



Physical Therapy

**CLINICAL EDUCATION HANDBOOK
FALL 2021- SUMMER 2022**

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PURPOSE OF CLINICAL EDUCATION HANDBOOK

This handbook is a tool utilized to effectively communicate with Clinical Education Faculty and Radford University Carilion (RUC) Doctor of Physical Therapy (DPT) students specifically about the Clinical Education Program within the RUC DPT program.

It includes:

- A list of the responsibilities of the director of clinical education (DCE), clinical education faculty, and students.
- A description of the rights and privileges of clinical education faculty.

CLINICAL EDUCATION CONTACT INFORMATION

Department Location:

Carilion Roanoke Community Hospital, 8th floor101
Elm Ave, SE, Roanoke, Virginia 24013
540-224-6657

In the event of an emergency, please contact the Director of Clinical Education (DCE) directly:

Dr. Renée Huth, DPT, PhD, Director of Clinical Education (DCE)

Department of Physical Therapy
Located within: Carilion Roanoke Community Hospital
8th Floor
101 Elm Ave,
Roanoke, VA 24013
Office Telephone: (540) 224-6673
e-mail: rhuth@radford.edu

Other helpful contacts/information: Department Website address: <http://www.radford.edu/content/wchs/home/pt.html>

Clinical Education Review Faculty 2021-2022 academic year:

Members:

- Arco Paul, apaul8@radford.edu
- Daniel Miner, dminer1@radford.edu

Committee Chair:

- Renee Huth, rhuth@radford.edu

Statement of Candidacy/Accreditation

The Department of Physical Therapy at Radford University Carilion (RUC) is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: www.capteonline.org.

OVERVIEW

The Department of Physical Therapy aspires to prepare responsive and engaged professionals who lead by example by providing best practice care. Our vision parallels the [APTA's 2030 vision](#) that physical therapy will be provided by doctors of physical therapy. Physical therapists will be recognized by consumers and other health care professionals as practitioners of choice to whom consumers have direct access for the diagnosis of, interventions for, and prevention of impairments, functional limitations, and disabilities related to movement, function, and health. Offering the Doctor of Physical Therapy (DPT) degree is one example of RUC's commitment to educate highly competent practitioners to serve the needs of the Commonwealth of Virginia and the nation. This department strives to develop leading practitioners who will improve access and quality of care for aging and underserved populations.

The RUC DPT program features strong partnerships with local and national businesses, hospitals, and public schools to offer a variety of experiential learning experiences. This diversity will prepare our students to provide quality physical therapy care throughout the lifespan of population within areas of interest. RUC interdepartmental associations also provide a multitude of positive on-campus learning opportunities.

CURRICULUM

The curriculum for the Physical Therapy Program is designed to foster an intellectual and psychomotor teaching/learning environment that is student focused. The educational format engages students to develop and perfect decision-making skills, critical thinking, psychomotor skill development, and social skills integration. The curriculum is built on a simple to complex model beginning with an integration of foundational and clinical sciences and progressing to complex and diverse practical learning experiences. Participation and application of current research stimulates practitioners to be current in everyday practice and pursue life-long learning. These activities result in the development of diverse autonomous practitioners with the intellectual awareness, social skills, and psychomotor skills to positively impact their communities and the profession of physical therapy.

The program offers a course of study leading to the degree of Doctor of Physical Therapy. The program is designed to prepare students as entry-level, diverse, culturally sensitive autonomous practitioners of physical therapy. A variety of health care institutions, agencies, and practice settings are utilized for clinical educational experiences; both on a local and national level. Clinical education is an integral component of the student's educational experience. The Graduate College Catalog describe(s) the curriculum, which is subject to revision and refinement as needed to keep abreast of current physical therapy education and practice.

The full DPT curriculum: <https://www.radford.edu/content/grad/home/academics/graduate-programs/pt/about/curriculum.html>

VISION STATEMENT

The vision of the department of physical therapy is to develop autonomous physical therapy practitioners who optimize the human experience.

MISSION STATEMENT

The mission of the RUC physical therapy program is to develop autonomous practitioners who engage interprofessionally and integrate scientific inquiry into clinical practice to meet diverse community needs.

PROGRAM VALUES

- The teaching/ learning environment is student centered.
- The teaching/ learning environment is intellectually engaging and culturally sensitive.
- The educational process creates an autonomous physical therapy practitioner.
- The educational experience creates a lifelong learner.

PROGRAM PRINCIPLES

- The learning process is based on an integration of foundational and clinical sciences.
- Critical reasoning and use of evidence based practice are essential elements of the curriculum.
- Research is a vital corollary to the teaching/ learning process leading to the development of a lifelong learner and the creation of new knowledge.
- Practitioners of physical therapy advocate for the provision of physical therapy services for underserved and underrepresented populations.

GRADUATE PERFORMANCE OUTCOMES (GPOs)/GOALS

The following are the expected program performance outcomes established for the Department of Physical Therapy as related to program goals. At program completion graduates will:

1. Practice as licensed, autonomous, entry-level practitioners.
2. Practice in an ethical and culturally competent manner.
3. Communicate effectively with the patient, their families, and members of the interprofessional healthcare team.
4. Integrate evidence-based practice throughout the continuum of care.
5. Integrate evidence-based practice (EBP) throughout the continuum of care team.
6. Participate in scholarly activities.
7. Engage in lifelong learning to advance the profession of physical therapy.

Meeting the program's expected performance outcomes reflects the mastery and application of the goals of the physical therapy curriculum. Graduates who have met or exceeded the program's outcome goals will have met the cognitive, psychomotor, and affective requirements of the curriculum. These performance outcomes are entry-level level qualifications for the practice of physical therapy and are required to sit for the national licensure examination in physical therapy.

THE CLINICAL EDUCATION PROGRAM SUPPORTS THE PROGRAM'S MISSION

- Provides opportunities for students to hone skills and abilities explored within didactic coursework.
- Provides students with opportunities to practice within diverse clinical environments and with patients across the lifespan.

PRACTICE ACT & LICENSURE

Physical Therapy clinical faculty are required to practice under the regulations of their state's Practice Act and licensure. Students are encouraged to look up the practice act of the state in which they are completing their clinical experiences. The Commonwealth of Virginia Regulations governing the practice of physical therapy including general provisions and definitions found in Part I, licensure requirements in Part II, practice requirements in Part III, and standards of practice and confidentiality in Part IV may be accessed online via: <http://www.dhp.virginia.gov/PhysicalTherapy/default.htm>. Virginia's license look-up website: <https://dhp.virginiainteractive.org/Lookup/Index>.

COURSE SYLLABI EMPHASES AND EXPECTATIONS

Year 1: AHPT 830: The Clinical Experience I is the first in a series of courses designed to provide physical therapy students with an opportunity to apply the first year of didactic learning through real world experience. This is the first of a series of three clinical experiences. It requires full time hours (typically 40 hours) per week over the course of 12 weeks. The learning outcomes of the clinical education process are based on the hierarchical pattern of coursework. This initial clinical experience emphasizes basic examination, evaluation, and treatment intervention skills primarily found in nursing homes, inpatient rehabilitation facilities and outpatient rehabilitation clinical sites. Each student will be assigned an on-site Licensed Physical Therapist referred to as a Clinical Instructor (CI). The CI will provide one-on-one supervision during the clinical experience. As the student becomes more competent, the student will assess problems, practice evaluation skills, formulate patient goals and apply treatment techniques.

The student is expected to demonstrate Beginner level skills or higher in all 18 criteria on the Clinical Performance Instrument (CPI) by the end of this clinical semester. *

Year 2: AHPT 870: This is the second in a series of three clinical experiences. It requires a full time commitment each week over the course of the clinical experience. The outcome of the clinical education process is based on the hierarchical pattern. Each clinical experience builds from previous didactic knowledge and clinical rotation experience by developing the student's clinical knowledge, critical thinking skills, and practical application skills. The focus of this experience includes complex patient examination, evidence based care and treatment, use of critical thinking and clinical reasoning skills, professional behaviors and adult learning, as well as decision-making for medically complex patients. Students will have the opportunity to practice the skills they have learned in supervised clinical settings including any previous setting not yet experienced within nursing homes, inpatient rehabilitation facilities, and outpatient rehabilitation clinical sites as well as opportunity to participate in supervised practice in acute or home health settings.

The student is expected to demonstrate Intermediate level skills or higher in all 18 criteria on the Clinical Performance Instrument (CPI) by the end of this clinical semester. *

Year 3: AHPT 890: Clinical Experience III is the finale of clinical education coursework. It requires full time attendance over the course of the clinical experience. It includes potential placement in the following settings: outpatient; inpatient rehabilitation; skilled nursing facilities; home health; acute; or any not previously experienced. The focus of this experience is to assimilate didactic knowledge of professional behaviors and decision-making. Students have the opportunity to practice skills in clinical experiences located in the United States and abroad. At the conclusion of this course, students will be expected to demonstrate entry-level skills as practitioners of physical therapy based on the Clinical Performance Instrument (CPI). This course emphasizes all aspects of care as indicated by the CPI. Students focus on personally identified areas in need of improvement based on previous progress as noted on previous CPIs clinical education coursework.

The student is expected to demonstrate Entry level skills or higher in all 18 criteria on the Clinical Performance Instrument (CPI) by the end of this clinical semester. *

* Should these expectations not be achieved, a review conducted by the clinical education review committee (CERC) made up of elected department faculty, DCE and/or program director, will ensue, with required SMART plan development and/or program dismissal. As indicated in the CPI, "...the five red-flag items (safety, professional behavior, accountability, communication, and clinical reasoning) are considered foundational elements in clinical practice. Significant concerns related to a performance criterion that is a red-flag item warrants immediate attention, more expansive documentation, and (at minimum) a telephone call to the DCE".¹ Possible outcomes from difficulty in performance with a red-flag item may include dismissal from the clinical experience, remediation via a SMART plan, and/or program dismissal.

American Physical Therapy Association. (2006). Physical Therapist Clinical Performance Instrument (CPI) for Students. Retrieved from <http://www.apta.org/PTCPI/>.

CLINICAL EDUCATION SITE AND DEPARTMENT REQUIREMENTS

RUC DPT clinical education curricular requirements include at minimum that full-time clinical placements meet the following criteria:

- a. Diverse settings, which means that all clinical placements must vary by setting type, and as possible by location and company.
- b. Consist of patient care that includes, but is not limited to, neurological and orthopedic diagnoses.
- c. Include care across the continuum of care which means that students have access to treat various levels of patient acuity.
- d. Include access to patients across the lifespan which means they have treated patients under 18 years of age and above 18 years of age or pediatrics through geriatrics.

The program is required by the accrediting board to provide students access to settings representative of common practice. Clinical experiences may be directly assigned to ensure minimum clinical education requirements are met.

PREPARATION FOR CLINICAL EDUCATION EXPERIENCES

- During the initial clinical education orientation (first fall semester), students will be provided instructions about the clinical placement process including clinical site suggestions and assignments.
- During each preclinical semester, students will be instructed to complete RUC & assigned site pre-clinical requirements using the online preclinical/clinical course platform.
- The preclinical semester also includes at minimum one meeting with the DCE to review RUC DPT program and site requirements are met. Each site and agreement describe varying student preclinical requirements; this is the purpose of meeting with the DCE.

The DCE in coordination with Radford University Procurement and Contracts Office establishes clinical agreements with agencies/clinics which provide physical therapy services representative of those commonly seen in practice and with patients across the lifespan. All clinical experiences are 12 weeks full-time to meet the minimum required 36-week time frame under the direct supervision of licensed Physical Therapists.

Local placements cannot be guaranteed and students should expect to budget accordingly for alternate housing and travel outside of the local area during all clinical education experiences. It is recommended that students' budget for approximately \$4000 extra for clinical semesters. Financial aid is available for clinical education expenses.

In the circumstance that a site cancels a previously confirmed placement, the CERC faculty in collaboration with the student will select the best of the alternative options available and directly assign the student. The focus is to assure program compliance of student access to meet curricular requirements are met.

CLINICAL SITE SUGGESTIONS & NEW CONTRACTS

All students are encouraged to engage in the clinical placement process by signing on to the CPI to review contracted site options and providing site suggestions from currently contracted sites for the DCE to request. **To reflect the Mid-Atlantic Clinical Education Committee's policy and be competitive with other DPT and PTA programs nationally, the DCE will email all clinical placement requests by March 1 the year prior to clinical assignments. For example, all spring and summer 2023 clinical placement requests will be made by March 1, 2022, and the DCE will request additional sites after this date as sites reject previous requests. to meet clinical placement needs.**

For consistency and to acknowledge our clinical partners' requests for decreased student solicitation, all contacts and arrangements in developing clinical affiliation agreements and requests for clinical placements are to be completed by the DCE of the RUC Doctor of Physical Therapy Program only.

In no circumstance is the student to contact clinical sites to request clinical placements. If it comes to faculty's attention that a student has contacted a site directly, that student will be placed on Administrative Probation.

- **First and second year clinical site options** are based on suggestions from prior cohorts and DCE requests completed by March 1 the year prior to placement. Suggestions for the following year's lotteries may be made up until February 1 the year prior to the lottery and assignment. Confirmed placement options will be assigned by lottery during the preclinical semester with assignments made typically by the end of March for the clinical experiences that begin in mid-May, e.g., lotteries are held in March 2022 for May 2022 assignments. Students are directed to the view the

university's academic calendar for semester start dates.

Notes:

- **Any site suggestions made by students become program requests and part of the lottery at large, therefore no suggestions are directly assigned to the individuals who suggested a particular site suggestion.**
 - Site requests that are confirmed by sites become program lottery options.
 - Student assignments are made via lottery.
 - The DCE will communicate reminders about suggestion requests in January the year prior to placements to allow students the opportunity to access the CPI and add suggestions for the following year's clinical rotations.
 - The DCE/CERC reserve the right to place students in clinical sites based on program/site needs requirements or to meet student learning/curricular needs.
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- **Third clinical placements only:**
 - For third year placements, students may opt to use the same process as second placement lottery placements (suggest from contracted sites by February 1 for the following spring semester, e.g., submit request by Feb 1, 2022, for spring 2023 placements).
 - Alternatively, students may suggest the DCE request one (1) new agreement with a company not currently within the CPI database.
 - Each student who suggests a new contract that leads to a fully executed contract and clinical placement will be directly assigned to the site confirmed. No exceptions.
 - Each student is limited to one new contract suggestion for third year and requests are only accepted at minimum 13 months prior to the third clinical experience (by end of fall semester year 2).
 - The DCE will initiate the request for new contract process.
 - Please copy and paste the form on the next page to a word document, fill in and upload to the appropriate course platform as instructed by the DCE. Save the document with the following naming system and submit the request form to the appropriate d2L assignment box as instructed by the DCE **no later than the last day of the second fall semester**: Last name; Cohort Year; 3rd clinical new agreement request, e.g., Miller_2023_3rd_new site
-
- **Students without confirmed placements by the final preclinical semester midterm will be assigned directly by the DCE in collaboration with CERC and the program director.**

RUDPT Third Year Clinical Contract/ Site Placement Request Form

When a student has identified a possible uncontracted clinical education site, the **student must submit the request following directions provided by the DCE at least 13 months prior to the start date of the third clinical experience to begin the placement request process. This is typically by the end of the second-year fall semester.** At no time is the student to contact the site directly.

Student's name _____

Date of request _____

Site Type: _____

Site name: _____

Site Address: _____

Site telephone number: (_____) _____

Contact name (if available): _____

Email (if available): _____

Comments: _____

Read and check the following boxes:

- I understand the program reserves the right to place me at specific sites that meet my curricular requirements.
- I acknowledge that my clinical experiences are required to be diverse and allow me access to patients with neurological and orthopedic diagnoses across the lifespan and continuum of care and (see clinical handbook).
- I understand that if my new site request comes to fruition, **I am obligated to accept and attend.**

Student Electronic Signature _____

Date _____

SEQUENCE OF CLINICAL EXPERIENCES

The overall goal for the clinical education curriculum is to provide students the opportunity to experience diverse practice settings that build on skills mastered within the didactic aspect of the curriculum. The development of students to perform as entry-level practitioners of physical therapy prior to graduation is the most important factor in these assignments. The program is required by the accrediting board to provide diverse settings representative of current practice.

Clinical experiences offer the opportunity for students to apply knowledge, skills, and professional attributes gained through previous curricular experiences. Students are required to participate in three (3) unpaid 12-week full-time clinical experiences as part of their professional education as shown below:

Year 1: 12-week placement mid-May to early August

Year 2: 12-week placement mid-May to early August

Year 3: 12-week placement early to mid-January to mid-April

For best outcomes, based on the program's didactic coursework as well as feedback from Site Clinical Education Coordinators, Clinical Instructors, and graduates of the program, students are placed in experiences as follows:

Year 1: outpatient rehabilitation or skilled nursing.

Year 2: outpatient rehabilitation, inpatient rehabilitation, skilled nursing, acute/hospital, home health, or any practice type not previously experienced (outpatient or skilled nursing facility).

Year 3: any location where physical therapists currently practice.

Notes: This program is an entry-level program.

- Specialty site settings are not required.
- Specialty sites typically require students be in their third year and final experience.
- Selection is typically outside the RU DPT clinical site assignment process for these placements and may include at minimum, an application process, interview, with student selection by the site or company, not the RU DPT program.

Students without placements confirmed by midterm of the preclinical semester will be assigned directly by the DCE in collaboration with CERC and the program director. Students may decline a student clinical placement assignment, but this will delay their continuation or completion of the Physical Therapy Program.

Clinical experiences or segments of missed clinical experiences due to unforeseen circumstances will be "made up" after all other coursework is completed and only by permission of the RU DPT faculty. This will likely delay graduation.

ACADEMIC CALENDAR: TIMING OF CLINICAL EXPERIENCES

- Students are referred to the Radford University academic calendar for specific **semester start dates only**: <https://www.radford.edu/content/radfordcore/home/academics/courses-and-schedules/calendar.html>
- The DPT clinical experience calendar follows the Radford University academic calendar with summer Clinical Experience 1 & 2 beginning with the Radford University Summer III but extend two weeks beyond the 10-week summer session.

- Clinical Experience 3 begins with the RU academic spring semester and ends two weeks prior to the end of the semester. Students complete the final two weeks of the third-year clinical semester at the RUC Physical Therapy Department in Roanoke to complete the final coursework which includes presenting their Research IV Capstone Projects.

UNIVERSITY ROLES, REPONSIBILITIES & RIGHTS

The university strives to provide an educational environment conducive to student learning and development and has a duty to protect its educational purpose by setting standards of scholarship and conduct. The guiding principle of university regulations is to promote student responsibility and accountability while protecting the community. Students have the responsibility to follow all regulations outlined in this policy. RUC likewise has the responsibility to provide a student conduct process that is: Free from discrimination and harassment on the basis of sex, sexual orientation, race, disability, age, veteran status, national origin, religion or political affiliation; fundamentally fair; and inclusive of the option for a hearing and an appeal, as outlined in this policy.

CLINICAL EDUCATION STUDENT PLACEMENT AFFILIATION AGREEMENTS

Radford University and Radford University Carilion, as an institution within the Commonwealth of Virginia, establishes clinical agreements with each clinical site facilitated by the Physical Therapy Department Director of Clinical Education. All agreements are reviewed and signed off by Radford University's Material Management and Contracts Office.

Example of blank MOA agreement

**MEMORANDUM OF AGREEMENT
FOR AFFILIATION BETWEEN
RADFORD UNIVERSITY
AND
[NAME OF FACILITY]**

This **Memorandum of Agreement (AGREEMENT)** is entered into on this _____, is to establish an **AGREEMENT** between **Radford University (UNIVERSITY)** and _____ (**FACILITY**), collectively referred to as the **PARTIES**, in regard to their cooperation in the implementation of **PHYSICAL THERAPY** student education. The **PARTIES** to this **AGREEMENT**, in consideration of mutual covenants, promises and agreements herein contained, agree as follows:

WITNESSETH:

WHEREAS, the **UNIVERSITY** is the operator of the Physical Therapy Program which require clinical educational experiences, and;

WHEREAS, the **FACILITY** is the operator of a facility in which such educational experiences presently exist, and;

WHEREAS, the **PARTIES** herein referred to are desirous of entering into the **AGREEMENT** for the express purpose of setting forth clearly and accurately a complete and detailed statement of their respective agreements and responsibilities during the term of the **AGREEMENT**;

NOW THEREFORE, the **UNIVERSITY** and the **FACILITY**, functioning collaboratively, herein agree to carry out the responsibilities as set forth in this **AGREEMENT**.

The **UNIVERSITY** agrees to:

1. Assume and maintain full responsibility for the planning and administering of the Physical Therapy Program, including programming, curriculum content, and designation of the Director of Clinical Education (D.C.E).
2. Be responsible for the student and D.C.E. compliance with **FACILITY** rules and regulations during clinical affiliation with the **FACILITY**.
3. Provide orientation to the educational program for the appropriate **FACILITY** employees prior to the beginning of each student clinical experience.
4. Provide and maintain on-going communication with the **FACILITY'S** assigned Center Coordinator of Clinical Education and arrange feasible on site visits.
5. Communicate with the **FACILITY'S** assigned Center Coordinator of Clinical Education at the time mutually agreed upon, to plan schedule of student assignments which include the student's name, level of academic preparation, length, dates and type of clinical education experience.
6. Seek mutual agreement with **FACILITY** regarding days and hours for student assignments to the **FACILITY**.
7. Ensure that all students complete HIPAA and FERPA awareness training prior to the start of their clinical education. The HIPAA and FERPA awareness training is provided by the **UNIVERSITY** and a Certificate of Training with the specific date(s) the training was completed and signed by the instructor will be provided to the **FACILITY** per their request.
8. **UNIVERSITY** agrees to pay **FACILITY** a fee upon receipt and approval of the Clinical Practice Instrument an agreed upon amount not to exceed **\$1,000 (ONE THOUSAND DOLLARS)**/per

student. Each Clinical Practice Instrument will reference Radford University, Physical Therapy Program, student name, and clinical experience time period. Clinical Practice Instrument must be submitted to the **UNIVERSITY** D.C.E. within Physical Therapy Department. Payment to **FACILITY** will be made within thirty days of completion of the clinical program, or receipt of the Clinical Practice Instrument, whichever is later.

Radford University is an agency of the Commonwealth of Virginia, and, as such, the Commonwealth of Virginia Risk Management Plan, a financial plan of risk management that is in the nature of self-insurance, administered in accordance with the Code of Virginia (1950), as amended, applies to Radford University. The Risk Management Plan is comparable to coverage pursuant to commercial general liability insurance with limits of \$100,000.00 per claim for tort claims against the Commonwealth and \$2,000,000.00 per claim with respect to officers, employees, and agents of the Commonwealth, as well as students participating within the authorized scope of a clinical internship, externship, or other education program in order to meet pedagogical requirements.

The **FACILITY** agrees to:

9. Provide supervised learning experiences for the affiliating student. Qualified personnel will be provided by the **FACILITY** to directly supervise the student during the clinical experience. The **FACILITY** shall designate and submit in writing to the **UNIVERSITY** the name and professional and academic credentials of the person to be responsible for the educational program hereinafter referred to as the Clinical Instructor.
10. Inform the **UNIVERSITY**, in writing, at least four (4) months in advance of the Number of students that will be accepted for affiliation for any given period of time and will be dependent in part on its philosophy, available space, patient population, and qualified employees.
11. Provide for orientation of the **UNIVERSITY** appointed D.C.E and students regarding **FACILITY'S** policies and procedures.
12. To inform the **UNIVERSITY** in writing at least four (4) months in advance of any student affiliation of medical tests or procedure related to occupational health or safety which it requires for students placed at its facility.
13. Allow time for Clinical Instructor and/or Center Coordinator of Clinical Education to meet periodically with the **UNIVERSITY** appointed D.C.E. to discuss mutual concerns.
14. Upon reasonable request, permit inspection of its clinical educational facilities, student records, or other such items as may pertain to the Clinical Education Program utilized by the students, **UNIVERSITY**, or appropriate agencies.
15. To make reasonable attempts to gain access to emergency first aid treatment, in case of accident or illness to students while in clinical placement/assignment. The **FACILITY** shall not bear the cost of the emergency treatment or any other health care services provided to the students.
16. Allow student during clinical affiliations at **FACILITY** to utilize facilities and resources including supplies and equipment of the **FACILITY** that are essential for clinical experiences.
17. Permit the use of parking facilities by students and D.C.E. for clinical affiliation purposes with **FACILITY**.
18. The **FACILITY'S** representative will complete and submit an electronic or paper copy of the Clinical Practice Instrument to the **UNIVERSITY'S** D.C.E. of the Department of Physical Therapy within five (5) calendar days of the completion of the student's clinical internship. The Clinical Practice Instrument document will be used to process agreed upon fee to **FACILITY**.
19. The **FACILITY** will provide the student with information regarding the requirement to participate in random or required screenings (such as drug screens) and background checks.

20. The **FACILITY** will provide the student with information regarding any costs which are the responsibility of the student.

It is **MUTUALLY** agreed that:

21. The **FACILITY** or **UNIVERSITY** may terminate, upon reasonable cause, the clinical placement of any student whose work performance is unsatisfactory or whose physical and/or mental health renders her/him unable to perform the essential requirements of the program with reasonable accommodations. Prior to termination, the **FACILITY** will provide the student and **UNIVERSITY** written notice of the proposed termination and reasons therefore, and shall furnish the student and the **UNIVERSITY** a reasonable opportunity to respond to such notice; provided, where the student's health or performance poses imminent danger to self or others, suspension may be effective upon verbal notice and verbal opportunity to respond thereto, and the procedures for termination herein described may be implemented subsequent to the suspension.
22. Representatives of both the **UNIVERSITY** and the **FACILITY** shall discuss issues of mutual concern and whether or not any changes are necessary in their agreement prior to renewal.
23. The students and the D.C.E of the **UNIVERSITY** shall function in cooperation with the **FACILITY**. The **UNIVERSITY** will inform the student that she/he is not to be considered an employee of the **FACILITY** for the purposes of wages, fringe benefits, worker's compensation, unemployment compensation, social security or any other purpose solely because of their participation in the clinical affiliation with the **FACILITY**.
24. The **Physical Therapy** Education Program shall be the responsibility of, and under the control and supervision of the **UNIVERSITY** and shall be administered through its employees. Client services shall be the responsibility of the **FACILITY**, its administration and its personnel.

25. CONFIDENTIALITY.

In consideration for **UNIVERSITY'S** affiliation with **FACILITY** and the right of **UNIVERSITY** to further its educational mission at or through **FACILITY** and in view of the confidential nature of information which may be secured by the **UNIVERSITY** while affiliated with **FACILITY**, **UNIVERSITY**, and its agents, representatives, employees, Faculty, contractors and students agree to hold confidential all knowledge and information obtained about **FACILITY** and any of its related facilities, including, but not limited to patient information, operational information, information regarding the business of **FACILITY**, its policies, procedures guidelines or processes, and information regarding its agents, representatives, employees, contractors and staff both credentialed and non-credentialed.

UNIVERSITY agrees to execute such additional documents as deemed necessary by **FACILITY** to evidence the **PARTIES'** compliance with the HIPAA as defined above, possibly including, but not limited to, business associate agreements or other agreements necessary for conformance therewith.

UNIVERSITY recognizes that its obligations under the confidentiality portion of this **AGREEMENT** amount to material consideration for allowing the **UNIVERSITY** the right to participate in educational opportunities at **FACILITY** or its facilities.

26. MISCELLANEOUS.

- A. **ASSIGNMENT.** This **AGREEMENT** may not be assigned without prior written consent of both **PARTIES**.
- B. **CHOICE OF LAW.** This **AGREEMENT** shall be governed by the laws of the Commonwealth of Virginia.
- C. **NON-DISCRIMINATION.** Neither **PARTY** will discriminate on the basis of age, sex, race, religion, national origin, or disability.
- D. **ENTIRE AGREEMENT.** This **AGREEMENT** contains the entire **AGREEMENT** between the **PARTIES** regarding the subject matter hereof and shall supersede any prior **AGREEMENTS** between the **PARTIES**.
- E. **WAIVER.** No failure by either Party to insist upon strict performance of any covenant, term or condition of this Agreement or to exercise a right or remedy hereunder shall constitute a waiver. No waiver of any breach shall affect or alter this Agreement, but each and every covenant, condition and term of this Agreement shall continue in full force and effect with respect to any other existing or subsequent breach.
- F. **INDEPENDENT CONTRACTORS.** In the performance of the responsibilities outlined herein, it is mutually understood and agreed that each **PARTY** is at all times acting and performing as an independent contractor. It is agreed by the **PARTIES** hereto that no work, act, commission or omission of either **PARTY** shall be construed to make or render one **PARTY** the agent, employee or servant of the other **PARTY**.
- G. **NO THIRD PARTY BENEFICIARIES.** This Agreement is entered into by and between the Parties hereto and as such no person or entity shall be deemed or construed a third party beneficiary hereunder.
- H. **SEVERABILITY.** The invalidity or unenforceability of any particular provision of this Agreement shall not affect the other provisions hereof, and this Agreement shall be construed in all respects as if such invalid or unenforceable provisions were omitted.
- I. **NOTICES.** Any notice or other communication required by this **AGREEMENT** shall be in writing and shall be deemed given if hand delivered, sent via overnight mail by a reputable overnight courier, such as FedEx, or sent postage prepaid by a certified or registered mail, return receipt requested, or via electronic mail or facsimile addressed as follows:

If to **UNIVERSITY:** RADFORD UNIVERSITY
 PROCUREMENT AND CONTRACTS
 POB 6885
 RADFORD, VIRGINIA 24142

CC: RADFORD UNIVERSITY
 WALDRON COLLEGE OF HEALTH AND HUMAN SERVICES
 PHYSICAL THERAPY DEPARTMENT
 POB 6986
 RADFORD, VIRGINIA 24142

Contact: PHIL CRIGGER
 CONTRACT AND AGREEMENT COORDINATOR
 Radford University
 Procurement and Contracts
 PO Box 6885
 Radford, VA 24142
 540-831-7619 (telephone)

540-831-5946 (fax)

RENEE HUTH
DIRECTOR OF CLINICAL EDUCATION
RADFORD UNIVERSITY
DEPARTMENT OF PHYSICAL THERAPY
101 ELM AVENUE 8TH FLOOR, ROOM 829
ROANOKE, VIRGINIA 24013
(540) 224-6673 (telephone)
(540) 224-6660 (fax)
rhuth@radford.edu (email)

If to **FACILITY**:

or to such other addresses or persons as may be furnished from time to time in writing by one party or the other party. The notice shall be effective on the date of delivery if delivered by hand, the date of delivery as indicated on the receipt if sent via overnight mail, or the date indicated on the return receipt whether or not such notice is accepted by the addressee.

- J. **FORCE MAJEURE.** The performance of the Memorandum of Agreement by either party shall be subject to force majeure, including but not limited to acts of God, fire, flood, natural disaster, war or threat of war, acts or threats of terrorism, civil disorder, unauthorized strikes, governmental regulation or advisory, recognized health threats as determined by the World Health Organization, the Centers for Disease Control, or local government authority or health agencies (including but not limited to the health threats of COVID-19, H1N1, or similar infectious diseases), curtailment of transportation facilities, or other similar occurrence beyond the control of the parties, where any of those factors, circumstances, situations, or conditions or similar ones prevent, dissuade, or unreasonably delay the Clinical Educational Experience, or where any of them make it illegal, impossible, inadvisable, or commercially impracticable to hold the Clinical Educational Experience or to fully perform the terms of the Memorandum of Agreement. The Memorandum of Agreement may be cancelled by either party, without liability, damages, fees, or penalty, and any unused deposits or amounts paid shall be refunded, for any one or more of the above reasons, by written notice to the other party.

The **AGREEMENT** shall be effective from the date of its execution and shall remain in effect for a four-year period to meet the Commission Accreditation in Physical Therapy Education (CAPTE) requirements and Radford University's Doctor of Physical Therapy curriculum's clinical internship obligation to our students.

This **AGREEMENT** will be reviewed annually prior to expiration date and will automatically renew unless otherwise indicated by one of the **PARTIES**. All renewals will be for an additional **four-year period** as agreed upon both **PARTIES**.

This **AGREEMENT** may be changed or discontinued by either party with sixty (60) days written notice at any time during the period of the **AGREEMENT**. However, if an academic semester and clinical affiliation has commenced, the **AGREEMENT** shall remain in effect through the completion of that semester and clinical affiliation.

This **AGREEMENT** must be revised or modified by mutual consent. All modifications must be in writing and signed by an official of the **UNIVERSITY** and **FACILITY**.

PROCUREMENT AND CONTRACTS - DESK TOP PROCEDURES

DEPARTMENT: PHYSICAL THERAPY

TITLE OF FORM: MEMORANDUM OF AGREEMENT AFFILIATION W/BUDGET

PROCEDURE:ID PC-005-DPT-MOA-FY14

EFFECTIVE DATE: 2020

PROCEDURES AND DISTRIBUTION OF MOA

STANDARD AFFILIATION AGREEMENT PROCEDURE [ID # PC-003-SAA]EFFECTIVE JULY 2013:

1. ANY CHANGES TO THE OAG APPROVED AFFILIATION AGREEMENT MUST RECEIVE PRIOR APPROVAL BY THE DIRECTOR OF PROCUREMENT AND CONTRACTS, OR DESIGNEE.
2. IF APPROVED, OR NO CHANGES WERE MADE:
 - A. DEPARTMENT/SCHOOL SENDS STANDARD AFFILIATION AGREEMENT TO ORGANIZATION TO SIGN
 - B. ORGANIZATION SIGNS AND RETURNS AGREEMENT TO DEPARTMENT/SCHOOL
 - C. DEPARTMENT FACULTY DESIGNEE SIGNS AGREEMENT AND RETAINS A COPY FOR DEPARTMENTAL RECORDS
 - D. DEPARTMENT/SCHOOL SENDS ORIGINAL TO PROCUREMENT AND CONTRACTS TO RETAIN (POB 6885).
 - E. DEPARTMENT/SCHOOL SENDS A COPY OF THE SIGNED AFFILIATION AGREEMENT TO ORGANIZATION FOR THEIR RECORDS.
 - F. PROCUREMENT & CONTRACTS COBBLESTONE FILE NAME SAA-FY -[DEPARTMENT/SCHOOL]-[ORGANIZATION]
3. DPT MOA PAYMENT FORM
 - A. WITHIN 30 DAYS OF THE COMPLETION OF EACH SUCCESSFUL STUDENT EXPERIENCE, FACILITY PROVIDES DPT WITH A CLINICAL PRACTICE INSTRUMENT REFERENCING ALL REQUIRED ITEMS AS STATED IN ADDENDUM.OF THE MOA.
 - B. DPT COMPLETES DPT MOA PAYMENT FORM FOR EACH STUDENT PLACED AT FACILITY.
 - C. DPT SENDS COMPLETED DPT MOA PAYMENT FORM AND A COPY OF MOA TO ACCOUNTS PAYABLE (POB 6906)
 - D. ACCOUNTS PAYABLE PROCESSES PAYMENT TO FACILITY BASED ON INFORMATION PROVIDED ON DPT MOA PAYMENT FORM
 - E. REFERENCE:

PROCEDURE ID: PC-005-DPT-MOA-FY14
DPT MOA PAYMENT FORM

DPT MOA PAYMENT FORM

This DPT MOA Payment Form is designed for the specific purpose of processing payment for a fully executed MOA after the completion of requirements stated in Section 9. of the MOA. DPT sends this completed form with a copy of the MOA to Accounts Payable (PO Box 6906) for processing. Keep a copy for department records. Do not email this form if a SSN is provided.

Banner Number of Facility	
Facility Tax ID Number	<hr/> Check the appropriate box if above number is one of the following: XFIN–Federal Tax Identification Number, or <input type="checkbox"/> SSN–Social Security Number
Facility Name	
Facility Payment Address	
Business Purpose/Justification	<i>Radford University DPT Student Name</i> under direct clinical supervision of <i>Clinical Instructor(s)</i> within facility during:
Total Amount	
Banner Account	FUND ORGANIZATION ACCOUNT PROGRAM %
Department Contact	<hr/> Name Phone Number
Requestor Signature	<hr/> Signature Printed Name Date
Approver Signature	<hr/> Signature Printed Name Date
Accounting Services Use Only	Date Received: Date Processed:

STUDENT ROLES, RESPONSIBILITIES & RIGHTS IN CLINICAL EDUCATION

Students are required to follow all regulations outlined in the University's Standards of Student Conduct Handbook, the Department Student Handbook and Clinical Education Handbook.

PRE/CLINICAL EDUCATION REQUIREMENTS

CPR Certification: The American Heart Association BLS-C Health Care Provider CPR course is required. Renewal for the AHA/BLS-C certification is every two years. RUC offers CPR courses throughout the year. CPR certification must be current throughout clinical education experiences. In the circumstance CPR lapses during a clinical experience, the student may be removed from the clinic for not meeting standards of practice as dictated by accrediting hospital/practice agencies and the RUC DPT Program.

Criminal Background and Drug Screen Requirement: Radford University RUC DPT program utilizes Castlebranch (<https://mycb.castlebranch.com/>) for all clinical education preclinical background checks, drug screens and the health tracker system. **Students are required to pay for, complete and successfully pass a Castlebranch Background and Drug Screen each preclinical semester.** If background and/or drug screen results are not received in the identified time period, students will be restricted from attending clinical experiences.

Background and drug screen results may prevent student participation in assigned clinical experiences and DPT program dismissal. Students are reminded that assigned clinical sites may require additional preclinical screenings in addition to these RUC DPT requirements.

In the circumstance that a student's background/drug test is negative or flagged, the RUC clinical clearance coordinator will bring this to the attention of the DCE. The DCE will bring this to the attention of the student. The DCE will refer to the current clinical agreement with the organization where the student is currently assigned. Based on the current clinical agreement, the DCE may be required to share this information with the external assigned clinic and in that case, the assigned organization will determine whether or not to allow the student to attend clinic. If the assigned clinic refuses to accept a student based on a background or drug test, the student's case will be reviewed by the Clinical Education Review Committee and the program director for next steps. Next steps may include delay in attending clinical education sites; the student being assigned directly to an alternative site as available; a delay in graduation; or dismissal from the program.

In summary:

- RUC DPT Students will complete a drug test and background check during each preclinical semester prior to each clinical experience. These records are available to the program administrative assistant, program director and DCE via Castlebranch login and password.
- Clinical sites may require their own background and drug testing in addition to those required by the department. Students are responsible for these additional expenses. These must be completed in a timely manner in order to attend the clinical experience assigned.

RUC DPT uses the Castlebranch tracker system to safely store student health records, including PPD/Quantiferon Gold and Immunizations.

The Castlebranch tracker system is separate from university admissions requirements.

For purposes of RUC DPT clinical education needs, students will be instructed how to purchase and access the Castlebranch tracker.

- This information will be provided by the program early in the first summer semester.
- The RUC Clinical Clearance Coordinator, Director of Clinical Education, Program Director and program administrative assistant have access to these records.
- Students are strongly encouraged to make personal copies of completed health records. Student health forms must be updated on a yearly basis or as changes occur to meet the requirements of the University as well as the requirements of the student's assigned clinical sites.

During each preclinical semester students are required to provide up-to-date health immunizations, e.g., flu vaccination, and Tuberculin skin test (PPD/TST)/Quantiferon Gold records directly to the Director of Clinical Education via the Castlebranch online platform. Documentation of these health records are required to attend clinical placements, therefore students who have not maintained updated student health records per the RUC DPT department requirements will be precluded from clinical experiences.

Some clinical sites require a copy or originals of student health records, i.e. immunizations, ppds, flu shot, prior to the student's arrival to the assigned clinical site. If the records are not complete in a timely manner, the clinical site has the right to cancel the experience and the student will lose the clinical site assignment. No reassignments are guaranteed.

In the event where the student requests the DCE converse with the clinical site regarding student health and medical needs, the DCE will be unable to do so until a FERPA authorization is completed and signed off by the student providing the DCE permission to do so.

Health Insurance: Most site require health insurance, and some will request confirmation.

Health insurance coverage is required and students will not be allowed to participate in clinical placements without their personal health insurance card uploaded on Castlebranch.

HIPAA Policy: All students are required to have participated in HIPAA training prior to their first clinical experience. This training occurs in the first fall and spring semesters prior to first clinical experience. A certificate will be provided by your professors of Theory and Practice II and Patient Management II after you have successfully met HIPAA requirements covered in these courses.

Malpractice Insurance: All students are covered by Radford University malpractice insurance while functioning as a RUC student in course related activities. In addition, some clinical sites require students carry their own malpractice insurance policy and students are referred to the Code of Virginia, the state's practice codes where the clinic is located, and/or the Global Education Office for more information.

Release of Records: The department will not release student information except as allowable per the university policy without obtaining the written consent of the student. A full statement of the Family Educational Rights and Privacy Act (FERPA) and information as to how students may exercise the rights accorded them by this policy are available from the office of the University Registrar or from the Dean of Students Office. Release of Records and Information is collected and secured within the D2L preclinical/clinical courses.

Students may revise the release of information form at any time by providing written notice to the Director of Clinical Education or the Department Program Director. The release of records form may be accessed on the RU registrar website:

<https://www.radford.edu/content/dam/departments/administrative/registrar/content-files/forms/FERPA-Form.pdf>.

University and federal laws permit the university to routinely release information in the following categories:

- Student's name, local & home address, phone listing
- E-mail address
- Major field of study
- Participation in officially recognized activities & sports
- Weight & height of members of athletic teams
- Photograph
- Dates of attendance
- Degrees & awards received
- The Department of Physical Therapy may request students release additional records for the purposes of program improvement and accreditation reporting.

Clinical Education Handbook: The student will sign and submit directly to DCE an Acknowledgement of Clinical Handbook including updated editions during orientation and during each the preclinical semester. The most recent clinical handbook may be accessed on the department's clinical education page and within the preclinical course platform.

Students are not Employees: Students participating in the clinical educational program of the physical therapy program shall not be deemed employees of the clinical site for the purpose of compensation, fringe benefits, worker's compensation, unemployment, minimum wage laws, income tax withholding or socialsecurity.

Scholarships: Students may only receive monetary funding in the form of a scholarship to further their educational experience during the clinical experience(s).

Student Contact with Clinical Sites and Clinical Instructors (CIs):

- Student Clinical Letter: To assist with the best possible outcomes, students will be responsible to write a letter of introduction to each of their assigned clinical instructors prior to each clinical experience which will be approved by the DCE. The DCE will email the approved letter, student's personal development plan, resume, and first week's goal sheet to assigned Clinical Instructors.
- Letters of introduction will include, but are not limited to:
 - describing how the student learns best

- identifying personal strengths and needs, e.g., reference the Clinical Performance Instrument criteria.
- a list of desired personal experiences, goals, and outcomes from the clinical experience beyond course requirements.
- clinical curricular outcome expectations

Student are to contact their assigned CI at least 3 weeks prior to clinical rotations to review clinical site requirements, clinical instructor expectations, request a list of the most common diagnoses in order to best prepare for each experience, as well as ask questions regarding what to wear, where to park, etc. Students and Clinical Instructors should also exchange contact information prior to the first day of the clinical experience to maintain effective communication. Contact information may be directly accessed once students and CIs are linked by the DCE on the CPI. Students and Clinical Instructors should exchange contact information prior to the first day of the clinical experience.

- **In no circumstance is the student to contact clinical sites to request new clinical placements.**

Attendance: Clinical experiences are 12 weeks in duration and full time. The official RU policy states: “All students are expected to be officially registered and attend classes on a regular basis. No absences of any nature will be construed as relieving the student from responsibility for the completion of all tasks assigned by the instructor. A student registering late for a class will be responsible for all work assigned and material covered during the class sessions missed due to late registration.” Students who are not registered for a clinical education course while attending clinic risk removal from clinic and expulsion.

Students are expected to report to their clinical site prepared and on time. Absences other than those preapproved by both the DCE and the onsite Clinical Instructor will not be tolerated. Program faculty realizes that circumstances in life may occur that we cannot control such as personal or family medical emergencies, and in these cases, you are to contact the DCE as soon as safely possible.

Students presenting with flu like symptoms are encouraged to stay home for the safety of their patients, clinicians and themselves. Please see the Leave and Excuse Policy below for more information regarding clinic absences.

RU DPT ABSENCE POLICY (Clinical Experience Courses)

Policy: Full-time clinical attendance is required within each 12-week clinic experience based on the assigned clinical faculty’s work schedule. Unexcused absences or repeated tardiness will result in grade reduction or course failure.

Procedure: The student will be expected to assume the work schedule of site assigned clinical faculty that equates to a full-time work schedule. A frequently asked student question is, “What is the expectation during holidays such as July 4th if my assigned clinician is working the holiday?” The answer is the same as every day: you follow your clinician’s schedule.

In the event of illness, the student is responsible for notifying supervising clinical faculty prior to the start of the workday. The student is also responsible for notifying the DCE by email within 24 hours of any absence from the clinic. Any absence during a clinical education course may require make-up time

scheduled at the discretion of the clinical faculty and is limited to clinical site availability. Repeated absences or tardiness may result in grade reduction (course grade reduced by 10% for each day missed without student informing their CI) or course failure.

- Student(s) are required to complete 3-full-time 12-week clinical experiences (or total full-time equivalent) to fulfill RUC DPT clinical education curriculum requirements.
- Full-time clinical attendance is defined based on the concept of a 40-hour work week although each clinical site defines fulltime differently and the site's definition of full-time supersedes the otherwise 40-hour rule.
- Weekly goal reflections worksheets signed off by students and supervising Clinical Instructors confirm this requirement is met and are tracked by the Director of Clinical Education (DCE) or designee.
- Any emergent absences are required to be reported to the onsite assigned Clinical Instructor prior to the clinic day as feasibly possible.
- The student is responsible for notifying the DCE by email within 24 hours (EST) of any absence from the clinic. In emergent circumstances where calling or emailing is not possible, students may request the Clinical Instructor (or emergency contact) contact the DCE.
- Medical absences or illnesses longer than or equal to three (3) successive days require written medical release/documentation prior to returning to clinical experiences with copies provided to both the Clinical site and the DCE.
- Preplanned absences related to professional development such as conferences require prior approval by the DCE and CI prior to the start clinical experience.
- A plan of action will be established between the CI and student to address any make-up needs to maintain the expectation of full-time clinical status. The student is to email the DCE the dates of absence(s) and the proposed "make-up" plan.
- Repeated absences will be reviewed on an individual basis by the CI and DCE. Repeated absences or tardiness may result in grade deduction (course grade reduced by 10% for each day missed) or course failure.
- The availability of "make-up" time will be limited due to clinical site accessibility. This will potentially result in a postponement of graduation based on curricular lock-step requirements and local clinical site availability, and restricted semesters dedicated for clinical experiences.
- **If a student misses 1/3 or more of a clinical experience (time that equates to 4 full time weeks) may result in an "Incomplete" or "In-Progress" grade and the student may need to repeat an additional 12-week clinical experience. An individualized plan will be developed to ensure that student meets the curricular requirements.**

Dress Code/Clinical Experience Attire: Clinical dress is based on the student's assigned site's dress code/policy. Contact your assigned clinical instructor for more information. Students are to follow the expected agency attire. A white, clean laboratory coat may be required and is to be purchased by the student.

In the circumstance where there is no written policy at the agency site, students are expected to follow the RUC DPT clinical dress policy that includes:

- RUC DPT photo badge ID which includes the RUC logo, StudentName, Photograph
- Pants are to be ankle length: no denim, no capris, and no shorts. No skirts or dresses.
- Footwear should be well maintained and presentable. Tennis shoes, sneakers, clogs, open-

toed or open heel styles are not acceptable unless allowable per the site's dress code/policy.

- Socks or stockings must be worn with shoes.
- Shirts and blouses should be tucked in or long enough as to not expose skin when bending, squatting, or transferring patients.
- Tattoos are not to be visible as possible.
- Also, students are not required to, but advised to minimize the number of rings on fingers or tape over rings, e.g., engagement rings with high settings, to prevent personal or patient injury, or loss/damage to personal property. For your safety, navel, nose, toe, and earrings are not acceptable.

Housing & Meals: Students are responsible for providing their own room and board, including the cost of housing and meals during all clinical experience.

Travel / Transportation Policy: Students are responsible for providing their own transportation to and from clinical experience, agencies, and sites. Adequate coverage of an automobile insurance must be maintained and is the personal responsibility of the student. Students should also be aware that transporting others (e.g., clients or patients utilizing a personal vehicle) makes them personally liable and are hereby advised not to transport patients/clients during clinical experiences.

Surveys: Students are expected to complete surveys regarding the site, clinical instructor, and DCE for each clinical semester.

DIRECTOR OF CLINICAL EDUCATION, CLINICAL INSTRUCTOR ROLES, RESPONSIBILITIES & RIGHTS

- Clinical assignments and courses are arranged and assigned by the Director of Education(DCE).
- Course objectives and clinical instructor expectations are mailed to Clinical Instructors at contracted sites to assist in reinforcing content currently presented in the classroom setting and for communicating outcome expectations.
- Expectations may also be found within the clinical education course syllabi and in course materials via the online d2l platform.
- Clinical experiences offer the opportunity for students to apply skills, knowledge and professional attributes gained through previous curricular experiences. The goal is for the clinical aspect of the curriculum to be diverse. The development of students to perform as entry-level practitioners of physical therapy before graduation is the most important factor in these assignments.
- To assist with the best possible outcomes, students will write a letter of introduction to each of their assigned clinical instructors prior to each clinical experience. Letters of introduction will include but are not limited to describing how the student learns best, his/her self-assessed strengths and needs, and a list of desired experiences, goals, and outcomes from the clinical experience. The DCE will share the student's letter with the assigned clinical instructor within the preclinical packet that includes at minimum the letter of introduction, resume, development plan and first week's goals.

Director of Clinical Education Roles and Responsibilities:

- Has oversight over the clinical education program within the RUC DPT curriculum.
- Administrative, managerial and educationally based.
- Ensures the development of student clinicians by providing students access to opportunities to practice physical therapy clinical skills.
- Develops, manages, coordinates, administers, analyzes and adjusts the clinical education program in order to meet the current APTA vision and practice expectations.
- Represents Radford University Carilion and the Radford University community at large and

contributes to the development of clinical education faculty as clinical teachers, mentors and practitioners.

DCE ASSESSMENT

Multiple assessment tools are used to assess whether the DCE meets role expectations as described in the APTA Model Position Description for the PT Program ACCE/DCE:

<http://www.apta.org/ModelPositionDescription/ACCE/DCE/PT/>

Assessments of the DCE include, but are not limited to:

- DCE Performance Assessments for CIs and CCCEs
- DCE Performance Assessments for Students
- DCE Annual Performance Evaluation

CLINICAL FACULTY ROLES AND RESPONSIBILITIES

Information about the APTA Clinical Site Information Form (CSIF) developed by Department of Physical Therapy Education (3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085) may be accessed at American Physical Therapy Association on-line: <http://www.apta.org/CSIF/>.

Each affiliated (contracted) clinical site is required to maintain an up-to date clinical site information form of their site via the CSIF web (https://csifweb.amsapps.com/user_session/new).

Students may facilitate this while attending clinical placements at facilities.

The CSIF form contains information specific to each site including, but not limited to: Contact Information, Clinical Site Accreditation/Ownership, Clinical Site Primary Classification, Clinical Site Location, Information About the Clinical Teaching Faculty, Clinical Instructor Information, Areas of Practice, Site hours of Operation, Special Programs/Activities/Learning Opportunities, Health and Educational Providers at the Clinical Site, Housing, Transportation, Meals, Stipend, and Special Considerations.

Once clinical sites are contracted, Site Coordinators (SCCEs) will be asked to identify physical therapists who demonstrate exemplary clinical competence in areas of expertise or specialty in practice including APTA credentialed instructors (CIs) on the APTA Clinical Site Information Form (CSIF).

The program expects all clinical education faculties to demonstrate clinical teaching effectiveness in the areas of supervision, mentorship, communication and core professional values and to meet clinical experience course objectives and outcomes.

- Clinical faculty are encouraged to reach out to the program DCE with questions at rhuth@radford.edu or 540 224-6673.

CI ASSESSMENT

Multiple assessment tools are used to assess whether clinical education faculty are effective teachers. These assessment tools evaluate student supervision, mentorship, communications and core values. Assessments go through a triangulated review by the Clinical Education Review Committee (CERC).

Clinical Instructors are assessed by students, the DCE and through self-reflection as follows:

- 1) Student Supervision
 - a) Clinical Performance Instrument (CPI)
 - b) DCE observation and conferences with student and CI (onsite and teleconferences)
 - c) Surveys
 - d) Student report/reflections
- 2) Mentorship Quality
 - a) DCE observation and conferences with student and CI (onsite and teleconferences)
 - b) Student surveys
 - c) Student report/reflections
- 3) Communication
 - a) Written: CPI, weekly written goal sheet feedback
 - b) Verbal: contacting DCE as appropriate/timely, CI/student weekly meetings
 - c) Student report/reflections
- 4) Core values
 - a) DCE observation and conferences with student and CI (onsite and teleconferences)
 - b) Student surveys
 - c) Student report/reflections

Data gathered is triangulated, reviewed by the Clinical Education Review Committee (CERC), and reported by CERC to the full faculty at least once annually.

- a) CI reviews both student, DCE, and curriculum
- b) Student reviews both the CI and DCE, assigned site, and curriculum
- c) DCE reviews student, CI & DCE
- d) Clinical Curriculum Review Committee reviews the Clinical Education Program

CLINICAL FACULTY RIGHTS AND PRIVILEGES

The responsibilities of clinical faculty (CCCEs and CIs) are delineated by the DCE following clinical agreement execution and confirmation of clinical placement availability. The DCE is responsible for coordinating, managing and communicating the efforts of the academic program and clinical education sites in the education and preparation and follow through of DPT assigned student clinical experiences. Communication methodologies include e-mails, on-going telephone conferences, on site visits, department website, e-mails, video conferencing, CPI Web, CERC participation, and through on-going CEU on-site trainings.

The clinical education faculty (CCCEs and CIs) are afforded rights and privileges appropriate and like the rights and privileges of clinical faculty in other Radford University programs. All clinical faculties at RUC DPT have access to research resources including library, laboratory space, department equipment, and support from the Office of Sponsored Programs and Grants Management. Additional privileges include:

- Continuing Education Opportunities: Free CPI web 2.0 training .2 CEUs through APTA Learning Center: Clinical faculties who have not taken CPI web training will be instructed to do so. Training is required by all RUC DPT clinical instructors. For more information about the CPI training: <https://www.apta.org/PTCPI/>
- All clinical instructor s will receive a certificate indicating their participation in the RUC DPT

clinical education program including supervision hours for Type II continuing physical therapy education credit based on the Commonwealth of Virginia policies.

- Representatives from clinical sites who have provided clinical education for RUC DPT students will be invited to participate in the university's career recruitment fair.

POLICIES

Americans with Disability Act and Acknowledgement of RUC DPT's Policy for students with disabilities. Please refer to the student handbook for more information.

Attendance-See the complete Leave of Absence Policy within the student handbook.

Clinical Experience Grading Policies-Student Clinical Experience **grades of pass/fail** will be **determined by the DCE.** Reporting of grades will be communicated with students within the online d2l course. Please refer to the student handbook for more information as well as the Clinical Remediation/Dismissal Policy and Procedures within this clinical handbook.

Clinical Site Information Sharing Policy-**Prior to the clinical experience, and after a release of information is signed by the student and provided to the Director of Clinical Education, the department of physical therapy may provide the following information to clinical instructors and or the coordinator of clinical education upon request:**

- o CPR certification
- o Student contact information
- o Listing of courses completed
- o Certification of HIPPA and Standard Precautions training
- o Drug test results
- o Background check information -Criminal background check information may be released to the clinical sites by request. The department of physical therapy will notify clinical sites that the student has completed a current criminal background check and that the program has determined that the student is suitable for clinical practice.

Students are encouraged to disclose further personal information to their assigned clinical instructors albeit academic or disabilities within their introduction letter for best possible outcomesuccess of each clinical experience. The letter of introduction is sent to the clinical instructor and a copy is maintained within the student clinical education record.

Clinical Education Calendar

Spring clinical experiences begin with the regularly scheduled semester and following the 12- week clinical, students return to the department to finalize academic requirements including their Capstone Projects.

Summer clinical experiences start date aligns with summer session III. However, to allow for 12-week experiences during the summer semester, the clinical experiences extend two weeks beyond the 10 week summer session III.

Clinical Remediation/Dismissal Policy and Procedures

Students are required to successfully complete and pass three full- time clinical experiences (or what equates to 36 full-time clinical weeks). Clinical experiences are intended to expose students to a variety of experiences and entry-level professional skills. Grading for clinical experiences is based on a pass/fail system. The pass/fail system is based on a point system which equates to the

“Rubric Grading Scale” per the student handbook. A score of “B” or better defines a passing grade. Final course grades are recorded by the Director of Clinical Education (DCE) of RUC’s Physical Therapy Program.

The DCE, in collaboration with the Program Director/CERC, determines that the student has “Failed” the clinical experience.

A student with a failed clinical experience will be dismissed from the program.

An automatic course failure will occur in the following situations:

- The preclinical requirements of the clinical placement site are not met prior to or during the clinical experience. Examples include positive drug test, flagged background check that does not meet clinical site requirements, and other clinical site-specific requirements requested by the assigned clinic.
- Scores tallied within the clinical education course equates to below a “B” as described within the student handbook.
- The SMART plan is not completed in the defined time period or does not meet the objectives set forth and agreed upon by the student and DCE. Examples include documented repeated unprofessional behavior(s) and/or safety offenses.
- Does not complete to what equates to 36 full-time clinical weeks of clinical education as defined by the Attendance Policy within the student handbook.

A grade of “In Progress” (IP) or “Incomplete” (I) may result when the DCE determines that the student has not met academic or professional criteria of the course. The DCE will request a review by the Program Director and/or CERC Committee before final grades are granted.

Examples in which this may occur include, but are not limited to:

- Medical leave
- Leave of absence
- Military deployment
- Where the site cannot accommodate for the needs of a student

The student granted an “IP” or “I” will not graduate in the normal sequence schedule due the program’s lock-step curriculum.

A student provided a grade of IP or I require a SMART plan. Development and implementation of this SMART plan will include the student, DCE, and other assigned faculty, such as the Program Director, CERC members, and the student’s academic advisor. The purpose of the SMART plan is to remediate student deficits noted during the clinical experience. The student will propose the SMART plan under the direction of the DCE. The student must obtain signatures of approval from all parties named in the plan (i.e. student, faculty, advisor, DCE). The student must abide to the timeline established for each component of the SMART plan. Once the SMART plan has been successfully completed and objectives are met, the student may resume continuance in the clinical experience sequence. If the student does not complete the SMART plan, the student will be dismissed from the program.

Communications Technology Policy

Students participating in clinical experiences may use personal cell phones only during scheduled lunch breaks or during regularly scheduled daily breaks. The use of cell phones including texting is prohibited during all clinical treatment time and learning experiences e.g. patient treatments,

seminars, professional presentations, and clinical instruction. Clinical instructors have the authority to uphold this policy including requesting that cellphones be put away and not brought into clinical sites. CIs who observe students violating this policy are encouraged to discuss this with students in a direct and timely manner. If students are observed repeating this offense after this discussion, CIs are asked to follow up with the DCE who will then further discuss this with the student.

Interruption of Clinical Experience - see Clinical Remediation/Dismissal Policy and Procedures

There are various reasons why a clinical experience may be interrupted not limited to absences due to illness, medical, maternity leave, military leave, and student performance (e.g., repeated safety issues). The determination of dropping or withdrawing a student from a clinical experience course will be determined by the DCE in collaboration with the Clinical Instructor, the program director and designated faculty. Remediation plans will be determined on an individual basis by designated faculty overseen by the DCE.

Student/CI Planning and Feedback

Students are required to develop proposed weekly goals that reflect affective, cognitive and psychomotor emphasis reflective of the CPI criteria. The Clinical Instructor and the student will review student proposed goals at the beginning and end of each week during the clinical experience. CIs and students may agree to have the student document CI verbal feedback received throughout the week on the goal sheets to facilitate effective and timely discussions.

Clinical faculty, students and the DCE will use the Liaison International system software Clinical Performance Instrument (CPI) as the main form of communication tool at midterm and final. Each student and clinical instructor will be required to take the free CPI on-line web training course to become familiar and obtain access to the management system ideally prior to the student attending the clinic. Student clinical performance will be graded on the CPI criteria per the APTA guidelines.

All student weekly goal reflections and CPI criteria at midterm and final are to include comments of support that include all 5 Performance Dimensions as described within the CPI training and guide:

- **Supervision & Guidance:** refers to the level and extent of assistance required by the student to achieve entry-level performance. As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.
- **Quality:** refers to the degree of knowledge and skill proficiency demonstrated. As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled or highly skilled performance.
- **Complexity:** refers to the number of elements that must be considered relative to the patient task, and/or environment. As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.
- **Consistency:** refers to the frequency of occurrences of desired behaviors related to the performance criterion. As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.
- **Efficiency:** refers to the ability to perform in a cost effective and timely manner. As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.

Overall grades are determined and posted by the DCE based on the course syllabi grading criteria, student feedback, and clinical instructor feedback. On-site visits and/or teleconferences will be conducted whenever possible or by request of the student and/or CI.

Student Clinical Experience Policy

The program faculty has determined the types of and progression of student clinical site placement based on the curriculum. Students participating in their first clinical experience placement will have to opportunity to gain clinical experience in skilled nursing home facilities and out-patient clinical environments. Once students complete their second year of the curriculum and again based on curriculum content, clinical experiences, and clinical skills development their clinical opportunities will be increased from sites identified in year 1 to include acute care and home care environments. Students participating in their third and final clinical experience will have completed all of the course sequence in the doctoral curriculum except their Capstone Research Project and will be eligible to participate in all clinical practice environments previously identified as well as specialty areas such as pediatrics, sports medicine, industrial rehab, women's health, and school programs.

Student Grade Determination

Overall grades will be determined and posted by the DCE of the Physical Therapy Program based on the course syllabi grading criteria, conferences, clinical instructor's grading on CPI and feedback, as well as student feedback.

Processing Complaints

Complaints about any aspect of the program or its constituents are encouraged to be communicated directly and in a timely manner. Complaints from students or Clinical Instructors are to be directed to the DCE who will provide feedback and offer suggestions how to move forward effectively.

All concerns regarding student safety or clients/patients **MUST** be directed in a timely manner to the DCE and flagged on the CPI. Students may be pulled immediately from treating patients until the DCE is contacted. Whenever safety is in question, all practitioners are reminded to "do no harm".

- Complaints regarding the Clinical Education Program may be made to: Dr. Renée Huth, DCE, (540) 224-6673 or rhuth@radford.edu.
- Complaints regarding the Director of Clinical Education may be made to the Program Director with contact information located here: <https://www.radford.edu/content/grad/home/academics/graduate-programs/pt.html>
- Complaints regarding the Program Director may be made to the Associate Dean of Waldron College with contact information located here: <https://www.radford.edu/content/wchs/home.html>

For more information regarding the grievance or complaints process, please review the Department of Physical Therapy Student Handbook which may be accessed on the department's website or contact the DCE (rhuth@radford.edu).

Clinical Education Outcomes Evaluation

While the DCE oversees and directs the Clinical Education aspect of the curriculum, the core faculty, including the DCE, is responsible for the development, implementation, review, and continued improvement of the professional curriculum which includes the Clinical Education Program. Curricular content and its ability to prepare students to meet clinical demands are assessed on a

continuous basis.

Methods used in the assessment process will consist of regularly scheduled faculty meetings, annual faculty retreats, input from student focus groups, and triangulation of data gathered from multiple surveys, student reflections, the CPI, conferences with clinical instructors, and on-site visitations by the DCE. Input from the clinical community are welcome informally and formally at CERC meetings.

Additional feedback used to assist in the evaluation and continuous improvement of the clinical education program include:

- CPI Web assessments: DCE, CI, and student
- Student self-evaluation
- Surveys of Site, CI, DCE and curriculum
- Evaluation of curriculum
- DCE Onsite, Zoom and telephone conferences with students and CIs
- Director of Clinical Education Annual Evaluation
- DPT Program Committees: Clinical Education Review and Curriculum Committee
- DCE participation in Mid-Atlantic Physical Therapy Clinical Education Consortium

FERPA Form may be accessed here:

<https://www.radford.edu/content/dam/departments/administrative/registrar/content-files/forms/FERPA-Form.pdf>

RADFORD UNIVERSITY

Office of the Registrar

Student Information Release Authorization (FERPA Compliance)

In compliance with the federal *Family Educational Rights and Privacy Act of 1974 (FERPA)* and the Radford University Board of Visitors' Policy on Access to and Release of Student Education Records, the University is prohibited from providing certain information from your student record to a third party, such as information on grades, billing, tuition and fee assessments, financial aid, and other student record information. This restriction applies, but is not limited to your parents, your spouse, or a sponsor. FERPA does permit the University to disclose information from your student record to your parent(s) or legal guardian(s) if they claim you as a dependent for federal tax purposes, and Chapter 495, 2008 Virginia Acts of Assembly requires disclosure to those who claim you as a dependent.

While FERPA prohibits the release of information from your student record without your consent, you may voluntarily authorize the University to share it. You are not required to give the University authority to release information from your student record, but you may, at your discretion, complete and submit this form, which grants the University permission to release information to the third party or parties you have designated.

In almost all cases, the specified information will be made available only if requested by the authorized third party. However, the University will in rare situations initiate contact with the third party if there is clear evidence that your overall academic performance has placed your continued enrollment at Radford University in jeopardy. Such contacts will be made only after you have been advised about options available to you to address the situation and the potential consequences of not taking any action, or if you have not responded to attempts by University officials to meet with you to discuss your status. Third parties will not be contacted without the knowledge and consent of the Office of Retention.

Submit your completed form to the Office of the Registrar in person, by mail, or by fax. Please note that your authorization to release information has no expiration date; however, you may revoke your authorization at any time by sending a written request to the same address. **NOTE:** For the third party designee(s) you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student record.

A. Student Information: _____
Name (Last, First, Middle Initial) Student ID Number

B. Third-Party Designee(s):

_____	_____
Name (Last, First, Middle Initial)	Name (Last, First, Middle Initial)
_____	_____
Current Address (Street/PO, APT, City, State & Zip)	Current Address (Street/PO, APT, City, State & Zip)
_____	_____
Phone Number	Email Address
_____	_____
Phone Number	Email Address
_____	_____
Relation to Student	Relation to Student

Information Types Allowed (Check one or more of the items below to grant authorization):
 All of the records listed below (i.e., academic records, student account and financial aid records, and conduct records).
 The above listed individual(s) claims me as a legal dependent for federal tax purposes. The University may release information from all of my records listed above to those individuals.
 Academic records, including, grades/GPA, demographic, registration, academic status, and/or enrollment information.
 Student Account and Financial Aid records, including billing statements, charges, credits, payments, past due amounts, collection activity, financial aid awards, disbursements, and/or financial aid satisfactory academic progress reports.
 Conduct records, including any information on file with the Dean of Students Office. (Note: Conduct items may be discussed with the authorized individuals, but not copied and/or disseminated as a physical or electronic release to anyone other than the student of record.)
 Name and contact information (email addresses and telephone numbers).

C. Certification: _____
Student's Signature Date



Physical Therapy

CLINICAL HANDBOOK ACKNOWLEDGEMENT SIGN-OFF

- I have read and have been provided an opportunity to ask questions about the materials within this handbook.
- I comprehend and acknowledge the materials presented in this Clinical Education Handbook.

Name (Student) **Signature** **Date**

Witness (PRINT) **Witness's Signature** **Date**

This page is to be uploaded to the appropriate D2L course platforms during the pre-clinical semesters for AHPT 830, 870 and 890 courses.