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College of Graduate and Professional Studies

Doctor of Physical Therapy

Clinical Education Manual

for

Students, CCCEs and CIs

Academic Year 2015-2016

(DPT Classes of 2017 and ongoing)

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Introduction

The clinical education component of the Doctor of Physical Therapy (DPT) curriculum at Franklin Pierce University (FPU) in Manchester, NH and Goodyear, AZ is directed and managed by the Director of Clinical Education (DCE) and the Academic Coordinators of Clinical Education (ACCEs).

Clinical education is a vital component in the professional education of the FPU physical therapy student. Clinical experiences are established throughout the United States and world that are committed to the education of future professionals; that exhibit a philosophy of clinical education and patient care that is compatible with that of Franklin Pierce University; that provide students with opportunities to integrate cumulative knowledge and skills under the mentorship of qualified physical therapists; that foster the development of the adult learner and view students as collaborators in their own education; and that model the characteristics of professionalism as outlined in *Professionalism in Physical Therapy: Core Document* (APTA, 2003).

Clinical education experiences teach you, the student, the process of thinking, feeling and acting as a physical therapist and help you develop the ability to learn in the clinical environment. In the aggregate, they provide the environment and the opportunity for you to apply knowledge and skills learned in the classroom in the management of physical therapy problems, and the opportunity to develop the entry level skills you'll need as a professional. Individually, each clinical experience builds on prior academic and clinical knowledge and broadens the foundation for subsequent clinical exposure.

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Clinical Education Overview

Integrated Clinical Experience (ICE) - 1 credit

One required part time clinical experience is scheduled within the curriculum. The experience (PTH 517) occurs in the third term of year one. This Integrated Clinical provides you with the opportunity to practice your communication and apply your knowledge and skills in real life situations. Clinical sites are kept informed of your preparation and previously covered coursework so that clinical experiences can effectively match your preparation to date. The concepts of Professional Behaviors for the 21st Century (May, 2010) and the Professionalism in Physical Therapy: Core Document (APTA, 2003) are introduced in PTH 506 - Introduction to Professional Development and Patient Education, and continue as threads with concomitant assignments throughout Integrated Clinical Experience (ICE) and Clinical Internships I-III. The part time clinical experience is performed at a local facility one day per week throughout the term.

Integrated Clinical Experience II (1 credit elective)

This is the second integrated clinical experience in which each student is provided with opportunities to be involved in direct patient care and to practice clinical skills learned in the classroom and lab. Settings may include acute care, subacute/skilled nursing facilities, pediatrics, animal rehab or other innovative practice models.

Full-time Clinical Experiences – 38 weeks

Thirty-eight weeks of full time (~ 40 hours/week) clinical experience are scheduled in the DPT curriculum.

The first full time (integrated) clinical experience (PTH 608) occurs in the fall term of the second academic year. It is 8 weeks long and carries 4 credits.

Three culminating clinical internships totaling thirty weeks occur at the end of the academic program. PTH 701, 702 and 703 are 10 weeks long apiece and begin in the last term of your second academic year. Each experience is 5 credits.

Full-time clinical experiences provide you with opportunities to engage in supervised practice at various clinical sites in New Hampshire, Arizona, the United States, and Australia. The philosophy of the University, College and Program – providing health care to all, including the uninsured and underinsured, as well as to those in rural communities of New Hampshire and Arizona – is supported by the diversity of these clinical sites. Sites include acute care, acute and sub-acute rehabilitation, outpatient/ambulatory care, private practice, school settings, home care, pediatrics, and geriatrics.

Grading of Full-time Clinical Experiences

PTH 608, 701-703 is each graded on a Pass/Fail basis. Determination of the "Pass" or "Fail" grade is made by the DCE and ACCEs in Manchester, NH and Goodyear, AZ, at the completion of each clinical experience, based on documentation of performance and substantive comments included in the *Clinical Performance Instrument (CPI)*; on any and all records of communication and meetings with the student, CI and CCCE over the course of the clinical experience; on any and all anecdotal records or critical incident reports that may accompany the CPI; and on successful completion/submission of all assignments in a timely fashion.

Student Responsibilities and Guidelines

Cost Factors Associated with Clinical Education

It is likely that you will experience costs associated with one or more of your full-time clinical experiences. It is wise to budget for this in advance if possible so you can expand your clinical possibilities. Please note that your DCE and ACCEs will work with you to identify clinical sites that meet your needs and that are the least burdensome financially but it is not possible for your DCE or ACCEs to guarantee clinical placements that are cost free. You are responsible for all costs associated with clinical experiences including travel, lodging, food, uniform, etc.

SentryMD

We utilize the SentryMD Service in order to maintain privacy regarding your health records and to comply with HIPAA regulations. Your SentryMD records need to be up to date in order to participate in clinical education, and must be maintained throughout your enrollment in the PT program. Students are responsible for submitting their documentation to SentryMD and then sending a copy of their SentryMD Summary to the Program Coordinator after each update for their official file.

You can get the necessary paperwork for your physical from SentryMD's website. Go to www.sentrymd.com (click on "forms" to find and download the Franklin Pierce forms) for further information. You should keep a copy for yourself and then send a copy directly to P.O. Box 292575 Lewisville, TX 75029 or email to FPU@sentrymd.com or fax to (214) 619-1830. Program Coordinators have a fax-sheet cover letter.

Any questions you have regarding health documentation can be directed to SentryMD at 800-633-4345 or email Taryn Gayo at: FPU@sentrymd.com. Their fax number is 817-251-9593 or 214-619-1830. We have worked with SentryMD for several years and you can be assured that your health information will be kept confidential. Neither SentryMD nor Franklin Pierce University will release any information provided in your health records to anyone without your written authorization.

APTA Membership

You are **required to join** the American Physical Therapy Association (APTA), our professional association, and may do so by calling 1-800-999-2782, extension 3124 or going to www.apta.org/membership. A copy of your membership card should be on file

with SentryMD. APTA membership must be renewed annually and maintained throughout the duration of program.

CPR and First Aid

Proof of CPR training at the **Health Care Provider or Professional Rescuer level** (infants, children and adults with AED) is required of all students within the first month of the DPT program and must be kept current **throughout all clinical experiences**. Proof of initial First Aid training is also required upon matriculation but will not need to be renewed unless required for a particular clinical affiliation. Evidence of both must be submitted to **SentryMD** during the first term of the program and renewed/updated as warranted throughout matriculation.

The following courses are acceptable:

1. American Red Cross – First Aid, CPR/AED for Professional Rescuer
(NOTE: course description and card MUST indicate First Aid was provided as a module to “count” – some course offerings are separated vs. combined)
2. American Heart Association – BLS for Healthcare Provider
3. American Heart Association – Heartsaver First Aid

NOTE: Online courses for CPR or First Aid **MUST** include an on-site skills check component.

Athletic Trainers:

ATCs may submit a copy of their current license/BOC card as proof of CPR clearance but will still need to submit a separate card demonstrating current First Aid certification.

Emergency Medical Technicians:

EMTs may submit a copy of their current license as proof of First Aid training but will still need to submit a separate card demonstrating current CPR certification.

Criminal Background Check

Arizona Students

Obtaining and filing a copy of the AZ Fingerprint Clearance Card with our office **within 30 days of establishing residency in Arizona** is a FPU PT Program requirement. This card guarantees that the applicant has successfully passed a criminal background check run by Arizona Department of Public Safety and is generally considered valid for the duration of the program. Although this usually satisfies the criminal background check requirement

for clinics within the state of Arizona, some contracted sites require students to obtain and pay for another background check which may be different. Refer to the Arizona State Statutes via these links for more information:

- [AZ Fingerprint Clearance Card Application Info](#)
- [List of criminal offenses which will preclude issuance of AZ Fingerprint Clearance Card](#)
- [Postsecondary health sciences programs and Fingerprint Clearance Cards](#)

New Hampshire Students

State law requires that you have a background check to enter any health care environment in New Hampshire. Since we will be beginning Integrated Clinical Experiences (ICE) in Term 3, you must have your background check completed before that term begins. Details on the process for NH students will be reviewed during PTH 506 (Intro to Professional Development and Patient Education) and must be completed in a timely manner.

Many facilities will require that you obtain additional portions of the criminal background check before entering their site or may require that your check occurs within one year or 6 months of beginning your clinical experience. This happens on a site by site basis and the requirements can either be simple or quite extensive. Franklin Pierce Students may obtain background checks through Certified Background. You may contact them through their website at: www.certifiedbackground.com using the code **RK86**. We will inform you when and if this needs to be done and which Certified Background package will provide you with what you need. The fees associated with this service will be your responsibility. You will need to provide the necessary documentation to each facility that requires it.

Drug Screening

Many facilities are requiring mandatory drug testing before you can participate in a clinical experience at their site. The associated fee for this screening will be your responsibility. You will need to comply with these requirements if required by your clinical site.

If you are required to complete a pre-clinical drug test for a specific experience and it is not provided through the facility, Franklin Pierce students may obtain one through Certified Background. You may contact them through their website

www.certifiedbackground.com using the code **RK86dt**. You will need to obtain a 12-panel drug screen.

Health Documentation

Most facilities require that your health status be verified according to professional medical standards. This is for your protection and that of your future patients. In order for you to complete your first and subsequent terms successfully you will need to have a complete physical, provide proof of immunity to a variety of diseases and provide results of a recent two-step tuberculosis (TB) test.

Physical Examination

You must obtain a physical examination prior to entering the program and again if required by any of your integrated or full-time clinical sites. If you do not obtain a physical at the beginning of the first year you will be prohibited from participating in PTH 517 Integrated Clinical Education and other part time experiences until a physical is on file. Subsequent failure to repeat the physical examination, if required by one of your assigned sites, will preclude you from being able to participate in that clinical experience in a timely fashion and could ultimately jeopardize subsequent assignments. Physical examination results must be submitted to **SentryMD** prior to your first year in the program.

Communicable Diseases

The APTA 1991 House of Delegates passed motion RC20, which states that practitioners who are at risk of acquiring communicable diseases should take appropriate measures to determine their health status. Physical therapists with known communicable diseases or conditions have an ethical obligation to either abstain from professional activities which have an identifiable risk of transmission to the patients, or disclose their condition to the patient.

Immunizations

Immunization records must be submitted to **SentryMD** before you begin the program. **The following immunizations or proof of immunity are required before entering any clinical experience:**

- Titer* for proof of immunity to Rubella.
- Proof of immunity to Measles and Mumps by titer* or by dates of immunization.

- Titer* for proof of immunity to Hepatitis B.
- Titer* for proof of immunity to Varicella
- Tetanus immunization within the past 10 years
- Mantoux/PPD/TST for TB (2-part read required for entrance to program; single TB tests are acceptable for annual renewals unless a clinical facility requires 2-part read.)
- Individual clinical sites may require other immunizations

***Please note that dates of immunization are not the same as having a titer completed. A titer is a result of blood work tested for your levels of immunity to the stated disease.**

Health Insurance

Franklin Pierce University does **not** provide health insurance coverage to students. With the passing of the Affordable Care Act (ACA), all individuals are mandated to have a certain level of Health Care Insurance. As a result, students are required to provide their insurance information prior to enrolling in course work. Please visit <https://www.healthcare.gov/see-plans/> to explore options for individual coverage.

Many states have recognized the challenges that college students face with health insurance and have sought to extend eligibility to their parents' or state plans. For example, single, full-time students under the age of 26 may still be eligible for health insurance coverage under their parents. You are encouraged to visit the following website for information specific to your state of residence: <http://www.ncsl.org/research/health/dependent-health-coverage-state-implementation.aspx>. University policy requires all students who are participating in practical experiences to carry sufficient health insurance to protect them while in school. For students participating in practical experience, enrollment in a plan must be documented each year. Coverage must continue at least through the last day of your final full-time clinical experience.

Additional resources you may explore for individual health insurance plans include:

- www.nh.gov/insurance/consumers/healthinscos.htm
- <http://www.healthinsurance.org/arizona>

Proof of health insurance (a copy of your card or policy statement that identifies you as subscriber or dependent and the term of your coverage) must be turned in to SentryMD.

Name Tags

Student identification nametags are required prior to beginning any clinical education experiences. Nametags must identify you as a physical therapy student from Franklin Pierce University. Nametags will be provided through the Physical Therapy Program. Please note that you will be assessed a replacement fee should you misplace or lose your nametag.

Professional Liability Insurance (Malpractice)

Professional liability (malpractice) insurance is **mandatory** and it is a requirement that it be kept up to date throughout your enrollment in the PT program. You can obtain student-level physical therapy malpractice / liability insurance through this website link: <http://www.hpsso.com/students/studentindex.php3>. Your liability/malpractice insurance must be in the amount of at least \$1 million per incident and \$3 million aggregate. Liability insurance must remain current throughout the course of the professional program. Proof must be turned in to **SentryMD** at the beginning of each academic year.

Special Needs

If you have a special need, the DCE or one of the ACCEs and/or the Physical Therapy Academic Director should be notified prior to your clinical assignments. Accommodation for special needs cannot be made unless there are documented needs and the needs are made known to the Physical Therapy Program and Clinical Education Center in compliance with the ADA. It is **your** responsibility to disclose any special needs and to request accommodation if needed. Students should contact the Center for Academic Excellence at Franklin Pierce University--Rindge for more information.

Standard Precautions, Infection Control, Aseptic Technique Competencies, Hazardous Materials/OSHA

Competencies for these techniques will be offered during Foundations of PT Practice, PTH 531-532. A Certificate of satisfactory completion is kept on file in the Clinical Education Offices.

Identification of and Assignment to Clinical Education Sites

Part-time Experiences

The part-time integrated clinical experience (ICE) is scheduled by the DCE/ACCE in Manchester and the ACCE in Goodyear. ICE placements will be based on the availability of the local facilities. A drive time of 60 minutes may be required for your ICE.

Full Time Clinical Experiences (PTH 608, 701 – 703)

The process of site selection for full-time clinical education is generally introduced during Term 1 of the first year. Updated lists of sites that are available for each of the clinical experiences are posted in Acadaware for your review. Information includes where the sites are located, the type of clinical experience they provide and how many students they are able to accommodate. These lists are created from responses received as a result of the March mailing to our master list of clinical sites. Prior to the selection process you should make an appointment to meet with the DCE or ACCE in your program to discuss your goals for clinical education and what sites might provide you with the type of experience that you are looking for.

Considerations when choosing clinical sites include:

- a) Type, variety, and number of patients.
- b) Variety of experiences available within each center.
- c) Experience of clinical instructors.
- d) Interactions with different disciplines.
- e) Interactions with students from other programs.

Our program utilizes an electronic database called Acadaware to organize student and clinical site information and assist with optimizing placements. Students will create Acadaware accounts in order to select their preferences for clinical placements.

- You will be provided with an online form on which to list at least four clinical sites for each rotation, in order of priority. These choices should come from the list of reserved sites provided to you and should reflect a balance in types of facilities, diagnoses and populations served.
- Additionally, you will have the opportunity to include “First Come First Served” (FCFS) sites to request a facility that is part of a nationwide or corporate contract that does not typically reserve slots. Completing a FCFS request does not guarantee a given site will be assigned to you; however, if it is, you MUST attend.

- You will not be allowed to rescind a request if it has been secured on your behalf.
- Students may also ask the DCE or ACCEs to follow-up with several sites that Franklin Pierce has clinical agreements with but who have not yet agreed to accommodate a student during one of the scheduled time frames.
 - You may also add the name of a NEW site provided you have discussed this with the DCE or one of the ACCEs in advance. (See New Site Development below). You should be aware that new site development will not occur unless you are able to assure the DCE and ACCEs that you will be able to take full advantage of this placement should the outcome be positive. This means that you must consider all costs associated with a new site placement in advance.

Following the online submission of your choices, the DCE and ACCEs will begin the process of confirming available sites, follow up on new site development and will eventually match students to clinical sites, following the philosophy of providing the best possible placements for the most students. This means that, to balance the distribution of clinical resources and to be fair to all students, you may not be assigned to your first choice facility.

Once placements have been completed for the majority of students, the assignment list will be made available. Every effort will be made to provide confirmed placements for all three clinical internships at the same time. In some cases, confirmation of site availability may still be pending in which case back up options may be provided.

Note: You have the right to decline a clinical placement; however you can only do so with a request/rationale to switch to another appropriate site/setting that is still available as an unused offer on Acadaware and **acknowledge that such declination may lead to a delay in graduation.** The DCE and ACCEs are required to meet accreditation standards regarding the breadth and depth of clinical experiences, as well as strive to utilize as many offered slots as possible from our clinical partners.

Formal assignment letters are then sent to each clinical site with an accompanying “confirmation” form. The Center Coordinator of Clinical Education (CCCE) is asked to complete the “confirmation” form with specific contact information of the CCCE and CI and to return it to Franklin Pierce University. Upon receipt, the contact information is logged and the “confirmation” form is given to you as a record of the confirmed placement. Your possession of the confirmation is also considered explicit permission to contact the clinical site and should be done in a timely manner – no later than one

month prior to the scheduled start of the experience (or immediately if confirmation is received less than one month prior to the start date).

Other Considerations Regarding Clinical Placements

Good Academic Standing

Please refer to the Student Handbook for definition and details.

New Site Development/No Contact Rule

Occasionally you may have a particular site in mind that you would be very interested in going to for one of your clinical experiences. As a rule, student contact with clinical sites is STRONGLY discouraged. **You must first make an appointment to discuss this interest with the DCE or ACCE in Manchester or the ACCE in Goodyear before having any contact with the clinical site.** Please also inform your family members, or friends/acquaintances that they should not contact a clinical facility on your behalf.

The reasons for the “no contact rule” are very pragmatic ... there is no way for you to know what communication may already have taken place with a particular site or if negotiations are currently in progress. After discussion with the DCE or ACCEs, you may be given permission to contact the site ONLY to determine if they in fact have an active student program and to elicit appropriate contact information for the ACCEs. However, you should not assume that contact of this nature is approved unless you have received specific permission.

Any student who chooses to work outside of this rule and contact sites on his/her own will not be allowed to participate in a clinical experience at that site. You should similarly refer to the DCE or ACCE, any discussion of future clinical placements that may be initiated with you by a CCCE or Department Head, Program Manager or owner of the clinical site. Our phone numbers and emails are at the front of this manual. We are always eager to discuss establishing clinical relationships with new sites. Thank you in advance for helping to keep major communication and negotiations clean and between the DCE/ACCEs and the CCCEs. We appreciate your efforts.

You should be aware that new site development will occur based on the needs of the program as a whole. Because of the time-consuming nature of site development (up to one year) it is critical that the site identified is one that can, and would likely be, used again by another student. In general, acute care facilities, rehabilitation centers, specialty clinics or environments such as burn care or pediatrics are highly desirable.

In general, new site development is reserved for students in good academic standing. Please see the DCE or ACCE in Manchester or Goodyear.

No Guarantees

Franklin Pierce University is unable to guarantee placement at any specific site. Our first priority is to place students in a variety of quality clinical experiences that provide a balance of clinical exposures and that will prepare you for entry-level clinical practice. Every attempt will be made to assign you to sites that balance your personal interests/needs with programmatic requirements.

Travel Expectations

If you are enrolled in the Manchester program you will need to be prepared to travel outside of New Hampshire and New England for at least one full time clinical experience. As the situation warrants it, students in Goodyear will also be expected to travel outside of the immediate area.

On both campuses every effort will be made to accommodate students with extenuating circumstances, i.e. family issues. However, you should realize that simply being married, having a family or a pet, does **not** qualify as an extenuating circumstance. If you have any specific concerns they should be put in writing to the DCE or ACCEs at the time site requests are submitted.

Prior Relationships with Clinical Sites

In general, we will not place you in a clinical site where 1) you have worked; 2) where you have already accepted a position; and/or 3) from whom you have accepted scholarship money in return for post-graduation employment.

The rationale for this policy is simply that it is difficult to ensure an objective evaluation of your clinical performance under the best of circumstances. Each of the above situations places an even greater burden on the site to be unbiased in its evaluation of you. For example, you may be evaluated even more harshly by a clinical instructor with whom you are familiar, simply because the CI is trying so hard to be objective.

Programmatic Guidelines for Identifying Clinical Education Sites

The Physical Therapy Program makes every attempt to ensure that clinical sites meet minimum standards based on *Guidelines for Clinical Education Centers, CCCEs and CIs (APTA)*. Sites are not required to meet all of these criteria but should use the information to identify areas that should be addressed.

Expectations of Student Performance

You are expected to exhibit professional behavior and attitude at all times while participating in clinical education. This implies that you behave as a mature, responsible adult, who plays an active role in your learning, accepts responsibility for your learning and who demonstrates initiative, enthusiasm and professional curiosity. You should be cognizant of the need to speak with tact and diplomacy in all communications and to maintain a balance between personal and professional relationships.

APTA Code of Ethics and Guide for Professional Conduct

You are expected to abide by the ***APTA Code of Ethics and Guide for Professional Conduct*** at all times during clinical education experiences. You are responsible for the content of this document and should make sure to review it periodically during the program, specifically prior to your full-time clinical experiences.

Professional Integrity /Honor Code

Franklin Pierce University requires all students to adhere to high standards of integrity in their academic and clinical work. To foster a culture of academic integrity within the Program, you are reminded that an Honor Code is in place in each class and attaches responsibility to each student to uphold the highest standards of academic integrity for themselves and their classmates. **In addition, the Honor Code attaches to personal and professional performance in the clinical environment as well and requires you to behave with honesty and the utmost integrity, as well as to respect the integrity and rights of all persons.**

Professionalism

Professional behavior is expected for successful completion of each course. Incidents of unprofessional behavior (unexcused absence or other as described in the *Core Values* document) may be grounds for dismissal from the clinical experience (with a subsequent grade of Fail) or dismissal from the program.

The faculty of the DPT program is committed to fostering the principles of adult learning and to fostering the students' responsibility for being active participants in their

education. The faculty view class and clinic participation, and therefore attendance, as an integral factor in student learning and feel that students are unable to be effectively engaged in the process of learning if absent. It is our desire to treat each individual as a responsible adult. However, we have an obligation to the public and to each student to insure competence in the practice of physical therapy. Monitoring attendance and class or clinic participation facilitates this process. On a pragmatic level, the University requires that we monitor attendance for federal financial aid purposes.

Class and clinic attendance is mandatory and prompt arrival at each session is required. Unexcused absences and/or chronic tardiness are examples of unprofessional behavior and will be reflected in the professional component of the students' final grade. In the case of illness or emergency, it is the students' responsibility to contact the clinical instructor as soon as possible at the start of the day.

Permission for an excused absence, a late arrival or early dismissal from clinic **MUST** be requested in a **TIMELY** fashion and is at the discretion of the clinical instructor. Whenever possible, you must notify your DCE or ACCE of potential date conflicts before or at the time of confirming the placement so that permission may be secured by the school in advance of your internship. This is limited to very specific reasons such as attendance at APTA conferences (e.g., National Student Conclave or Combined Sections Meeting). It is not appropriate for students to request time away from class or clinic for **personal business or recreation** (e.g., job interviews, weddings, visiting with friends or family). Unexcused absences will be documented as unprofessional behavior, put in the student's permanent file and reflected in the final grade.

Attendance

You are expected to be on site during hours specified by your CCCE/CI. With regard to holidays, you are expected to comply with the Clinical Education Center's work schedule, not the academic calendar of Franklin Pierce University.

Days off for personal reasons are **not** built into the clinical education calendar. Absences are reserved for illness and make up time will be at the discretion of the CI, CCCE, and/or DCE or ACCEs. If you are ill or have an emergency and must miss any clinical time, you must contact your CI and /or CCCE immediately; your ACCE/DCE must also be notified by email or phone at the time of absence.

You must have an appropriate and legitimate reason for any extended, unexcused absence. If you are absent for more than two days for any reason, you, your CI and/or

CCCE and the DCE or one of the ACCEs will discuss the situation and negotiate how to proceed on an individual basis. Unexcused absences or excessive tardiness may result in failure of that clinical experience and ultimate dismissal from the program.

Communication and Social Media

The threaded discussion section within each clinical-related course shell is a closed forum, designed to be a “safe haven” where you can openly share your experiences, questions and observations with fellow classmates. However, it is still a part of an academic course; therefore professional language (both in tone and grammar/spelling) is expected at all times. Do not make derogatory statements about patients or staff, and under NO circumstances should you post similar remarks through social media (Facebook, Twitter, etc.), as even without providing direct identifiers, it is possible for a third party to make a connection about the object of such comments. Students who violate this policy will have a professional behavior anecdotal record placed in their clinical file, and may be dismissed from the clinical experience and/or the program.

Confidentiality/HIPAA

You are expected to be familiar with HIPAA regulations and to respect the confidential nature of information regarding patients and clients of the facility, and their records, in accordance with the facility’s policies and procedures.

The Health Insurance Portability and Accountability Act is a Federal Law passed in 1996 to, among other things, protect private patient information. As a physical therapy student you are considered a “trainee” at your clinical site and you are part of the site’s workforce. As such, you may have access to protected health information. Additional site-specific training may occur at each clinical site to which you are assigned.

Key Points include:

Students using protected health information (PHI) at the clinical education site:

- are considered workforce members
- must participate in HIPAA privacy training
- have PHI use and access determined in accordance with the site’s “Minimum Necessary” standards
- may use PHI in presentations related to the training program made to the site’s workforce in accordance with the site’s policies

- must comply with the site's other HIPAA privacy and security requirements.

Students using PHI outside the training site:

- may not use or disclose PHI outside the training site without:
 - authorization
 - de-identification
 - limited data use agreement

Conclusion:

- DO respect the privacy of patients
- DO become familiar with your Clinical Education Center's policies and procedures
- DO know your responsibility and role
- DO know when to contact your records administrator
- DO know who to call for questions
- DO NOT use or disclose information if you are not sure whether your actions will be appropriate.

Dress Code

You are expected to conform to the dress code of the Facility. It is recommended that you confirm specific dress requirements with your CCCE, prior to the beginning of each clinical experience. In the absence of a specific dress code, you should take your cues about what is appropriate dress from others within the department. When in doubt, you are encouraged to adopt a conservative, but appropriate style.

In general, jeans, collarless shirts (T-shirts), midriff shirts, low cut tops, open-toed or untied shoes & shoes with high heels are not acceptable. Personal grooming and hygiene should be impeccable. Many patients and colleagues may have chemical sensitivities so strongly scented perfumes, deodorant/body sprays, etc... should be avoided. Excessive piercings, long fingernails and hair that obstructs vision or falls onto patients is not permitted. Some sites do not permit visible tattoos.

Franklin Pierce University requires that name tags, identifying you as a physical therapy student, be worn at all times.

In-services or Special Projects

An in-service or participation in a facility-identified special project is required during each clinical experience unless otherwise stipulated by the clinical site. In-services may take the form of case reports, a discussion of available evidence that informs and supports your choice of treatments, an in-depth study of a particular topic of interest to you or the facility, or in depth explanations and/or demonstrations of new techniques or equipment. Feedback from your audience should be sought in some way. A “feedback form” has been included on the course shell for your convenience.

Managing Problem Situations

Problem situations in clinical education generally result when a student does not show improvement in his/her performance or behavior and/or when the level at which the student is performing remains unacceptable for a given clinical experience. These situations may result from a variety of causes, including but not limited to:

- A low level of knowledge or skill and/or continued inability to apply knowledge or skills appropriately in the clinical setting.
- Inappropriate affect; poor attitude; lack of initiative; disinterest
- Unclear expectations of the CI or student
- Ineffective communication skills of CI or student
- “Personality conflict”

As mature, responsible adults and developing professionals, you are expected to deal with issues, should they arise. This places the responsibility on you to help identify and take action on problem situations as soon as possible. You should deal with ‘issues’ immediately, first with your CI and then with the CCCE and DCE/ACCEs if needed.

NOTE: The CCCE in your site is present to act as an impartial third party. You should be able to go to him/her with honest concerns, and without fear of retribution. Please do not let issues slide because you are afraid to “rock the boat”. The DCE and ACCEs in Manchester and Goodyear will not let your attempts to clarify or rectify a situation jeopardize the outcome of the experience or interfere with a fair assessment of your performance.

Occasionally differences in style and/ or personality between you and your CI will occur. These differences should be recognized at once for what they are and not attributed to personality conflict. As a professional, you will need to be able to work with all types of people. The CI-student relationship is a professional relationship. It is not necessary that each party like each other; however, it is necessary that you respect each other and develop a working relationship.

Please email or call the DCE or ACCE in Manchester or the ACCE in Goodyear should you have an unresolved situation. We are always available to help you and your CI creatively work through potential problems and suggest ways in which you might approach the situation.

Preparation

Clinical experiences are an extension of the academic program and therefore considered full-time commitments. In general, this means an average of 40-45 hours per week. However you are also expected to devote a portion of each day, after scheduled clinical hours, in preparation for patient care activities the next day. Two to three hours of preparation, review, or study per night is not an unreasonable expectation. Preparation time should be spent considering treatment options, anticipating new evaluations, researching new diagnoses, completing assignments, and ensuring comprehensive preparation for the next day.

Because of the time commitment involved, we strongly advise you to limit outside employment while participating in clinical experiences where at all possible. Should your CI report that you are consistently unable to function appropriately during the day, and that he/she suspects this is attributable to extended employment hours, we may need to ask you to make necessary adjustments so that the quality of your clinical experience is not jeopardized and so as to ensure a successful completion of the experience. Excluding personal emergencies, excuses for lack of preparation, failure to complete assignments and/or other paperwork in a timely fashion are not acceptable. Habitual lack of preparation is a serious problem and will be reflected in your performance evaluation.

Rules and Regulations of the Facility

You are expected to abide by all of the rules and regulations of the clinical facility while participating in clinical experiences. You should familiarize yourself with the policies and procedures of the clinical facility including, but not limited to, those policies and procedures dealing with patient interactions, evaluation and treatment protocols, documentation, confidentiality, HIPAA compliance, safety procedures, medical and other emergencies, scheduling, billing, discharge of patients, and equipment. You should also understand the policies and procedures of the facility as related to student expectations and conduct. Failure to do so may result in an unsatisfactory grade for the clinical experience, suspension, and/or ultimate dismissal from the program.

You are to complete all assignments as requested by your CCCE and/or your CI including but not limited to readings, in-service presentations (see In-services and Special Projects), all necessary documentation, writing up treatment plans or home programs, etc. Failure to do so may result in an unsatisfactory grade for the clinical experience, suspension, and ultimate dismissal from the program.

You are required to attend your clinical experience during the hours that your CI works. These may be non-traditional hours. For example, some clinical instructors may work four 10-hour days or 6:00 AM to 3:00 PM five days a week. Some clinical experiences may even include weekends on either a rotating or consistent basis. They may not receive a paid lunchtime. Regardless of the hours, it is your responsibility to be there during the time that your CI works, up to and perhaps slightly over 40 hours per week. If your work hours significantly exceed 45 hours/week on a regular basis you should contact the DCE or ACCE in either Manchester or Goodyear so that your schedule can be addressed. Modifications to the schedule should not be requested to suit personal preferences. If minor changes in the schedule are necessary you must inform your DCE/ACCE so that modifications can be properly negotiated with the clinical site. **Students are NEVER to initiate the request for schedule changes directly with the clinical site.**

Assessment of Student Performance

Assessment of your performance during each clinical experience occurs throughout each day through direct observation of your performance; the questions that you ask and the responses that you provide; on-going discussion with your Clinical Instructor; the quality of your evaluation and documentation skills; and the active role that you are playing in your education. Informal feedback provided throughout the day as well as planned meetings between you and your CI should encourage an open dialogue regarding your performance and outline specific objectives to focus on and as well as activities that must be integrated to improve your subsequent clinical performance.

Summative Assessment

Clinical Performance Instrument (CPI)

Summative assessment of student clinical performance on each full-time clinical experience will occur by using the electronic edition of the **APTA Clinical Performance Instrument**. All DCEs, ACCEs, CCCEs, CIs and students must be trained in the proper use of this document. Students will be thoroughly familiar with this document by means of an extensive (1 ½ hour) standardized, on-line training session that occurs during Integrated Clinical Experience (PTH 517) in Term III of Professional Year I. Training will be provided to CCCEs and CIs, as needed, recognizing that many will have previously completed training for another PT program. Training does not need to be repeated once you have successfully passed the on-line module.

Timing of Summative Clinical Assessment

The CPI is formally completed at least twice during each clinical experience; at midterm and again at the conclusion of the experience. Your CI will complete an assessment based on observations of your performance up until that point in time. You will also complete a self-assessment of performance at both midterm and final points in the experience.

Midterm and Final Meetings

A formal meeting between the you and your CI will be held at midterm and final points to discuss ratings of your performance on the CPI and to resolve any differences in perception between you and your Clinical Instructor. You should be prepared to support your ratings with specific examples that would justify the rating that you have attached to a particular objective.

Formative Assessment

Feedback on Student Performance

You and your CI should work together as colleagues throughout the clinical experience. This does not mean that you and your CI have equal roles; rather it means that you each have your own role to fulfill.

Unlike summative evaluation comments provided on the CPI that occur at midterm and final points of the clinical experience, feedback is provided “during” the clinical experience, usually on a daily basis, and is designed to change your performance or behavior. Feedback from your CI is a vehicle for providing constructive, concrete specific suggestions that will help you improve your performance. The expectation is that you will integrate this feedback into subsequent performance.

The feedback provided by your CI constitutes "building blocks" for your clinical experience and is essential to a successful learning experience. Self-assessment of your performance should also be incorporated into your daily routine and is an integral component in the development of your professional identity.

Identifying and clarifying challenges in your clinical work is a process which requires you and your CI to work together. In regular feedback sessions, you determine, as a team, what skills you need to develop, and what experiences might provide those opportunities. Together you determine what type of guidance can best assist you in meeting the goals and objectives that have been established.

You and your CI should establish a mutually acceptable schedule for feedback. Options include formal meetings, ongoing feedback throughout the day, on-call consultation with your CI or occasional informal meetings. The amount and type of feedback that you need or require may change over time, as the experience progresses and as you become more comfortable and accurate in your ability to self-assess. In clinical education, feedback should not be offered or perceived as judgmental (as in a test) but as guidance, to further develop your skill as a safe and independent practitioner.

It is expected that you will, in turn, also provide feedback to your CI. CIs are interested in knowing how they can improve their performance as mentors. Some guidelines for providing feedback are included.

Guidelines for Providing Feedback

Feedback is most helpful when it is:	Feedback is least helpful when it is:
1. Specific	1. Global
2. Positive	2. Negative, without ideas for change
3. Useful	3. When there is nothing you can do to change
4. Supportive	4. Judgmental or evaluative
5. Given in private	5. Given in front of others
6. Based on first hand information	6. When it is "hearsay" or conjecture
7. Fair	7. Based on only one incident; not a general trend
8. Honest	8. When protecting feelings
9. Constructive	9. With no suggestions for improvement
10. Current or timely	10. Delayed for several days or weeks
11. Focused on behavior, not personality traits	11. When it seems to be a personal attack
12. Checked for clarity	12. Vague; improperly understood

Weekly Planning/Goal Tracking Form -- Required

The Weekly Planning Form is another method of providing formative evaluation/feedback to you during your clinical experience and for encouraging dialogue regarding how best to change your performance if necessary. Used on a weekly basis, it provides an excellent vehicle for keeping the clinical experience moving forward in a logical and systematic way. An electronic goal tracking form has been provided for you on the course shell, however you are welcome to use any similar document that your clinical facility may utilize in its place. You are required to identify 3 goals each week and then to assess achievement of those goals and development of new goals in each subsequent week. Space is made available for both you and your CI to comment on progress/performance and to dialogue around your progress. **The DCE and ACEs in Manchester and Goodyear require that this form (or a reasonable facsimile) be used for all Franklin Pierce students and that all forms be submitted to the University weekly.** Specific instructions will be noted on the course shell.

Action Plan – As Needed/Optional

Occasionally, an individual student may have issues that prevent him/her from performing at the expected level. The student, CI and or CCCE should contact the ACCE or DCE for a phone consultation or a site visit. An Action Plan is typically created as a result of a phone consultation or site visit of this nature. The Action Plan will identify areas that the student needs to improve upon, the expected level of accomplishment, time frame for accomplishment, and strategies to assist both the student and CI to insure attainment.

Anecdotal Record (AR) and Critical Incident Reports (CIR)—As Needed/Optional

Anecdotal records and critical incident reports are written methods of formative evaluation that can be used to document both positive and negative behaviors but that are characteristically used to document problem situations. Both are used as **supplements to the summative evaluation**, typically in situations where the student has failed to integrate verbal feedback or continued to demonstrate problematic behavior despite several verbal reminders.

- **Anecdotal Record**

An anecdotal record is a note, made by the observer (your CI), about student's action or behavior and is typically used to document problems with affective behavior. Several notes may be compiled for each noted action or behavior. The note includes the student's name, date of observation, description of the setting, the action or behavior, the observer's interpretation of the action or behavior, the evaluator's and **the student's name and signature**, and any student comments.

- **Critical Incident Report (CIR)**

The critical incident report is similar to the anecdotal record because it is a recording of actual behavior or action. However, the CIR is a record of one, or a **series** of related behaviors and actions, without any interpretation by the observer. The CIR contains **antecedents**, the **behavior** in question and the **consequences** (the ABC rule of writing a CIR). Students **must sign** each entry on the CIR.

NOTE: If one of these forms is completed on you, because of something that you have done, your signature is required. However your signature does NOT indicate your agreement with what is written. It indicates only that you have seen the report.

Any anecdotal records or critical incident reports should be returned to the University with the CPI at the completion of the clinical experience unless previously requested by the DCE or ACCEs.

A copy of the Anecdotal Record Form and Critical Incident Report are included in the student packet that is sent to each CCCE in advance of the clinical experience. The Weekly Planning Form is sent to each student/CI pair as a shared Google doc at dedicated URLs.

Clinical Experience Outcomes

Successful Outcome of Clinical Experience

Successful completion of each clinical experience is dependent on your meeting or exceeding the expectations/requirements of performance for that clinical experience as described in the course syllabus. Successful completion of each experience is based on the ratings provided by the Clinical Instructor as well as the comments included by the CI on the CPI. **NOTE: Grades will not be submitted until all required documentation has been received at Franklin Pierce University, Manchester or Goodyear.**

Interruption of Clinical Experiences

If you are unable to complete clinical experiences in a sequential order due to illness, injury, pregnancy, personal issues, etc., the following steps will be taken:

- a) The Physical Therapy Program Director or the Director of Clinical Education should be immediately informed regarding your inability to complete a clinical education experience.
- b) You (or your representative) will notify the DCE/ACCE and the CI (If you or your representative is unable to notify the CI, the DCE/ACCE will do so).
- c) In the case of illness, injury, or pregnancy, your physician should notify the DCE/ACCE in writing of your inability to complete the clinical experience(s).
- d) In the case of personal problems, you should document, in writing, the extent of the problem.
- e) If you are receiving counseling or psychological services, a letter from the counselor or psychologist/psychiatrist may also be necessary.
- f) With the approval of the physical therapy faculty, you may be permitted to continue to take classroom courses, even though you are unable to participate in prerequisite or concurrent clinical experiences.
- g) You will meet with the DCE/ACCE to discuss a time frame for future completion of the Clinical Education experience.
- h) If there is an interruption of more than eight months between the time you finished your classroom course work and the start of the clinical education experiences, you may be required to demonstrate competency of didactic work and/or retake comprehensive practical examinations.
- i) Before resuming your clinical experience, you must provide the University with a written statement from your physician, psychologist, counselor, etc., stating that he/she feels you are able to resume the clinical experience without restriction. If

the reason for interruption of the experience is personal, you will be asked to submit a written statement on your own behalf.

- j) Ultimately, the physical therapy faculty will determine whether or not you can be temporarily excused from your clinical experience and when this time will be made up. A remediation plan may need to be developed.

Unsuccessful Outcome

Early Termination of a Clinical Experience

A clinical experience may be terminated prior to the scheduled date of completion. The request for termination may come from the DCE, CI, CCCE, ACCE, or in rare circumstances, the student. **Please note that under no circumstance is the decision to terminate an experience the purview of the student alone.** The ability of the CCCE or CI to request termination of the experience is stipulated in the clinical education agreement.

A clinical experience may be prematurely terminated in the event that insufficient learning is taking place and that continuation of the experience will not result in a successful outcome. An experience may also be prematurely terminated if the student has engaged in unethical or significantly unprofessional behavior during the experience. **Early termination of the experience for any of the above reasons will result in a "Fail" grade.**

Suspension

The DCE, ACCE in Manchester or Goodyear, CCCE or CI may immediately suspend from patient care activities or from the facility, on an interim basis, any student who commits an act or omission endangering the life, health, or well-being, or violates any established rights or reasonable expectations of confidentiality of a patient or other person. By contractual agreement, the CCCE or CI may, in some cases, suspend the student prior to consultation with the DCE or ACCEs. Immediately following the incident, the student must meet with the CI and complete an incident report, describing the situation. The DCE or ACCE in Manchester or Goodyear must be notified as soon as possible. A copy of the incident report should be made available to the ACCE at the appropriate campus.

Students may be required to appeal to continue in the experience. **Students should be aware that suspensions can result in early termination of the clinical experience and therefore a "Fail" grade in the clinical education course.**

Failure of the Clinical Experience

Unsuccessful completion of a clinical experience occurs when the student fails to meet the minimal expectations/requirements of performance for that experience as described in the course syllabus. Failure of the clinical experience is based on the ratings provided by the Clinical Instructor as well as the comments included by the CI and CCCE on the CPI.

Determination of the "Fail" grade is made by the DCE and/or ACCE at the Manchester or Goodyear campus, in consultation with the Program Director, at the completion of each clinical experience, based on documentation of performance and substantive comments included in the **CPI**; on any and all records of communication and meetings with the student, CI and CCCE over the course of the clinical experience; on any and all anecdotal records or critical incident reports that may accompany the CPI; and on successful completion/submission of all assignments in a timely fashion.

Clinical experiences are considered professional courses. Failure of two professional courses will result in dismissal from the program. Only one repetition of a clinical course is allowed.

Repetition of a Failed Clinical Experience

Failed clinical experiences must be repeated and successfully completed for continuation in the program. **Please note that repeated experiences must be registered for as separate courses and must be paid for at the current tuition/credit+.** Furthermore, if a student failed an experience that was located outside the region of the "home" campus, any subsequent clinical internship will be reassigned to a local setting. This allows the DCE/ ACCE to work closely with active clinical partners to ensure the optimal conditions for the students' successful outcome.

The decision to schedule an additional clinical experience, the type and timing of such an experience and a determination of whether any pre-clinical remediation is needed will be the determination of the DCE and ACCEs in Manchester or Goodyear in consultation with the Program Director in Manchester or Goodyear and the student's academic advisor. All available records will be used to make this decision. All repeated clinical experiences will be designed to meet the needs of the individual student. The student is expected to take an active role in the development and execution of a remedial program.

You should be aware however, that establishing a repeat clinical experience is not an automatic occurrence. A student may not be granted a remedial experience if any of the following conditions exist:

- a. Evidence of unethical or illegal behavior on the part of the student
- b. The student has chosen to terminate the affiliation without the consent or agreement of the DCE or ACCEs
- c. The student fails to consistently demonstrate:
 - i. effort to improve **or**
 - ii. the ability to learn in the clinic **or**
 - iii. significant improvement in performance within a reasonable amount of time

Appeal Process

As a matter of procedure, you and your CI will discuss the assessment of your clinical performance at midterm and final points in your clinical experience. Feel free to ask for specific examples that help to support your CI's evaluation of your performance. Similarly, be prepared to offer examples that would support your grading of your performance. It is not expected that you and your CI will rate your performance exactly the same. What is important is that relative strengths and weakness in your performance should be similar and run in a parallel fashion.

After discussion, if there are still unresolved issues that you feel will impact the overall interpretation of your assessment, you may file a written appeal and submit it to the DCE or ACCE in Manchester or Goodyear. As Course Instructors for all clinical education courses, the DCE and ACCEs are responsible for deciding a student's final grade. Your comments will be considered and become part of your record.

Other Clinical Education Documents

Clinical Education Agreements/Contracts

Before any student may enter a clinical site, whether on an Integrated Clinical Education experience or a Full-time Clinical Experience, a clinical education agreement or contract must be in place between Franklin Pierce University and the clinical site. A contract is a legal document that can be generated by either party. It outlines the rights and responsibilities of each party to the agreement. Contractual agreements can take up to one year to fully negotiate and often have language, terminology or clause changes that must be made by either party to make them acceptable.

Student Data Form

The *Student Data Form* is a document created by the New England Consortium of ACCEs which correlates directly with the 18 items of the new, electronic Clinical Performance Instrument.

The cover sheet includes your demographic information, and health and liability insurance information as well as relevant contact information that your clinical site will need. In addition to the demographic first page, the *Student Data Form* provides you with the opportunity to visually identify your level of exposure to the 18 items of the CPI as well as to describe your level of confidence and competence within each item. The same parameters used to describe student performance on the CPI will be used to frame your comments about your performance.

The *Student Data Form* provides the CCCE and CI with a detailed account of your perceived strengths and weaknesses, prior to arrival. This allows the CI time to pre-plan learning experiences in a more efficient manner.

The form itself is available on the Course Shell for all full-time clinical experiences. For each clinical experience it should be completed and sent to your assigned site as soon as you receive the Confirmation Form from the CCCE. You will be reminded during terminal experiences (Clinical Internship I and II) of the need to update this document to reflect your current knowledge and skill and send it to the CCCE for your Internship II and III sites respectively.

Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction

At the completion of each of the full-time clinical experiences, you are **required** to complete the final evaluation of clinical site and of the clinical instructor, both of which are posted on Acadaware. Make sure you are as honest as possible for the utilization of sites for future students. The evaluation must be completed before a grade is issued.

Clinical Faculty Rights and Privileges

The rights and privileges of physical therapy clinical faculty are consistent with the goals of the Physical Therapy Program at Franklin Pierce University. The DCE/ACCE is available to provide seminars and in-services on clinical education at clinical sites. Clinical faculty has access to the Franklin Pierce University library, the Franklin Pierce University Institutional Review Board (IRB) for clinical research projects, and access to distance learning opportunities as they develop. Presently, faculty is available to consult with clinical education faculty on clinical research, clinical education or clinical projects. Clinical education faculty members are invited to take continuing education courses and attend workshops and conferences sponsored by the Franklin Pierce University Physical Therapy Program. Additionally, as part of the New England Consortium of Academic Coordinators of Clinical Education (NEC-ACCE) Franklin Pierce University participates in the Clinical Faculty Institute which provides continuing education for Clinical Instructors on a variety of clinical education topics. This workshop is offered one to two times a year and is free of charge for Clinical Education Centers that accept students from the NEC-ACCE schools.