment of time and resources.
Use of Constructive Feedback	The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
Problem-solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
Professionalism	The ability to exhibit appropriate professional conduct and represent the profession effectively.
Responsibility	The ability to fulfill commitments and to be accountable for actions and outcomes.
Critical Thinking	The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.
Stress Management	The ability to identify sources of stress and to develop effective coping behaviors.

Generic Abilities Self-Assessment Form

Student Name: _____ Clin Ed Experience: _____

Instructions: Assess each of the ten abilities based on the Generic Abilities Behavioral Criteria by indicating on the line current ability level. Use comments to support your rating

Generic Abilities	Beginning Level Behavior Criteria	Developing Level Behavior Criteria	Entry Level Behavior Criteria
1.	Novice ● <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 0;"/> Entry-level ●		
Commitment to learning	<p>Identifies problems; formulates appropriate questions; identifies and locates appropriate resources; demonstrates a positive attitude (motivation) toward learning; offers own thoughts and ideas; identifies need for further information</p> <p><i>Demonstrates awareness of own strength and limitations; seeks guidance to address limitations;</i></p> <p>Recognizes inadequate knowledge; seeks out appropriate resources, faculty members, or mentors; develops strategies to maximize learning; Recognizes their own individual learning style(s) and learning needs; participates in on-line classroom discussions; communicates with instructor about all class absences, whenever possible prior to the absence; comes to class prepared to participate in classroom activities.</p>	<p>Prioritizes information needs; analyzes and subdivides large questions into components; seeks out professional literature; sets personal and professional goals; identifies own learning needs based on previous experiences; plans and presents in-services, research or case study; welcomes and/or seeks new learning opportunities</p> <p><i>Establishes a plan for professional development; participates in opportunities for professional growth;</i></p> <p>Completes additional study based on patient caseload or identified learning needs; initiates new topics in on-line classroom discussions; focuses on learning needs rather than exam performance.</p>	<p>Applies new information and re-evaluates performance; accepts that there may be more than one answer to a problem, recognizes the need to and is able to verify solutions to problems; reads articles critically and understands the limits of application to professional practice; researches and studies areas where knowledge base is lacking</p> <p><i>Demonstrates knowledge of current professional issues and practice; accepts responsibility for continuous professional learning.</i></p>
Student Comments:			
2.	Novice ● <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 0;"/> Entry-level ●		
Interpersonal Skills	<p>Maintains professional demeanor in all professional interactions; demonstrates interest in patients as individuals; respects cultural and personal differences of others; is non-judgmental about patients' lifestyles; communicates with respect and confidence; respects personal space of patients and others; maintains confidentiality in all clinical interactions; demonstrates acceptance of limited knowledge and experience</p> <p><i>Maintains privacy and modesty of patients and classmates; Maintains respect for classmates, instructors, faculty, other professionals, and patients.</i></p> <p>Classroom examples: Demonstrates interest in other students' comments and questions in class; encourages participation from classmates; respects needs of classmates and is flexible with sign-ups for practical exams, observations, and activities.</p>	<p>Recognizes impact of non-verbal communication and modifies according; assumes responsibility for their own actions; motivates others to achieve; establishes trust; seeks to gain knowledge and input from others; respects role of support staff</p> <p>Seeks feedback from classmates and other professionals about how they are being perceived, and considers feedback when modifying styles of interaction</p> <p>Classroom example: Resolves conflicts and scheduling issues through negotiation with classmates.</p>	<p>Listens to patient but reflects back to original concern; works effectively with challenging patients; responds effectively to unexpected circumstances; talks about difficult issues with sensitivity and objectivity; delegates to others as needed; approaches others to discuss differences in opinion; accommodates differences in learning styles</p>
Student Comments:			

Generic Abilities	Beginning Level Behavior Criteria	Developing Level Behavior Criteria	Entry Level Behavior Criteria
3.	Novice		Entry-level
<p>Communication Skills</p>	<p>Demonstrates understanding of basic English (verbal and written); able to project voice adequately; uses correct grammar, accurate spelling and expression; writes legibly; recognizes impact of non-verbal communication (in self, classmates, faculty and patients); listens actively; maintains eye contact</p> <p><i>Maintains productive working relationship with classmates, faculty, other professionals, patients and families; manages conflict in constructive ways; demonstrates professionally and technically correct verbal and written communications</i></p> <p>Classroom Examples: Contributes to classroom discussion (live and online) regularly through comments and questions; proofreads written work and eliminates errors; Maintains respect for others in classroom by following classroom discussion protocol i.e. raising hand.</p>	<p>Utilizes non-verbal communication to augment verbal message; restates reflects, and clarifies message; collects necessary information from the patient interview</p> <p><i>Initiates communication in difficult situations; selects appropriate person with whom to communicate; interprets and responds to the nonverbal communication of others</i></p> <p>Presents thoughts in an organized fashion in written and verbal interactions; effectively restates the comments of others (patients or classmates), demonstrates basic knowledge of various communication tools, and when they are most appropriately used (email, phone, written, text, face to face).</p>	<p>Modifies communication (verbal and written) to meet the needs of different audiences; presents verbal or written messages with logical organization and sequencing; maintains open and constructive communication; utilizes communication technology effectively; dictates clearly and concisely</p> <p><i>Evaluates the effectiveness of his/her own communication and modifies communication accordingly</i></p>
Student Comments:			
4.	Novice		Entry-level
<p>Effective Use of Time and Resources</p>	<p>Focuses on tasks at hand without dwelling on past mistakes; recognizes own resource limitations; uses existing resources effectively; uses unscheduled time efficiently; completes assignments in a timely fashion</p> <p><i>Identifies tasks that are appropriate for delegation in a clinical setting.</i></p> <p>Classroom Examples: Completes individual work for group projects responsibly and on time; is prompt for class, meetings clinic activities; communicates appropriately if unable to be on time or if unable to attend scheduled activity.</p>	<p>Sets up own schedule; coordinates schedule with others; demonstrates flexibility; plans ahead</p> <p><i>Delegates appropriately to clinical support personnel;</i></p> <p>Able to appropriately prioritize demands of classroom activities, clinical education responsibilities, work, community, and family/friends.</p>	<p>Sets priorities and reorganizes when needed; considers patient's goals in context of patient, clinic and third party resources; has ability to say "no", performs multiple tasks simultaneously and delegates when appropriate; uses scheduled time with each patient efficiently</p> <p><i>Monitors care delivered by support personnel, and provides appropriate feedback to support personnel</i></p>
Student Comments:			

Generic Abilities	Beginning Level Behavior Criteria	Developing Level Behavior Criteria	Entry Level Behavior Criteria
5.	Novice		Entry-level
Use of constructive feedback	<p>Demonstrates active listening skills; actively seeks feedback and help; demonstrates a positive attitude toward feedback; critiques own performance maintains two-way information</p> <p><i>Accepts criticism without defensiveness;</i></p> <p>Provides constructive feedback on course, instructor faculty, and peer evaluations; seeks faculty, CI and classmate feedback in deficient areas; incorporates feedback from others and self-assessment when identifying areas of weakness</p> <p>Classroom example: Switches partners with lab activities frequently in order to receive more feedback.</p>	<p>Assesses own performance accurately; utilizes feedback when establishing pre-professional goals provides constructive and timely feedback when establishing pre-professional goals; develops plan of action in response to feedback</p> <p>Uses identified limitations to set goals for clinical rotations, additional study, and practice; follows through on action plans for improvement; provides thorough feedback to classmates about performance of skills in lab classroom and group activities.</p>	<p>Seeks feedback from clients; modifies feedback given to clients according to their learning styles; reconciles differences with sensitivity; considers multiple approaches when responding to feedback.</p>
Student Comments:			
6.	Novice		Entry-level
Problem-solving	<p>Recognizes problems and makes a commitment to solve the problem; states problems clearly; describes known solutions to problem; identifies resources needed to develop solutions; begins to examine multiple solutions to problems</p> <p><i>Makes choices after considering the consequences to self and others</i></p> <p>Classroom example: Recognizes knowledge gap in particularly course and seeks additional study sessions; considers finding a study partner or other solutions to address problem</p>	<p>Prioritizes problems; identifies contributors to problem; considers consequences of possible solutions; consults with others to clarify problem.</p> <p><i>Utilizes information from multiple data sources to make decisions; Presents cogent and concise arguments or rationale for clinical decisions; describes sources of error in the collection of clinical data;</i></p> <p>Able to appropriately prioritize demands of classroom activities, clinical education responsibilities, work, community, and family/friends in order to complete tasks.</p>	<p>Implement solutions; reassesses solutions; evaluates outcomes; updates solutions to problems based on current research; accepts responsibility for implementing solutions.</p> <p><i>Demonstrates an ability to make clinical decisions in ambiguous situations; Distinguishes practices based on traditional beliefs from practices that are scientifically based.</i></p>
Student Comments:			

Generic Abilities	Beginning Level Behavior Criteria	Developing Level Behavior Criteria	Entry Level Behavior Criteria
7.	Novice		Entry-level
Professionalism	<p>Abides by the APTA Code of Ethics; demonstrates awareness of state licensure regulations; abides by facility policies and procedures; projects professional image; attends professional meetings; demonstrates honesty, compassion, courage and continuous regard for all; seeks informed consent from patients.</p> <p><i>Adapts to change;</i></p> <p>Follows the CSU honor code; demonstrates commitment to the community and profession through volunteerism and community involvement; maintains the privacy of patients during all interactions.</p>	<p>Identifies positive professional role models; discusses societal expectations of the profession; acts on moral commitment; involves other health care professionals in decision-making</p> <p><i>Recognizes situations in which ethical questions are present; identifies situations in which legal questions are present</i></p> <p>Act as role model for incoming students</p>	<p>Demonstrates accountability for professional decisions; treats patients within scope of expertise; discusses the role of physical therapy in health care; keeps patient as priority</p> <p><i>Reports violations of ethical practice; reports violations of laws governing practice of PT; Advocates for physical therapy</i></p> <p>Involved in organizations, professional associations, and other activities in area of professional interest.</p>
Student Comments:			
8.	Novice		Entry-level
Responsibility	<p>Demonstrates dependability; demonstrates punctuality; follows through on commitments; recognizes own limits</p> <p><i>Wears attire consistent with the expectation of the environment; demonstrates initiative (i.e. uses time in clinical setting to learn about professional topics),</i></p> <p>Follows up on needs for additional study and completes work to bring skills up to adequate level</p> <p>Classroom example: Makes sure personal information is up to date with PT department; completes all pre-clinical requirements (i.e. immunizations, CPR certification, health insurance, bio/goals etc) with minimal reminders; Keeps classroom spaces clean and free of clutter; reports equipment problems; assists in maintaining classroom security.</p>	<p>Accepts responsibility for actions and outcomes; provides safe and secure environment for patients; offers and accepts help; completes projects without prompting</p> <p><i>Assists in assessing resources, advocates for patient needs</i></p>	<p>Directs patients to other health care professionals when needed; delegates as needed; encourages patient accountability.</p>
Student Comments:			

Generic Abilities	Beginning Level Behavior Criteria	Developing Level Behavior Criteria	Entry Level Behavior Criteria
9.	Novice		Entry-level
Critical Thinking	<p>Raises relevant questions; considers all available information; states results of scientific literature; recognizes "holes" in knowledge base; articulates ideas</p> <p>Looks for support in literature and from valid sources for material presented.</p>	<p>Feels challenged to examine ideas; understands scientific method; formulates new ideas; formulates alternative hypotheses; critiques hypotheses and ideas</p>	<p>Exhibits openness to contradictory ideas; assess issues raised by contradictory ideas; justifies solutions selected; determines effectiveness of applied solutions</p> <p>Makes clinical decisions based on sound judgement, experience, scientific evidence and patient preference.</p>
Student Comments:			
10.	Novice		Entry-level
Stress Management	<p>Recognizes own stressors or problems; recognizes distress or problems in others; seeks assistance as needed; maintains professional demeanor in all situations</p> <p>Able to manage conflict with faculty, CI's, classmates, and patients in a productive manner.</p>	<p>Maintains balance between professional and personal life; demonstrates effective affective responses in all situations; accepts constructive feedback; establishes outlets to cope with stressors</p> <p>Recognizes the ambiguity inherent in the profession of physical therapy; seeks appropriate resources and evidence to make sound judgements</p>	<p>Prioritizes multiple commitments; responds calmly to urgent situations; tolerates inconsistencies in health care environment.</p>
Student Comments:			

Student summative comments/reflections:

Clinical Instructor summative comments:

Student signature: _____

CI signature: _____

Date: _____

Appendix B - Student Performance Rubric for Clinical Experience 1

Student Performance Rubric for Clinical Experience 1, DPTE 830

The beginner-level expectation for student performance during Clinical Experience 1 is that the student can demonstrate the below criteria with 100% supervision and guidance as needed from the Clinical Instructor.

The clinical instructor should review the below criteria and select the number that best describes the student’s frequency of performance at the end of the clinical experience for each criteria.

Student Name: _____

Criteria	5 - Always (100%)	4 – Often (75%)	3- Sometimes (50%)	2 – Rarely (25%)	1 – Never (0%)
Student exhibits safe behavior	5	4	3	2	1
Student exhibits professional behavior	5	4	3	2	1
Student adheres to HIPAA regulations and maintains patient confidentiality	5	4	3	2	1
Student demonstrates professionalism in attendance and dress	5	4	3	2	1
Student exhibits restraint in the management of patients corresponding with skill level	5	4	3	2	1
Student practices in a manner consistent with legal standards and the APTA Core Values	5	4	3	2	1

Comments:

CI Signature

Date

Appendix C – Clinical Site Affiliation Agreement

College of Nursing and College of Health Sciences
Clinical Site Affiliation Agreement

This Memorandum of Understanding is entered into on this _____ day of _____ (“Effective Date”) between Charleston Southern University, hereinafter referred to as the University, and _____ hereinafter referred to as the Clinical Site.

WHEREAS the University offers its students an undergraduate degree or graduate degree in the field of nursing, physician assistant, physical therapy, athletic training, clinical counseling, or other clinical care and treatment field programs.

WHEREAS the Clinical Site is willing and is able to function as a clinical site for students enrolled in the University; and

WHEREAS the University is desirous of cooperating with the Clinical Site to provide clinical learning experiences for students enrolled in the University; and

NOW, THEREFORE, in consideration of the mutual benefits to be derived by University and Clinical Site, the parties hereby agree as follows:

UNIVERSITY AND CLINICAL SITE MUTUALLY AGREE TO THE FOLLOWING:

1. The University and the Clinical Site will mutually agree to the number of students that can participate in a clinical experience at the Clinical Site each year and will work together to create a schedule prior to the start of clinical experiences for students. Such schedule may be altered by mutual agreement of both parties.
2. The students at the University shall be directly supervised by a designated faculty member or preceptor of the Clinical Site who is approved in advance by the University and meets the Clinical Site’s requirements for such position.
3. Neither party will discriminate against any student because of race, color, religion, disability, gender or national origin.
4. Students will not be considered to be employees of either the University or the Clinical Site.
5. The University and the Clinical Site agree to cooperate with each other and share information in the event that any investigation is conducted with respect to a student’s experience or performance at the Clinical Site.
6. Reasonable efforts will be made to resolve problems with the students by working with the University and its faculty; however, the Clinical Site reserves the right to request removal of any student from participation in the clinical experience at the clinical site if the Clinical Site deems that the student poses a danger to the health and safety of patients or staff or behaves in an unacceptable manner.
7. The University and the Clinical Site agree to comply with all relevant federal, state and local laws, regulations, and ordinances, including but not limited to those regarding the confidentiality of student records, FERPA, and Title IX and the Americans with Disabilities Act.

8. In consideration of the provision of clinical learning experiences by the Clinical Site and/or its subsidiaries, affiliates, agents, officers, directors, and employees for the benefit of students of Charleston Southern University (hereafter referred to as the University), the University agrees to indemnify the Clinical Site and to hold them harmless at all times from and against any losses, damages, judgment costs, charges, counsel fees, payments, expenses or other liabilities which the Clinical Site may sustain or incur at any time by reason of claims based upon the conduct of any student(s), officers, trustees, employees or agents of the University, including but not limited to, any claims for personal injury, wrongful death or property damage, by whomever such claims may be asserted, arising out of performance in the clinical learning experiences. It is further agreed that if any litigation shall be instituted out for such claims, the University shall be responsible on behalf of the Clinical Site and shall pay the costs of litigation. Furthermore, the University agrees to cooperate fully in the defense of the suit and shall appear and defend against same if so, requested by the Clinical Site.
9. In consideration of the University's agreements herein, the Clinical Site agrees to indemnify the University and to hold it harmless at all times from and against any losses, damages, judgment costs, charges, counsel fees, payments, expenses or other liabilities which the University may sustain or incur at any time by reason of claims based upon the conduct of any officers, trustees, employees or agents of the Clinical Site, including but not limited to, any claims for personal injury, wrongful death or property damage, by whomever such claims may be asserted, arising out of participation performance in the clinical learning experience. It is further agreed that if any litigation instituted out of such claims, the Clinical Site shall be responsible on behalf of the University and shall pay the costs of such litigation. Furthermore, the Clinical Site agrees to cooperate fully in the defense of the suit and shall appear and defend against same if so, requested by the University.
10. The method of binding dispute resolution shall be made through mediation. If not resolved through mediation, then litigation in a court in Charleston County, South Carolina. The prevailing party shall be reimbursed for all costs and reasonable attorney's fee. The mediator's costs shall be split evenly by both parties.
11. This agreement may be terminated at any time by the mutual written agreement of the parties upon sixty (60) day notice. However, if the agreement is terminated during the course of a student's clinical experience, the student will be permitted to complete the clinical experience.

DUTIES OF THE UNIVERSITY:

1. To appoint a faculty member from each respective program to administer the University's responsibilities related to the clinical experience at the Clinical Site.
2. To assure the University's compliance with accreditation standards for each program as appropriate and communicate these standards as they relate to clinical experiences to the Clinical Site.
3. To orient Clinical Site and students to:
 - a) Program policies and procedures for each program;

- b) Program goals, student learning outcomes, and course objectives for each clinical experience through the course syllabus; and
 - c) Assessment methods for students during each clinical experience.
4. To assign students to the Clinical Site by providing the Clinical Site with student names and dates for each student assigned to the Clinical Site.
 5. To be responsible for determining final grades for clinical experiences for students.
 6. To ensure compliance with site requirements such as health immunizations, background checks, drug screenings, and trainings as outlined in the attachments section of this agreement.
 7. To have open communication with the Clinical Site and student, responding to questions and concerns in a timely manner.
 8. To assure that professional liability insurance will be maintained for each assigned student. Professional liability coverage will be at least \$1,000,000 per occurrence and \$3,000,000 in the aggregate. Proof of professional liability insurance will be provided to the Clinical Site upon request.

Please see additional responsibilities for each program listed within the University in the attachments section of this document.

DUTIES OF THE CLINICAL SITE:

1. To provide opportunities for students to observe and provide, where appropriate, patient care services in a clinical setting and receive clinical instruction consistent with mutually agreed upon educational objectives and guidelines. The ultimate responsibility for the care of patients lies with the Clinical Site.
2. To appoint a Clinical Site Coordinator who will be responsible for coordinating student clinical experiences with the appointed faculty or staff member from each respective program as defined in this agreement.
3. To permit visits of the University faculty and staff to monitor or inspect the clinical facilities, the services available at this clinical site, and other components of the clinical experience provided by the Clinical Site as necessary.
4. To notify the University in advance, when possible, of any changes in the Clinical Site's personnel, operations or policies which may impact the clinical experience or the University's compliance with accreditation standards.
5. To notify the University of any serious deficiency in the student meeting the objectives of the clinical experience or if the student's behavior is judged to create risk for the Clinical Site or its patients.
6. To orient the student with respect to policies and procedures and to provide a copy of any policies at all Clinical Site sites where students will be located and with which students are expected to comply. These policies should include but not limited to, those policies and procedures that promote personal safety and security measures and workplace security and to take reasonable steps to ensure personal security and safety of students during the clinical experience, and critical incident response procedures, bloodborne pathogen exposure plans, communicable and infectious disease policies, documentation policies and procedures, patient privacy and confidentiality protections, and plan for patients to differentiate practitioners from students as appropriate to the practice.
7. To provide students with any necessary emergency care for injuries or illnesses occurring at the Clinical Site. Applicable insurance policies may be billed for the provision of these services, but the Clinical Site will not be responsible for the cost of any services to the student.

8. Make available and provide students the ability to use physical facilities, equipment and opportunities required to complete the clinical experience.
9. To ensure that students will not at any time replace or substitute for any employee or provider at the Clinical Site nor will students perform any duties normally performed by an employee of the Clinical Site.
10. To assure that professional liability insurance will be maintained for the Clinical Site. Professional liability coverage will be at least \$1,000,000 per occurrence and \$3,000,000 in the aggregate. Proof of professional liability insurance will be provided to the University upon request.

GENERAL PROVISIONS:

1. This agreement may be terminated at any time by the mutual written agreement of the parties upon 60 (sixty) day notice. However, if the agreement is terminated during the course of a student's clinical experience, the student will be permitted to complete the clinical experience at the Clinical Site.
2. The terms of this agreement may be modified only with mutual written consent of both parties.

IN TESTIMONY HEREOF, the hands and seals of the parties are affixed hereto:

CLINICAL SITE UNIVERSITY

Name Name

Title Title

Signature Signature

Date Date

*Clinical Site signature represents to the University that the Clinical Site has the authorization to permit students to participate in clinical practice experiences at the clinical site identified at the beginning of this agreement.

*This Agreement is approved by the Vice President for Business Affairs, Luke Blackmon, effective May 1, 2022.

Attachment C
Department of Physical Therapy Specific Responsibilities

- 1. To assign students who within the twelve (12) months prior to the start of the clinical experience:**
 - a) Have and maintain up-to-date immunization status;**
 - b) Have been notified of the requirement to comply with policies and procedures of individual Clinical Sites;**
 - c) Have completed appropriate OSHA and HIPAA trainings;**
 - d) Have up-to-date CPR certification**
 - e) Have received instruction regarding risk of exposure of infectious and environmental hazards and reporting procedures;**
 - f) Have medical health insurance as required throughout their time in the University; and**
 - g) Have a completed criminal background check and urine drug screen.**
- 2. To provide the documentation for items listed above in section 5 at least five (5) days before the arrival of the student at the Clinical Site.**

Appendix D - New Clinical Site Request Form

REQUEST FOR NEW CLINICAL SITE FORM

Requested by _____

Date of Request _____

General Information

Name of Facility _____

Telephone Number _____

Address _____

Contact Person (if known) _____

City, State, Zip _____

Position of Contact Person (if known) _____

Type of Clinical Experience (IP, OP, type of specialty) _____

E-mail of Contact Person (if known) _____

Educational Opportunities Provided (if known)

Why do you think this facility should be added to our list?

How did you find out about this facility?

Please attach additional relevant details as needed.

Appendix E - Week One Student Contact Form

STUDENT WEEK ONE CONTACT FORM

Clinical Education Experience: DPTE 830 DPTE 910 DPTE 911 DPTE 920

Student Name

Date

Clinical Instructor

Facility

Phone

Do you have concerns regarding your performance on this clinical experience at this time?

Do you feel you and your clinical instructor will communicate well?

The DCE will call you if you answered “yes” to the first question or “no” to the second question.

Appendix F - Week One CI Contact Form

CLINICAL INSTRUCTOR WEEK ONE CONTACT FORM

Clinical Education Experience: DPTE 830 DPTE 910 DPTE 911 DPTE 920

Student Name

Date

Clinical Instructor

Facility

Phone

Does the student exhibit any performance issues or professional issues at this time? If yes, please explain.

Yes No

Do you feel you and the student will communicate well?

Yes No

Did you receive and review the student information packet for the Clinical Instructor provided via Exxat?

Yes No

Did you receive CSU's Clinical Education Handbook?

Yes No

Did you provide a departmental/facility orientation to the student during the first week of the clinical experience?

Yes No

The DCE will follow up with you if you answered "yes" to the first question or "no" to any of the remaining questions.

Appendix G – Example of Feedback Form

Reflection and Planning Form

Student name: _____ Date: _____ Experience Week Number _____

STUDENT’S REVIEW OF PERFORMANCE *Please comment on progress toward goals.*

When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance.

Provide additional feedback for your CI:

CI’S REVIEW OF PERFORMANCE *Please comment on progress toward goals.*

When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance.

Provide any additional feedback for the student:

GOALS FOR PERFORMANCE PROGRESSION

- 1.
- 2.
- 3.

Student’s Signature _____

CI Signature _____

DCE please call: CI Student SCCE/CCCE _____
Phone number

Appendix H – Student Incident Report Form

**CSU Physical Therapy
Student Incident Report Form**

Student Name and ID Number: _____

Date/Time: _____

Location: _____

Instructor: _____

Description of Incident: _____

Action Taken: _____

Completed and signed by: _____ Date: _____

Student Signature: _____ Date: _____

Instructor's Responsibility:

1. Send the student to Emergency or an approved Urgent Care facility, if needed dial 911.
2. Incidents during clinical experiences – follow facility protocol.
3. Place a copy of this form and the student statement (optional) in the student's file in the Department.

Optional Student Statement: _____

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Appendix I - Clinical Education Experience Student Agreement

CLINICAL EDUCATION EXPERIENCE STUDENT AGREEMENT

In consideration for participating in a clinical education program experience at Facility or any other Facility where I may participate in such a program (hereinafter referred to as the "Facility"), I hereby agree to the following:

- To follow the administrative policies, standards, and practices of the Facility when in the Facility.
- To report to the Facility on time and to follow all established regulations of the Facility.
- If requested, undergo a health examination as necessary to meet program or Facility requirements, including testing to determine infectious or contagious diseases. Also, to provide evidence of immunity, as may be appropriate, and to meet program or Facility requirements.
- To undergo a drug screen and criminal background check as required by the program's policies and procedures or as may be required by the Facility.
- To keep in confidence all medical, health, financial, and social information (including mental health) pertaining to particular clients or patients.
- To not publish any material related to my educational training program that identifies or uses the name of the University, its members of the Board of Trustees, or the Facility, its members, clients, students, faculty, or staff, directly or indirectly, unless I have received written permission from the University and the Facility.
- To comply with all federal, state, and local laws regarding the use, possession, manufacture, or distribution of alcohol and controlled substances.
- To follow the Center for Disease Control and Prevention (CDC) Universal Precautions for Bloodborne Pathogens, CDC Guidelines for Tuberculosis Infection Control, and Occupational Safety and Health Administration (OSHA) Respiratory Protection Standard.
- To arrange for and be solely responsible for my living accommodations while at the Facility.
- To provide the necessary and appropriate uniforms and supplies required when not provided by the Facility.
- To wear a name tag that clearly identifies me as a student.
- Further, I understand and agree that I will not receive any monetary compensation from the University or the Facility for any services I provide to the Facility or its clients, patients, students, faculty, or staff as a part of the CSU DPT clinical educational program experiences.
- I also understand and agree that I shall not be deemed to be employed by or an agent or a servant of the University or the Facility; that the University and Facility assume no responsibilities as to me as may be imposed upon an employer under any law, regulation or ordinance; and that I am not entitled to any benefits available to employees. Therefore, I agree not to in any way hold myself out as an employee of the University, or the Facility.

- I understand and agree that I may be immediately withdrawn from the Facility's educational training program based upon a perceived lack of competency on my part, my failure to comply with the rules and policies of the Institution or Facility if I pose a direct threat to the health or safety of others or, for any other reason the University or the Facility reasonably believes that it is not in the best interest of the University, the Facility or the Facility's patients or clients for me to continue.
- I further understand that potential risks of clinical education include, but are not limited to, exposure to infectious diseases, hazardous chemicals, and musculoskeletal disorders including back injuries.
- I understand and agree to show proof of liability insurance in amounts satisfactory to the Facility, covering my activities at the Facility, and to provide evidence of such insurance upon request of the Facility.
- I further understand that all medical or health-care (emergency or otherwise) that I receive at the Facility will be my sole responsibility and expense.

I, _____, acknowledge that I have read and understand the information presented in the *CSU Clinical Education Handbook* and agree to abide by the policies and procedures outlined in it.

This the _____ day of _____.

Signature

Witness Signature

Print Name

Print Name

Appendix J - Contract Review Form

Contract Review Form

Student Name: _____

Facility Name: _____

The undersigned physical therapy student acknowledges that she/he has:

- read a copy of the clinical affiliation agreement with the above-stated facility.
- noted all provisions requiring an obligation on the part of the student; including that criminal background and/or drug screen information may be collected and held by the Coordinator of Clinical Education and/or transmitted to the Site; and
- been provided an opportunity to discuss the contractual obligations required of the student.

Student Signature: _____

Date: _____

Appendix K – Request for Immunization Waiver

Date of Request _____

I, (printed name) _____, as a student enrolled in the Department of Physical Therapy at Charleston Southern University, request to waive the following recommended or required immunizations for students in the Doctor of Physical Therapy program.

Initial line(s) below indicating those applicable to the waiver of immunization being requested:

- _____ Meningitis Vaccine
- _____ Measles, Mumps, Rubella
- _____ Tetanus-Diphtheria
- _____ Varicella (Chicken Pox)
- _____ Hepatitis B
- _____ Covid Vaccine
- _____ Annual flu shot

Legal releases are below. Read and understand before signing.

In consideration for being allowed to waive these recommendations/requirements, I release from liability and waive my right to sue Charleston Southern University, their employees, officers, volunteers, and agents (collectively “University”) from any and all claims, including claims of the University’s negligence, resulting in any physical injury, illness (including death) or economic loss due to delay in academic progression or graduation that I may suffer or which may result from my opting to waive these immunizations, or any events incidental to this decision.

I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiving my right to sue the University, (c) and assuming all risks of waiving these recommendations/requirements for immunization, including economic loss due to delay in academic progression or graduation that I may suffer, or which may result from my opting to waive these immunizations, or any events incidental to this decision.

Signatures

Signature of student requesting waiver _____ on this date ____/____/20_____.

Printed name of student requesting waiver _____

Printed name of witness of student signature _____

Signature of Witness _____ on this date ____/____/20_____

Appendix L – Readiness for First Full-Time Clinical Experience



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Student Readiness for the First Full-Time Clinical Experience

The following table summarizes the minimal knowledge, skills, abilities, and professional behaviors (KSAs) identified as necessary* for physical therapist students to competently demonstrate prior to entry into the first full-time clinical experience. The KSAs are grouped into 14 themes and the recommended level of competency is indicated below.

Student Readiness Themes and KSAs		Level of Competency
Theme 1	Students should have foundational knowledge to support application and synthesis in the following content areas:	
1.1	Anatomy (i.e. functional anatomy)	At least emerging
1.2	Common diagnoses related to systems review (e.g. medical, physical therapy)	At least emerging
1.3	Kinesiology (i.e. biomechanics, exercise science, movement science)	At least emerging
1.4	Physiology / Pathophysiology (related to general systems review)	At least emerging
1.5	Tissue mechanics (e.g. stages of healing, use/disuse, load/overload)	At least emerging
Theme 2	Students should meet the specific program identified curricular requirements including:	
2.1	achieve minimum GPA	
2.2	meet minimum expectations for practical examinations	
2.3	remediation of any and all safety concerns	
Theme 3	Students should take initiative to apply evidence-based strategies to:	
3.1	generate interventions ideas	At least familiar
3.2	guide decision-making	At least familiar
3.3	measure outcomes	At least familiar
3.4	research unfamiliar information or conditions	At least emerging
Theme 4	Students should engage in self-assessment including:	
4.1	self-assessment of the impact of one's behaviors on others	At least emerging
4.2	the understanding of one's own thought processes (metacognition)	At least emerging
4.3	self-reflection and identification of areas of strength and those needing improvement, development of a plan to improve, and discussion of that plan with instructors	At least emerging
4.4	seeking out resources, including support from others when needed, to assist in implementation of the plan	At least emerging
Theme 5	Students should utilize constructive feedback by:	
5.1	being open and receptive, verbally/non-verbally	At least emerging
5.2	implementing actions to address issues promptly	At least emerging
5.3	reflecting on feedback provided	At least emerging
Theme 6	Students should demonstrate effective communication abilities within the following groups:	
6.1	diverse patient populations	At least familiar
6.2	families and other individuals important to the patients	At least familiar
6.3	healthcare professionals	At least familiar
Theme 7	Students should exhibit effective verbal, non-verbal and written communication abilities to:	
7.1	listen actively	At least emerging
7.2	demonstrate polite, personable, engaging and friendly behaviors	Proficient
7.3	independently seek information from appropriate sources	At least emerging
7.4	build rapport	At least emerging

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7.5	seek assistance when needed	At least emerging
7.6	engage in shared decision-making with patients	At least familiar
7.7	demonstrate a level of comfort and respect with patient handling	At least familiar
7.8	demonstrate empathy	At least emerging
7.9	use language and terminology appropriate for the audience	At least emerging
7.10	introduce one's self to CI, clinical staff, and patients	Proficient
Theme 8	Students should be prepared to engage in learning through demonstrating:	
8.1	accountability for actions and behaviors	At least emerging
8.2	resilience/perseverance	At least emerging
8.3	cultural competence and sensitivity	At least emerging
8.4	an eager, optimistic and motivated attitude	At least emerging
8.5	respect for patients, peers, healthcare professionals and community	Proficient
8.6	open-mindedness to alternative ideas	At least emerging
8.7	punctuality with all assignments	Proficient
8.8	self-care to manage stress	At least emerging
8.9	responsibility for learning	At least emerging
8.10	self-organization	At least emerging
8.11	taking action to change when needed	At least emerging
8.12	willingness to adapt to new and changing situations	At least emerging
8.13	appropriate work ethic	At least emerging
8.14	maturity during difficult or awkward situations with patients, families and healthcare professionals	At least emerging
Theme 9	Students should develop the following elements including the documentation of:	
9.1	examination/re-examination (History, systems review, and tests and measures)	At least familiar
9.2	establish and document the problem list	At least familiar
9.3	daily interventions	At least familiar
Theme 10	Student should recognize and address issues related to safe patient care including the ability to:	
10.1	identify contraindications and precautions	At least emerging
10.2	assess and monitor vital signs	At least emerging
10.3	identify and respond to physiologic changes	At least familiar
10.4	assess the environment for safety, including lines, tubes, and other equipment	At least familiar
10.5	appropriately apply infection control procedures including universal precautions	At least emerging
10.6	provide assistance and guarding for patient safety	At least emerging
10.7	utilize appropriate body mechanics to avoid injury to self or patients	At least emerging
10.8	provide appropriate draping during patient care activities	At least emerging
Theme 11	Student should demonstrate the following clinical reasoning skills for a non-complex patient:	
11.1	utilize the elements of the patient-client management model including: address various body systems (cardiopulmonary, integumentary, musculoskeletal, neuromuscular) during the examination	At least familiar
11.2	articulate a clinical rationale in patient evaluation	At least familiar
11.3	develop goals that are linked to the patient's activity limitations and participation restrictions	At least familiar
11.4	determine appropriateness for therapy within scope of PT practice	At least familiar
11.5	interpret examination findings	At least familiar
11.6	screen to rule in/out conditions and concerns	At least familiar
Theme 12	Student should have BOTH the understanding and skill to perform the following examination skills:	
12.1	balance assessment	At least familiar
12.2	chart review to extract relevant history	At least familiar

12.3	dermatome screening	At least familiar
12.4	functional mobility assessment	At least familiar
12.5	gait assessment	At least familiar
12.6	goniometry	At least emerging
12.7	interview / history taking	At least emerging
12.8	lower quadrant screening	At least familiar
12.9	manual muscle testing	At least emerging
12.10	muscle length testing	At least emerging
12.11	myotome screening	At least emerging
12.12	reflex testing	At least emerging
12.13	sensory examination	At least emerging
12.14	medical screening for red flags	At least familiar
12.15	systems review	At least familiar
12.16	upper quadrant screening	At least familiar
Theme 13	Student should have the understanding and skill to perform the following interventions:	
13.1	prescribe, fit, and instruct patients in proper use of assistive devices	At least familiar
13.2	functional training (including bed mobility, transfers, and gait) with appropriate guarding and assistance	At least familiar
13.3	individualized patient education	At least familiar
13.4	therapeutic exercise: specifically strengthening	At least familiar
13.5	therapeutic exercise: specifically stretching	At least familiar
13.6	therapeutic exercise: specifically aerobic exercise	At least familiar
Theme 14	Student should recognize and follow specific professional standards, including:	
14.1	appropriate dress code	Proficient
14.2	core values identified by the APTA as accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility	At least emerging
14.3	<i>code of ethics identified by the APTA**</i>	
14.4	clinical expectations specific to setting	At least emerging
14.5	HIPAA regulations	At least emerging
14.6	legal aspects related to patient care	At least emerging
14.7	obligations of the patient-provider relationship	At least emerging
14.8	passion for the profession	At least emerging
14.9	patient rights	At least emerging
14.10	maintaining professional boundaries	At least emerging
14.11	understanding physical therapy's role in the healthcare system	At least emerging

*** this item was added by the ACAPT membership*

**This list includes only those items that were identified as necessary by greater than or equal to 80% of participants in a Delphi study involving faculty, directors of clinical education, clinical educators, and recent graduates.*

KSAs identified as "at least" familiar or emerging denote some Delphi Study participants' desire for higher competency but consensus was achieved for "at least" the indicated level of competency.

At least familiar

Student has basic knowledge of the material/skill/behavior and would require guidance to apply it appropriately in the clinical setting.

At least emerging

Student understands how to apply the material/skill/behavior safely and consistently in simple situations and would require guidance to apply the concept or perform the task in more complex situations.

Proficient

Student can integrate the knowledge/skill/behavior safely and independently in all (simple and complex) clinical situations and is able to identify the need for guidance appropriately.

The results in this Table are part of a Delphi Study that has been submitted to PTJ and is currently under review.

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