Oregon State University
Cascades

DOCTOR OF PHYSICAL THERAPY PROGRAM

Oregon State University-Cascades
Bend, OR 97702

CLINICAL EDUCATION HANDBOOK 2022-2023

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Please say "Urgent" at start of voicemail

This handbook is effective as of September 19, 2022. Handbooks will be formally reviewed once each year in the summer and updated for the following fall. However, mid-year revisions may be necessary. In that case, all individuals impacted by the revision will be notified by email of the change and given a chance to express concerns.

Graduation from a physical therapist education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; phone; 703-706-3245; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states.

Effective July 13, 2021, Oregon State University - Cascades has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education (3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; phone: 703-706-3245; email: accreditation@apta.org).

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

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1 THE DPT PROGRAM AT OSU-CASCADES

1.1 Director of Clinical Education

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1.2 Purpose

As with all entry-level DPT programs, our purpose is to train students to be entry-level generalists in the profession, exhibiting competency and safety in practice irrespective of what practice pattern or setting they choose to enter after graduation, and having the skills to shift nimbly between practice patterns and settings as their career develops and health care needs change. For those students who wish to specialize, we encourage and support application into post-graduate residency programs and/or practice and study toward sitting national specialist board certification exams.

1.3 Mission

The Doctor of Physical Therapy Program at OSU-Cascades provides **exceptional research and teaching** faculty to support outstanding students in becoming **compassionate** entry-level clinician-scientists. Our students bring a **diversity** of thought, background, and experience to the program and translate that into positively impacting a diverse patient population in a changing healthcare environment. The DPT program at OSU-Cascades fosters **innovation** and promotes **sustainability** of the healthcare system and communities in Central Oregon and beyond, now and into the future.

The Doctor of Physical Therapy program sits within both the Cascades campus of Oregon State University and the College of Public Health and Human Sciences. Our mission aligns with the missions of these larger organizations.

1.4 Values

The Doctor of Physical Therapy (DPT) program at OSU-Cascades values

- **Research and Clinical Excellence:** we lead the way in the development of knowledge and the translation of knowledge into clinical practice and community programs
- **Diversity, Equity, and Inclusion**: we are committed to inclusive excellence and removal of structural barriers in physical therapist education and physical therapy delivery, and strive to advance diversity, equity and inclusion within all aspects of our physical therapy community
- **Compassionate Care:** we practice compassion for ourselves, our patients and clients, and for the diverse needs, values, and beliefs of our communities in Central Oregon and beyond
- **Access and accessibility:** we improve access to state-of-the-art physical therapy techniques and evidence-based practice, and advocate to increase accessibility for all members of the community
- **Connectedness:** we foster supportive and collaborative relationships among faculty, staff, and students and between our program and our community
- **Innovation for sustainability:** we innovate in education, research, and practice to drive sustainability of our healthcare systems and communities

1.5 Program Curriculum

1.5.1 Clinical Education Across the Curriculum

At the OSU-Cascades DPT program, our goal is to seamlessly interweave the didactic (classroom) and clinical portions of a student's education, allowing them to take what they learn in the classroom directly into the clinic, and what they learn in the clinic back into the classroom. In this way, students have regular opportunity to gain knowledge and to apply it in a practical and timely manner, fostering lifelong learning skills that graduates can take with them into their clinical practices. Clinical education at OSU-Cascades encompasses all of the opportunities students have to engage with individuals managing specific conditions, whether that occurs in clinic or on campus.

Off-campus clinical experiences help students reinforce and practice skills learned in the classroom and the laboratory. Clinical education experiences and the clinical instructors who lead them are vital components of the student learning process. Clinical faculty (Site Coordinators of Clinical Education and Clinical Instructors) play a crucial role in the development of our students and are respected and valued for their clinical and educational skills.

The hallmark of our clinical education program is our Year One Program of integrated clinical experiences (ICEs). In addition, students have 35 weeks of full-time clinical experience over eleven terms. At the conclusion of these experiences, students will have demonstrated that they are able to practice in a safe and efficient manner, delivered with compassion, respect, and understanding, that generates effective outcomes for their patients, at or above entry-level physical therapist practice.

1.5.2 Curriculum Overview

<table>
<tr><th></th><th>Fall</th><th>Winter</th><th>Spring</th><th>Summer</th></tr>
<tr><td rowspan="2">Year One</td><td colspan="4">Didactic Coursework</td></tr>
<tr><td>Clinical Labs</td><td>ICE
3 hours/week
10 weeks</td><td>ICE
3 hours/week
10 weeks</td><td>ICE
Full-time
2 weeks</td></tr>
<tr><td rowspan="2">Year Two</td><td colspan="4">Didactic Coursework</td></tr>
<tr><td>Clinical Labs</td><td>Clinical Labs</td><td>Clinical Labs</td><td>ICE
Full-time
3 weeks</td></tr>
<tr><td>Year Three</td><td>Terminal CE
Full-time
10 weeks</td><td>Terminal CE
Full-time
10 weeks</td><td>Terminal CE
Full-time
10 weeks</td><td></td></tr>
</table>

1.5.3 Year One Coursework

Fall	Credits	Winter	Credits	Spring	Credits	Summer	Credits
PT 723: Professionalism and Cultural Competence	3	PT 727: Therapeutic Exercise II	4	PT 728: Therapeutic Exercise III	4	PT 738: Neuroscience	3
PT 724: Basics of Patient Management	5	PT 733: Musculoskeletal Anatomy II	6	PT 729: Biophysical Agents	2	PT 742: Clinical Physiology	3
PT 725: Foundations of Physical Therapy Measurement	4	PT 734: Neuroanatomy	5	PT 736: Clinical Biomechanics II	3	PT 744: Motor Control & Learning Across the Lifespan	3
PT 726: Therapeutic Exercise I	4	PT 735: Clinical Biomechanics I	5	PT 753: Management of Cardiopulmonary Dysfunction	6	PT 772: Imaging	1
PT 732: Musculoskeletal Anatomy	7	PT 737: Principles of Disease	3	PT 774: Evidence Based Practice and Research Methods II	3	PT 775: Evidence Based Practice and Research Methods III	3
PT 773: Evidence Based Practice and Research Methods I	1	PT 792: Clinical Experience I	1	PT 793: Clinical Experience II	1	PT 776: Preparation for DPT Capstone Research	1
						PT 794: Clinical Experience III	3

1.5.4 Year One Clinical Education

In the first term of the program, students will participate in Professionalism and Cultural Competence (PT 723). The course is designed to help students understand their professional responsibilities and build their professional behaviors and communication skills prior to their participation in the Year One Program in Winter, Spring, and Summer terms.

The Year One program is a three-quarter sequence (PT 792-794) that provides students with real-time opportunities to practice their developing skills and behaviors in clinical settings under close supervision by their clinical instructors. During the Integrated Clinical Experiences (ICEs) in Winter and Spring terms, pairs of students will be assigned to clinics throughout Central Oregon to work with their assigned clinical instructor on specific skills and behaviors, tied to the work the students are doing in the classroom. In addition, classroom assignments may ask students to draw on their experiences in the clinics. At the end of summer term, students will return in their established pairs to the same site for two weeks to complete their first full-time clinical experience.

1.5.5 Year Two Coursework

Fall	Credits	Winter	Credits	Spring	Credits	Summer	Credits
PT 739: Pathology and Pharmacology	5	PT 747: Motor Development	3	PT 751: Pediatric Physical Therapy	3	PT 795: Clinical Experience IV	4
PT 749: Geriatric Physical Therapy	3	PT 755: Orthopedics II	6	PT 756: Orthopedics III	6	PT 757: Sports Physical Therapy	3
PT 754: Orthopedics I	6	PT 759: Management of Neurological Dysfunction II	6	PT 762: Management of Neurological Dysfunction III	4	PT 766: Health Promotion and Wellness	3
PT 758: Management of Neurological Dysfunction I	5	PT 767: Physical Therapy in Rural Communities	2	PT 764: Differential Diagnosis	3	PT 770: Leadership and Professional Development	2
PT 701: DPT Capstone Research I	1	PT 769: Prosthetics and Orthotics	3	PT 768: Business and Administration in Physical Therapy	3	PT 771: Physical Therapy Specialties	3
		PT 702: DPT Capstone Research II	1	PT 703: DPT Capstone Research III	1		

1.5.6 Year Two Clinical Education

In Year Two, rather than sending the students out to the clinic, we bring the clinics onto campus. On-campus clinics tie directly to clinical management courses.

In early summer, students will complete a three-week full-time clinical education rotation (PT 795). Emphasis will be placed on creating opportunities for clinical experiences with highly underserved and/or under-resourced communities, in a service-learning context. Once students complete this rotation, they return to campus to complete their classroom learning.

1.5.7 Year Three Coursework and Clinical Education

Year Three consists of the three terminal clinical education experiences. Students will participate in three ten-week rotations in a variety of settings, concurrent with OSU's academic terms. These terms typically are:

- Late September through mid-December (PT 796: Clinical Experience V)
- January through mid-March (PT 797: Clinical Experience VI)
- Late March through mid-June (PT 798: Clinical Experience VII)

2 THE CLINICAL EDUCATION PROGRAM

2.1 Definitions of Terminology

2.1.1 Clinical Education Experience

The Clinical Education Experience, also known as a clinical affiliation, is an opportunity for students to put into clinical practice the psychomotor, cognitive, and affective knowledge they are learning and demonstrating in the classroom. Clinical education is supervised by licensed physical therapists and typically occurs in off-campus settings in partnership with healthcare facilities.

2.1.2 Clinical Placement

A Clinical Placement is the agreement by a site to provide a clinical education experience for a student(s) in the program. The placement may be agreed upon without a specific student being assigned to the site.

2.1.3 Integrated Clinical Experience (ICE)

Integrated clinical experiences (ICEs) are formative clinical education experiences that occur prior to the completion of the didactic portion of the curriculum. The emphasis in ICEs is on learning and development in the beginner student, with support as the student begins to demonstrate independence in components of physical therapist practice. ICEs allow students to practice their classroom knowledge in a clinical setting in a timely manner, and allow students to take real-world clinical questions back into the classroom to further expand their knowledge and understanding. Students are not expected to be fully independent during ICEs, though they should be able to demonstrate increasing independence over the four courses.

2.1.4 Terminal Clinical Experience (TCE)

Terminal Clinical Experiences (TCEs) are extended full-time experiences that occur in the third year of the program, in conjunction with the three academic terms of the final year. They are summative experiences where students draw on all aspects of their didactic curriculum to demonstrate increasing independence and competence in clinical settings. TCEs emphasize the development of independence, clinical reasoning, and professional practice in the advanced student. By the end of the third TCE, students should be performing at or above the level of a competent clinician, with safe and efficient practice that generates effective outcomes.

2.1.5 Part-time vs. Full-time Experiences

The first two ICEs in the OSU-Cascades DPT program (PT 792: CE I and PT 793: CE II) are part-time clinical experiences. These experiences will be three hours per week for ten weeks in Winter and Spring terms of the first year. The three hours is scheduled on Wednesday afternoons at the discretion of the site and may be a three-hour block any time between 1pm and 7 pm. Students are expected to have three hours of contact time, to include hands-on work with patients and opportunities for skills practice. Part-time experiences should not be observation-only.

The two remaining ICEs (PT 794: CE III and PT 795: CE IV) and all TCEs (PT 796-798) are full-time experiences. The DPT program at OSU-Cascades considers "full-time" to be equivalent to 35 hours of contact time (on-site hours) per week (averaged over the length of the clinical education experience). This allows the student sufficient time to complete associated academic assignments as well as fulfill the expectations of their clinical instructor and site. It also provides flexibility and a backstop for students if they need to make up missed clinic hours. See Section 5.2: Work Schedule, Attendance, and Time Off Policies for more information.

2.2 Overall Clinical Education Requirements

Students will need to satisfy three requirements over the course of the seven Clinical Experiences (PT 792-798).

(1) Students will be required to complete **one rotation in a rural or underserved setting and one rotation that is not in a rural or underserved environment**. Emphasis will be placed on rural rotations, as that aligns with our mission of serving Central Oregon communities, many of which are rural. Rural rotations also provide an opportunity for a student to see a wide variety of patients across the lifespan and continuum of care.

- We define "rural" and "underserved" as facilities listed as Rural and Frontier Hospitals by the Oregon Office of Rural Health and/or Medically Underserved Areas/Medically Underserved Populations tracked by the US Health Resources and Services Administration.
- In rare cases, students may be placed in an underserved but non-rural environment due to issues of student safety. These placements will be solely at the discretion of the DCE and will satisfy this requirement.

(2) Students must complete **one rotation in a setting that sees primarily musculoskeletal diagnoses and must complete one rotation that is not primarily musculoskeletal**.

(3) Additionally, students must **gain inpatient experience** during at least one clinical rotation. To account for our rural partners, where clinicians may float between inpatient and outpatient work, the inpatient setting must account for **at least one-third of contact hours**.

Beginning in PT 792, students will be required to maintain a Patient Log tracking diseases and conditions seen, patients in different parts of the lifespan, patients across the continuum of care, opportunities for direction and supervision of personnel, and opportunities for interprofessional collaboration. This Patient Log is housed on Exxat STEPS. Students should update the log regularly throughout each rotation. Each update should include: Patient Setting, Patient Diagnostic Category, Patient Diagnosis Details, and Patient Age; and Intraprofessional/ Interprofessional Collaboration Activities. Notes are optional, and used primarily for students to capture behavioral examples they may wish to use in their midterm and final evaluations and in future job interviews.

The DCE will monitor student progress using the Exxat STEPS clinical placement management tool and the student's Patient Log. As long as these requirements are met across the program, students will also have the opportunity to complete full-time rotations in a setting of the student's choice (depending on the respective student's educational needs and at the discretion of the DCE). This gives the student an opportunity to explore specific areas of interest at a deeper level.

2.3 Minimum Requirements for Participation in Clinical Education Experiences

2.3.1 Requirements for All Clinical Education Experiences

In order to participate in clinical education experiences, students must be enrolled in the OSU-Cascades DPT program and remain in good standing with the program. Refer to the DPT Academic Grading and Progression Policy for further details. Students on Academic Probation will be allowed to participate in clinical education experiences at the discretion of the core faculty.

Students are expected to adhere to the clinic hours agreed upon by the site and their assigned clinical instructor(s). Students may need to plan additional time and/or be on-site beyond the official end of the rotation in order to make up missed clinic days due to illness or approved/excused absences. See Section 5.2: Work Schedule, Attendance, and Time Off Policies for more information.

Students must also meet the OSU-Cascades DPT Program Technical Standards and Professional Behaviors for Admission, Promotion and Graduation, which is included as an appendix in the DPT Program Handbook. The University is not permitted to ask if a student has a disability, but students may choose to voluntarily disclose their status as an individual with a disability. Students with disabilities have the right to request reasonable accommodation through Disability Access Services (DAS) to enable participation in any physical therapy clinical education experiences. The University DAS officer will work with the clinical site(s) to provide eligible students with resources for reasonable accommodation during clinical education experiences. Accommodation for disabilities is not retroactive and may not be requested during a rotation.

Interprofessional practice is a requirement of the program and is common in a number of practice settings, including acute care, transitional care, inpatient rehabilitation, skilled nursing facilities, rural settings, and some specialized outpatient settings such as pediatrics and multi-disciplinary outpatient clinics. For the full-time clinical experiences, CE III-VII, CIs in these settings will be required to create opportunities for

interprofessional practice for their students with other professions including occupational therapy, speech pathology, physicians and other medical care providers, nurses, prosthetists/orthotists, social workers, and behavioral health practitioners. CIs not in these settings will be requested, rather than required, to provide or coordinate opportunities such as surgical observations with referring providers or working with an acupuncturist co-treating a patient for a musculoskeletal condition.

2.3.2 Additional Requirements for Integrated Clinical Experiences

Due to the amount of classroom work required of the student during the part-time ICEs (CE I and II), CIs are asked to limit additional assignments, but they may coach and work with students on classroom assignments that are tied to the clinical environment. In the full-time ICEs, CE III and IV, students should expect to spend up to 6 hours a week outside of scheduled clinic time studying, preparing, and reviewing relevant material. Weekly feedback meetings and online assignments will be required.

2.3.3 Additional Requirements for Terminal Clinical Experiences

The Terminal Clinical Experiences (TCEs), CE V, VI, and VII, are full-time 10-week rotations, with full-time defined as 35 hours per week, averaged out over the duration of the rotation. Students should expect to spend up to 10 hours a week outside of scheduled clinic time studying, preparing, and reviewing relevant material. A professional development project that is meaningful to the student and the site, regular feedback meetings, and other online assignments are required. Further details are available in the syllabus for each course.

2.4 Roles, Responsibilities, and Qualifications

To achieve excellence in clinical education (CE) requires a thoughtful and intentional partnership between the academic institution's faculty, the clinical facility hosting the student(s), and the student(s) themselves. OSU-Cascades is committed to supporting and assisting with the development of clinical instruction at our partner facilities, to the extent that the clinical facility requests. The primary participants in these partnerships are:

2.4.1 Director of Clinical Education (DCE)

The Director of Clinical Education is responsible for planning, directing and evaluating the clinical education program for the academic institution, including facilitating clinical site and clinical faculty development. This Director of Clinical Education is currently the preferred term from the Commission on Accreditation in Physical Therapy Education (CAPTE)[1].

[1] Commission on Accreditation in Physical Therapy Education website. Standard and required Elements for Accreditation of Physical therapist Education Programs.2020; http://www.capteonline.org/uploadedFiles/CAPTEorg/About_CAPTE/Resources/Accreditation_Handbook/CAPTE_PTStandardsEvidence.pdf Accessed July 23, 2020.

2.4.2 Clinical Faculty: Site Coordinator of Clinical Education (SCCE)

The SCCE administers, manages, and coordinates clinical assignments and learning activities for students during their clinical education experience. In addition, this person determines the readiness of persons to serve as preceptors and clinical instructors for students, supervises preceptors and clinical instructors in the delivery of CEE, communicates with OSU regarding student performance, and provides essential information to academic programs. SCCE is the current preferred term from the American Council for Academic Physical Therapy (ACAPT)[2]; this individual may also be referred to as a Center Coordinator of Clinical Education (CCCE). An SCCE may also act as a Clinical Instructor (CI) if they are a licensed physical therapist who meets the criteria. Clinical faculty (SCCEs and CIs) are employees of the site, not of Oregon State University.

2.4.3 Clinical Faculty: Clinical Instructor (CI)

The Clinical Instructor is a licensed physical therapist responsible for the DPT student and for directly instructing, guiding, supervising, and formally assessing the student during the clinical education experience. When engaged in full-time clinical education designated to meet the minimum number of weeks required by CAPTE, the CI must have a minimum of one year of full time (or equivalent) post-licensure clinical experience.[3] The Doctor of Physical Therapy Program at OSU-Cascades encourages and supports credentialing in clinical education, through the American Physical Therapy Association credentialing program. We recommend but do not require that the CI be a Credentialed Clinical Instructor and demonstrate evidence of professional development, such as current membership in the APTA, clinical specialty certification, and/or other advanced training in their area of practice.

Students must be supervised by at least one licensed physical therapist (PT) acting as CI. The supervising PT must be located on the same premises as the student at all times. In some cases, particularly in earlier clinical experiences or as required by federal or state law or facility policy, the PT should be in the same treatment area/room. Physical Therapist Assistants (PTAs) may not supervise Physical Therapist Students or be assigned as CI. Clinical faculty (SCCEs and CIs) are employees of the site, not of Oregon State University.

The program expects that CIs who participate in our clinical education program will have an interest in teaching and in learning the skills of teaching, in addition to the personal development they complete toward advancing clinical competence. CIs should be able to guide the student's learning in the technical psychomotor skills, knowledge, and affective/professional components of contemporary physical therapist practice, utilizing principles of evidence-based practice where evidence is available and evidence-informed practice where it is not. They should cultivate and support a growth mindset in the student and build on the student's existing strengths rather than focusing exclusively on deficits. CIs should encourage and support students from all backgrounds equally.

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[2] Mia Erickson, Marisa Birkmeier, Melissa Booth, Laurita M Hack, Julie Hartmann, Debbie A Ingram, Janet M Jackson-Coty, Vicki L LaFay, Emma Wheeler, Shawne Soper, Recommendations From the Common Terminology Panel of the American Council of Academic Physical Therapy, *Physical Therapy*, Volume 98, Issue 9, September 2018, Pages 754–762, https://doi.org/10.1093/ptj/pzy075

[3] Erickson et al, 2018

2.4.4 Preceptor

A preceptor provides short-term specialized instruction, guidance, and supervision for the physical therapist student during a clinical education experience. This individual may or may not be a physical therapist as permitted by law.[4] Examples of preceptor involvement during physical therapy clinical education include (but are not limited to): (1) the student providing sideline support for a high school football game with an Athletic Trainer (AT) as preceptor; (2) the student observing a surgery under the supervision of a physician (MD or DO) or Physician Assistant (PA); (3) a student working in a primary-care setting under the supervision of a Nurse Practitioner (NP).

2.4.5 Student Physical Therapist (SPT)

SPTs are enrolled in a CAPTE-accredited or CAPTE-approved developing physical therapist professional education program. Students should be referred to as "physical therapist students," not as "physical therapy students."[5] Students are representatives of the academic institution and are expected to adhere to the ethical and legal guidelines of the profession. During a clinical experience, students should be active learners and participants in the process. Students are **not** employees of the clinical facility but are expected to comply with the policies, rules, regulations, and schedule of the assigned clinical facility.

2.4.6 Patient

The patient is an individual receiving physical therapy services in a clinical setting. All patients should be treated with the utmost respect and dignity. Any patient has the right to refuse any treatment provided by a student physical therapist if they so choose.

2.5 Rights and Privileges of Clinical Faculty

2.5.1 Clinical faculty have the right to timely communication with the DCE or their designated representative.

The CI and SCCE will have the DCE's direct phone number and email and are encouraged to reach out with any questions or concerns. The clinical education team at OSU-Cascades will respond as soon as possible and within 24 hours. Red flag behaviors, such as something that threatens patient or client safety or a student acting in an unprofessional manner, warrant an immediate call to the DCE using the Urgent Matters phone number listed on the first page of this Handbook.

If any problems or questions occur during the affiliation that threaten the success of the placement, students and/or CIs are encouraged to contact the Director of Clinical Education (DCE) at OSU-Cascades right away. Areas of challenge can often be easily handled if addressed early, maximizing use of valuable clinic learning time.

[4] ibid
[5] ibid

2.5.2 Clinical faculty have the right to request a student be removed from a placement.

Student behaviors that threaten patient safety, are unprofessional, or violate academic or facility policy may be cause for immediate removal from the placement. Please contact the DCE as soon as possible.

2.5.3 All Clinical Instructors who have provided clinical instruction to an OSU-Cascades DPT student will be provided with a Certificate of Appreciation for the hours the student was with the CI.

Depending on the state practice act, CIs may use this certificate to apply for continuing education units (CEUs).

2.5.4 Clinical faculty who have provided clinical instruction to an OSU-Cascades DPT student within the previous two years will be offered priority registration for continuing education courses held at OSU-Cascades.

Depending on the course, CIs and SCCEs may be eligible to attend courses for free or at a reduced rate.

2.5.5 Clinical faculty who have provided clinical instruction to an OSU-Cascades DPT student and/or who will be supervising a student in the upcoming year will be invited to join APTA Clinical Instructor Education and Credentialing courses held at OSU-Cascades.

Clinical Instructor Credentialing programs will be provided to clinical partners who have demonstrated commitment to our program. Each site is eligible for one seat (more at the discretion of the DCE). OSU will cover the cost for the course at the APTA member rate of $100. Non-members or participants who are not eligible for the benefit will be invoiced for any additional costs.

2.5.6 Clinical faculty who meet the following criteria will be offered an appointment as Affiliate Faculty at Oregon State University.

In order to qualify for an appointment as affiliate faculty, the CI/SCCE must:

a. have provided/will provide clinical instruction to five OSU-Cascades DPT clinical education experiences within a five-year rolling window[6];
b. have successfully completed the APTA Credentialed Clinical Instructor Program (CCIP) Level 1;
c. have three or more years of clinical experience; and
d. demonstrate a commitment to lifelong learning and professional growth through continuing education in their area of clinical practice, advocacy, and/or professional service.

In order to maintain affiliate faculty status, clinical faculty must have served and/or commit to serve as CI or SCCE for an OSU-Cascades DPT student at least three times within a five year rolling window. A guaranteed placement helps both program and clinical site with planning, but does not guarantee/require the DCE will always place a student in that placement slot. If no student is placed into a particular guaranteed spot, that will not alter the eligibility of the SCCE/CI for affiliate faculty appointments.

[6] Supervision during the Year One clinical education program counts as two placements if the clinical faculty member was the supervising CI or SCCE throughout the entire year.

Privileges: Affiliate faculty members are eligible for a University ID card and privileges such as library services, interlibrary loan services, and joining recreational facilities on the Bend and Corvallis campuses of Oregon State University. Affiliate faculty members are not University employees and are not eligible for employee benefits.

2.6 Timeline of Experiences and Action Items

Month	Student Activities/Actions			DCE Activities/Actions	SCCE/CI Activities/Actions
	Year One	Year Two	Year Three		
Sept.			CE V begins late September	○ Student confirmation sent to Year One sites (CE I-III) ○ Send Clinical Education Program/DCE Annual Assessment	○ Complete Clinical Education Program/ DCE Annual Assessment
Oct.	○ Complete prereqs for CE I-III		○ Complete prereqs for CE VI	○ Student confirmation sent to CE VI sites	
Nov.					
Dec.	○ New site development forms due		CE V ends mid-December		○ Onboard students for Year One Program ○ Onboard students for CE VI
Jan.	CE I begins ○ Submit initial wishlist for CE IV-V	○ Submit initial wishlist for CE VI-VII	CE VI begins ○ Complete prereqs for CE VII	○ Student confirmation sent to CE VII sites	
Feb.					○ Onboard students for CE VIII
March	CE I ends	○ Complete prereqs for CE IV	CE VI ends	○ **March 1: Placement requests sent to all sites for following calendar year** ○ Student confirmation sent to CE IV sites	○ Consider requests received on March 1.
April	CE II begins	○ Complete prereqs for CE V	CE VII begins		○ **Respond to placement requests by April 15**
May	○ Submit final wishlist for CE IV-V	○ Submit final wishlist for CE VI-VII		○ Review wishlists and develop plan for initial site selection and requests ○ Student initial placements matched for following calendar year	
June	CE II ends early June	CE IV begins late June	CE VII ends early June ○ Graduation	○ Student confirmation sent to CE V sites	○ Onboard students for CE IV
July		CE IV ends early July		○ Report on Annual Assessment Process	
Aug.	CE III				○ Onboard students for CE V

2.7 Communication

Communication between the clinical education team at OSU-Cascades, the student, and the clinical faculty at the partner site should be open, thorough, honest, and timely. Communication may be direct, via email, phone, video-conference, or in person, or it may be indirect, via newsletters, surveys, and other tools. SCCEs, CIs, and students may use the general contact information on the cover page of this document for non-urgent matters.

The DCE and/or their designee will respond to non-urgent messages received by email or phone within two business days and to urgent matters within 24 hours. Email and phone calls are the preferred mechanisms of communication. Please note that email is not checked between 5pm and 8am, on weekends, or when the DCE is otherwise unavailable due to travel or personal business. **If you need to reach the DCE for urgent matters, SCCEs, CIs and students should email dptclinicalprogram@osucascades.edu and call 541-706-2050; please state "Urgent" at the start of the email/voicemail.** Using these contact methods ensures that if the DCE is unavailable, their designee will be able to respond to the message. Text messages may be sent to this phone number but may result in a delay in response.

In the event of student or CI concerns regarding the clinical experience, the student and CI should start by candidly discussing their concerns with each other. The DCE should be contacted if the student, clinical instructor and SCCE cannot resolve these concerns and/or whenever any party wishes to involve the DCE early in the process. Communicating openly and honestly is a mark of professionalism, and areas of challenge can often be easily handled if addressed early, maximizing use of valuable clinic learning time.

2.7.1 Formalizing the Clinical Education Partnership

A formal relationship between the school and the facility is established when the organizations negotiate and complete a clinical affiliation agreement. Once a clinical affiliation agreement is in place, the facility SCCE will be asked to complete a Clinical Site Information Form (CSIF) via the APTA online portal.

2.7.2 Site Visits

The DCE will make every effort to meet with staff at the majority of clinical sites prior to placing a student at a site. The DCE or another faculty member may visit the facility at some time during the affiliation and/or arrange a virtual site visit. CIs and SCCEs may request in-person and/or virtual site visits at any time. When in-person visits are not possible, site visits may be completed via phone, Zoom, or other video-conferencing tool. Per Greco et al (2020)[7], students prefer in-person site visits over other methods, especially in the presence of challenges in the rotation. Every effort will be made to prioritize in-person site visits when students are having difficulty in the clinical

[7] Greco, Jamie L. PT, DPT, EdD; Kupczynski, Lori EdD; Silberman, Nicki PT, DPT, PhD; Hammock, Amy PhD, MSW The Clinical Site Visit: Perspectives of Physical Therapist Students, Journal of Physical Therapy Education: December 2020 - Volume 34 - Issue 4 - p 321-331 doi: 10.1097/JTE.0000000000000157

rotation; if in-person is not possible, video-conferencing will be utilized wherever possible, with phone communication used only when video-conferencing is not an option (e.g. bandwidth issues).

Site visits will consist of informal discussions with DCE, CI, student, and possibly the SCCE. Content will include a review of the internship site, student performance, and the clinical learning experience. Unless specifically requested by the CI to discuss student performance issues, the emphasis of this visit is on the site and the clinical learning experience, as the evaluation of student performance is evaluated elsewhere. Not every student/clinical experience will have a site visit.

2.8 Evaluation of Students

2.8.1 Assignments and Grading

Clinical experiences are graded pass/no pass/incomplete (P/NP/I). Per the DPT Academic Grading and Progression Policy, each clinical experience must be passed to continue on in the program. The DCE will assign the final grade for all clinical experiences, based on the CI assessment using the assessment tool provided for the experience and the required academic assignments for each experience. Weighting of the assessment tool and academic assignments varies by clinical experience. Assignments will be posted in the course site on the Canvas learning management system. Please see the course syllabus for each experience for full information.

For part-time and full-time clinical experiences in Year One (PT 792-794), CIs will use abbreviated assessment tools developed for the program, to minimize administrative burden while providing meaningful feedback to their assigned students. For full-time experiences in Years Two and Three, the program will use the Clinical Internship Evaluation Tool (CIET) for assessment. This validated tool is available online through Exxat. It has been shown to be easier and faster to complete than the Clinical Performance Instrument (CPI) tool that is commonly used. Training will be provided for those CIs who are unfamiliar with the CIET.

2.8.2 Remedy of a Failure in Clinical Education

Per the DPT Academic Grading and Progression Policy, any student who does not pass a clinical education experience will be reviewed by the faculty. Students with a first failure may be offered a make-up, at the discretion of the DCE and core faculty. The location, length, and type of a make-up clinical experience will be determined by the Clinical Education team and core faculty. In some instances, students may be denied an opportunity to repeat a failed clinical experience. Students who require an additional clinical experience and those who cannot complete all clinical education requirements by graduation will graduate later than the rest of their cohort. Students who do not pass two clinical experiences will be dismissed from the DPT program. See the Program Handbook for the complete DPT Academic Grading and Progression Policy.

2.8.3 Petitioning for Review of a Failure in Clinical Education

In the event that a student receives a performance evaluation during a clinical rotation that they believe does not accurately reflect their abilities or performance, they should first contact the DCE to discuss their concerns. If the student continues to have concerns, they may follow the OSU-Cascades process for program/grade grievance and appeals as described in the Program Handbook.

2.9 Evaluation of Clinical Education Faculty

OSU-Cascades is committed to providing our clinical faculty with the tools they need to succeed in these roles. Evaluation and assessment of clinical faculty is an important part of identifying and addressing areas of development. Our clinical education program will be assessed annually and on a 360-degree basis, with input from students, core faculty, clinical faculty, and administration, through formal surveys sent at the end of each academic year (June).

2.9.1 Evaluation of the Director of Clinical Education and Clinical Education Program

The effectiveness of the Director of Clinical Education (DCE) and the Clinical Education Program will be assessed in an ongoing and 360-degree manner, with regular feedback sought from students, clinical faculty, and core faculty and through an annual performance appraisal conducted by the Program Director. Student input will be sought through surveys at the end of each clinical experience. Clinical faculty, including both SCCEs and CIs, will have opportunity to provide feedback on the overall DPT curriculum, the clinical education program, and the effectiveness and responsiveness of the DCE in an annual survey to sites that have participated in clinical education in the past year. Core faculty will be encouraged to provide informal feedback one-on-one or in faculty meetings and may provide formal feedback to the Program Director as part of the annual performance review process. In addition, the DCE and clinical education team will review contracts and affiliations every year and seek feedback from sites that either stop participating or do not accept students despite having a contract in place.

The program has established a Clinical Education Advisory Board, which meets at least once per year and is tasked with the following:

1. Identify gaps in the didactic curriculum and clinical education program and strategize solutions
2. Advise on communications, education needs, and other support systems for our clinical partners
3. Craft strategies to meet the needs of our community, including students and graduates
4. Provide a sounding board/early warning system of how new regulatory/payment/etc. issues are affecting clinics
5. Anticipate and suggest responses to challenges such as new programs open up around the region

2.9.2 Evaluation of Clinical Education Sites and Site-Based Clinical Faculty (SCCE and CI)

Ongoing formal assessment of the site, SCCE, and CI will occur: (1) as part of the annual Clinical Education assessment process; (2) as part of the student assessment process; and (3) based on student feedback after each placement, using the Physical Therapist Student Evaluation (PTSE) of Site and of Clinical Instructor. The DPT program will also track training module completion, licensure renewals, and usage of the discussion boards via surveys and online data analysis. A formal survey of the Clinical Education program will be sent at the end of each summer to SCCEs and CIs who participated in the previous year's clinical education program, to include self-reported information from the site about the SCCE and CIs. Informal and ad-hoc assessment will take place through the discussion board, site visits, and communications with the sites in the pre-placement process, during placements, and from student feedback. If any concerns arise regarding the quality of clinical instruction provided during the clinical experience, follow up discussions may be conducted with students, clinical faculty, and SCCEs as needed.

3 SITE SELECTION AND PLACEMENT PROCESS

3.1 Site Recruitment and Selection

The Director of Clinical Education identifies and recruits sites that meet the mission and fulfill the educational needs of the DPT program at OSU-Cascades. Sites are selected to give students exposure to patients with varying diagnoses and conditions across the lifespan and continuum of care. A current Clinical Affiliation Agreement (contract) must be in place with the site in order to place a student at that site; if the contract is not current, the student will be assigned to another clinical site.

3.1.1 Recommending and Establishing New Clinical Sites

Students may request the establishment of a new clinical site, using the appropriate channels of the clinical education team. **At no time should students contact the facility directly and/or represent themselves as speaking for the University or Program.** The clinical education team will investigate the new site and determine whether or not to pursue a clinical affiliation depending on the needs of the students and of the DPT program. **Pursuing new affiliations is a strategic decision by the DCE; not every requested site will move forward.**

Because of the timeframe required to complete new clinical affiliation agreements, requests for new clinical sites should be submitted to the DCE by the end of fall term of the year preceding the site selection. (EG: submit by December 2021 for a January 2022 wishlist for student placements in 2023.) Requests should be made by completing the "Request for New Clinical Site" form, found on the DPT website. New clinical sites must meet the needs and mission of the DPT program and add value to our clinical education program. If a contractual relationship is established, the student who initiated the request will be given the first option to be placed at the site, as long as (a) the facility offers an appropriate clinical education experience, and (b) the student not have previous experience working at the facility as an aide or volunteer that might limit the quality of the educational experience.

3.2 The Student Placement Process

The DCE is responsible for finalizing all clinical placements. The DCE reserves the right to prioritize and assign clinical placements to support the student's educational needs over the student's preferences, taking into consideration the student's academic performance, interpersonal skills, personal hardships, the site's geographic location, and any conflicts of interest such as a family member working at the site. Students will be expected to travel to most if not all of their Year Two and Year Three rotations and should plan accordingly. Students who do not meet the deadlines required of them by the DPT clinical education program will be given last priority in the assignment of their clinical site.

A key truth of clinical education is that nothing is ever final. Placements may be changed or cancelled at any time because of academic problems, professional issues, behavioral issues, or an issue at the facility that the University does not have control over. Examples of the latter include: staffing shortages, patient census, and/or administrative issues. **No selection or assignment should be considered final until the start day of the clinical experience.** The University and the DPT program are not responsible for any expenses incurred in preparation for and/or during any clinical placement, including placements that are cancelled prior to the start of the clinical experience.

In the event of a placement's cancellation, the DCE will arrange a new clinical affiliation. Students may be required to travel or incur additional expenses when a placement is cancelled. Every effort will be made to minimize the impact to the student where possible.

3.2.1 Year One Program Placements

Due to the timing of CE I, students will be assigned to pairs and sites for the Year One program (CE I-III) by the Director of Clinical Education by the end of the first full month of the program. Assignments for the year will only be changed if (a) a situation occurs that is hindering student learning and progression, or (b) there is a change in the staffing of the assigned facility and the student pair can no longer be accommodated. Year One Program placements will all be within one hour's drive from campus.

3.2.2 Year Two and Three Placements

For the full-time experiences in Years Two and Three, students may complete a rank-ordered wishlist of locations for each rotation. Initial wishlists will be submitted in February of the calendar (not academic) year preceding the rotation. Requests for placement occur on March 1 for the following calendar year, and sites typically respond by mid-April. If a student doesn't match during the initial wishlisting process (May), they will complete a second/final wishlist based on available sites. Ideally, the DCE will assign all rotations by July 1 of the calendar year preceding the rotation. **Students are expected to monitor their educational requirements and adjust their wishlists accordingly.**

Students should review the Physical Therapist Student Evaluations (when available) when considering their options. Students are reminded that meeting educational goals takes priority over location requestions and are asked to consider the type of facility, location, housing

options, patient population, and clinic size when making their wishlist selections. **Students should not choose based on another student's choice of clinical placement and are encouraged to avoid clinical placements at which they have previously worked as an aide, volunteer, or staff member or where there is a conflict of interest, such as a family member employed by the facility. Educational goals are often easier to achieve at facilities new to the student.** The DCE retains the authority to decide whether or not to place a student at any site where the student has a personal connection. Students are encouraged to meet with the DCE and/or their faculty advisor to discuss clinical sites and educational goals.

3.2.3 Contacting the Clinical Facility Once Assigned to a Placement

For CE I-III, students will contact the clinical facility **at least six weeks prior** to the start of their clinical education experience to confirm the placement, to allow time for onboarding. For CE IV-VI, students should contact the clinical facility **at least three months prior**. Prior to contacting the facility, the student should follow the instructions in the Student Placement Checklist, available on Exxat STEPS.

3.2.4 Exxat STEPS and Exxat APPROVE

3.2.4.1 Student Profiles

Students will complete and maintain current information on their Exxat student profiles, in order to facilitate communication with the DPT program's clinical education team and the site clinical faculty. Students are responsible for maintaining their Patient Logs to demonstrate their practice across the spectrum of clinical experiences expected during the program. The DCE recommends students do this weekly during CE I and CE II, and twice weekly during all other clinical experiences. Updated Patient Logs are critically important to helping the DCE assign clinical education placements and increase the likelihood that students are assigned to experiences on their wishlists.

3.2.4.2 Student Compliance

Students are responsible for ensuring they have completed all necessary steps to begin a clinical experience. The DCE and core faculty will provide reminders and support when possible, but the work must be done by the student in a proactive, professional manner.

Each student should review and sign an "Authorization for Release of Records and Information" form for the release and exchange of necessary health and academic information between the facility and the academic institution. A copy of this form may be found on Exxat. Sensitive student information required to participate, including criminal background checks, drug screens, and health records will be maintained on Exxat. Exxat systems encrypt the data for privacy. Students may also be requested to send personal information directly from Exxat to the SCCE or CI.

If a clinical affiliation agreement requires training, testing, or immunizations not routinely conducted by the DPT program, such as a current background check or 10-panel drug screen, the student must satisfy these requirements before they can attend the clinical education experience.

3.2.4.3 Clinical Hold Policy

Students who have not completed the required steps for compliance with state law and clinical facility policy, including health screens, immunizations, mandatory training, background checks, drug tests, and/or any other required documentation or meetings will be placed on clinical hold. This means the student will not be allowed to attend the clinical education experience until they have updated their compliance information and met state/clinic requirements. Students who are on clinical hold will be given last priority when assigning clinical sites.

4 EVALUATION OF STUDENTS IN CLINICAL EXPERIENCES

4.1.1 Canvas and Assignments

Course assignments are a required component of each course. All course information and assignments will be managed through the Canvas learning management system's course website. Please see Canvas and the specific course syllabus for more information.

In integrated clinical experiences, OSU-Cascades faculty in concurrent courses may ask students to draw upon their clinical experiences for assignments in their didactic coursework. Clinical instructors in the part-time courses (CE I and II) are asked to keep additional assignments to a minimum, though they may work with the students to identify appropriate cases to draw upon for the classroom assignments and ask students to share what they learn with clinical staff.

In full-time integrated and terminal experiences, clinical faculty must **provide at least one opportunity for students to work in a collaborative manner with member of another profession as part of the health care team**. In part-time integrated clinical experiences, clinical faculty may arrange these experiences if appropriate and if students are progressing well toward their goals for the quarter.

In the full-time terminal experiences (PT 796 through PT 798), CIs are encouraged to work with the student to **choose a professional development project that is meaningful to both student and site, will promote the student's learning in the practice setting, and adds value to the clinical facility and staff**.

4.1.2 Year One Student Evaluation and Assessment

Student performance during the Year One program (CE I-III) will be evaluated through a combination of skill check sheets, assessment of student professional behaviors, and student self-assessment, to maximize feedback for student learning while minimizing administrative burden. The program recommends CIs have a brief informal meeting each week with their student pair to track progress toward learning objectives, identify areas of strength and progression and areas for growth to focus on the following week.

4.1.3 Clinical Internship Evaluation Tool (CIET) – Years Two and Three

For CE IV-VII, we will use the CIET to evaluate the student's performance against that of a competent clinician, looking for the student to demonstrate safe and efficient practice that generates effective outcomes at or above entry level. Specific expectations for each clinical experience are listed in the associated course syllabus. Because CE IV is only three weeks, the CIET will only be required at the final evaluation; CIs may utilize Year One evaluation tools as a guide for a midterm assessment. For CE V-VII, students and CIs will complete the CIET at both midterm and final evaluations.

Students will be expected to achieve entry level, defined by the CIET as safe, effective and efficient practice at the level of a competent clinician, by their final terminal clinical experience (CE VII). The exception is if the student is placed in an advanced practice area for their terminal rotations (e.g. intensive care unit), where a recent graduate would not be expected to be performing at the level of a competent clinician in that specific setting. In this situation, the student must have reached entry level on one of their previous two terminal clinical experiences (CE V and/or CE VI).

The CIET is split into two main scoring sections, "Standards for Professional Behaviors," which is scored on a 5-item scale from "Never" to "Always;" and "Standards for Patient Management," which is scored on a 5-item scale as follows: Well below / Below / At that level for familiar patients / At that level for all patients / Above (where "that level" refers to "the level of a competent clinician"). Students will be assessed for entry-level practice in three ways:

- By their final rotation (PT 798: Clinical Experience VII), students will be expected to attain scores of "Always" on 100% of the Standards for Professional Behaviors, and attain scores of "At that level for all patients" or "Above" on 95% or more of the Standards for Patient Management. They must achieve this metric on at least one of their three terminal clinical experiences.
- Each subsection includes a summative question asking, "Did the student meet the Clinical Performance Benchmarks for [topic]?" By the final rotation, the answer to each of these summative questions should be "yes."
- Finally, the CIET includes a Global Rating of Student Clinical Competence, scored 0-10, where a score of 5 is anchored at "a competent clinician." Students must score 5 or above by their final clinical experience (PT 798: Clinical Experience VII) in order to graduate from the program. Students who score below a 5 in any terminal rotation may be required to complete additional weeks of clinical training, complete remediation, and/or repeat the clinical experience in order to demonstrate that they can practice in a safe, efficient and effective manner at the level of a competent clinician.

Planned mechanisms for evaluating student performance when CI ratings suggest less than entry-level performance on the final rotation include the following:

- If the final clinical experience is performed in an advanced practice setting that requires a higher level of supervision for students and new graduates, resulting in a CIET rating below entry-level/"competent clinician," and if the student has met entry-

level/“competent clinician” metrics on the CIET on one of their previous two terminal clinical experiences, they will be considered to have met the requirements for graduation.

- In assigning the final grade for the course, the CIET ratings will be reviewed in aggregate by the DCE and members of the core faculty. If the student met the required metrics on two of the three measures of evaluation on the CIET (standards; summative question; global rating), the faculty may deem that sufficient.
- If a student does not meet expectations across two or three portions of the CIET, they may be offered additional time, an opportunity to repeat the experience, a mock patient simulation with core faculty, or other mechanisms of remediation to be determined.

4.1.4 Critical Incidents

A Critical Incident is when a critical event (such as a patient safety issue) is observed. When a Critical Incident related to the student’s performance occurs, the CI must complete a Critical Incident Report within 24 hours of the incident and sent to the SCCE and the program (dptclinicalprogram@osucascades.edu). The Critical Incident Report Form is available on our Clinical Resources website, under “APTA Clinical Ed Forms”.

4.1.5 Physical Therapist Student Evaluation (PTSE)

At the end of each clinical experience, the student will evaluate both the site and the clinical instructor using the two PTSE tools available through APTA and online through Exxat. The overall experience and site will be rated separately from the efficacy of the clinical instructor. These evaluations allow the DCE, SCCE, and CI to partner together to develop the site’s programs, build teaching and learning skills, and improve the experience for all parties. It also allows the DCE to evaluate the site as a part of the overall clinical education program, identifying partners who provide exceptional experiences and those whose clinical education programs no longer match the mission of the DPT program.

5 STUDENT POLICIES, RIGHTS, AND RESPONSIBILITIES

In addition to the student rights and student policies listed in the Program Handbook, there are policies, rights, and responsibilities specific to clinical education.

5.1 Timely Communication

The student is responsible for monitoring emails sent to their university email address and other forms of agreed-upon communication daily. Students are expected to respond to communications from the DCE, clinical education team, and clinical faculty (SCCE and CI) within the timeframe requested. Failure to do so is unprofessional and may affect a student’s progress in the course and program.

As stated previously, in the event of student or CI concerns regarding the clinical experience, the student and CI should first candidly discuss their concerns with each other. The DCE should be contacted if the student, clinical instructor and SCCE cannot resolve these concerns or whenever any party wishes to involve the DCE early in the process. Communicating openly and honestly is a mark of professionalism, and areas of challenge can often be easily handled if addressed early, maximizing use of valuable clinic learning time.

5.2 Work Schedule, Attendance, Tardiness, and Time Off Policies

Students are expected to attend every day of their clinical experience. The work schedule will be defined by the site and directed by the clinical instructor and may include evenings, weekends, and holidays. Minimum hour requirements vary by course and are listed on each course syllabus. Students may be asked to extend their hours to take advantage of in-services, departmental programs, additional learning opportunities, and/or at the request of the CI in order to meet their learning objectives.

5.2.1 Tardiness

The student must arrive on time **and ready to start** at the agreed-upon hour each day; any delay in arriving to work should be reported to the CI prior to the start of the workday. Best practice is arriving 5-15 minutes early to prepare. Students who are late more than three times may fail the clinical experience; the DCE and CI may use discretion to excuse tardiness due to extenuating circumstances. Missed work time must be made up. The student will need to work with their CI and DCE to create an acceptable plan to make up missed hours. Holidays will be taken per the facility policies, not the academic calendar; exceptions may be made for religious holidays (see Section 6.5).

5.2.2 Unexpected Absences

If the student is unable to report to the facility on any day because of illness or unforeseen circumstances, they should notify their facility (clinical instructor, SCCE, and/or department supervisor) as soon as possible. In the case of illness, the facility may require a medical release from a health care provider to return to work. Students should also complete a Time Off Request on Exxat. If a student misses more than two days due to illness, the Clinical Education faculty must be notified at dptclinicalprogram@osucascades.edu.

Incomplete clinical education coursework due to unforeseen circumstance may be made up. The DCE and/or core faculty, in consultation with the site, will determine the length of the make-up period. In the event of personal or family emergency, the DCE will work with the student, CI, and/or SCCE to establish an acceptable written plan that allows the student to meet their educational goals. **If the CI is offsite or absent, students must be reassigned to another CI by the SCCE.** The new CI is required to follow the policies regarding student supervision outlined in the clinical affiliation agreement and this document and as required by law.

Absences for extreme weather, such as wildfire-related events, may be allowed; students should follow the inclement weather/disaster policy of the assigned affiliation. However, students must not put themselves in peril because of inclement weather while traveling to/from the clinical site. The DCE and/or CI has the discretion to excuse absences due to extreme weather events. Some or all absences may be required to be made up, including after the official end of the rotation, at the discretion of the DCE and/or CI. Students are not expected to make up time lost due to facility closures for holidays or inclement weather.

5.2.3 Time Off Policy

No unauthorized absences from clinical experiences are allowed.

For CE I and II, absences are only allowed due to illness or emergency. Time off requests must be submitted in Exxat within one week.

For CE III and IV, absences are only allowed due to illness or emergency. Time off requests must be submitted in Exxat within one week.

For CE V, VI, and VII, absences are allowed due to illness or emergency. Time off requests must be submitted in Exxat within one week.

In addition, **students in good standing, and with the approval of their CI/SCCE, may also petition the DCE for excused absence of up to three personal days, to attend a professional conference, interview for a residency, or attend a personal event such as a wedding or graduation.** Vacations will **not** be approved. A student shall have no more than five personal days total across the three terminal clinical experiences. The student may be required to make up the missed time in order to meet their educational goals. Time off requests must be submitted in Exxat at least one week prior for anything requiring approval. The more lead time the DCE and CI have to plan, the better.

5.2.4 Working While on Clinical Rotations

With the exception of PT 792: CE I and PT 793: CE II, the Clinical Education Experience is the equivalent of a full-time job. **Students should not hold other work engagements during PT 794: CE III, PT 795: CE IV, PT 796: CE V, PT 797: CE VI, and PT 798: CE VII.** Students will not be excused from their CEEs for outside work. The CEE must always take priority over any outside work. Failure to meet the requirements of CEEs due to external work conflicts is grounds for failure of the course and may lead to dismissal from the program.

5.3 Conduct and Professional Behavior

5.3.1 Student Conduct Code

The Student Conduct Code establishes community standards and procedures necessary to maintain and protect an environment conducive to learning, in keeping with the educational objectives of Oregon State University. Academic, Behavioral, Discriminatory, Sexual/Gender-Based, and Title IX Misconduct are all prohibited. See the following link for additional information: https://beav.es/codeofconduct

5.3.2 Professional Behavior

Professional, legal and ethical behavior is always expected during the clinical education experience. Students must be proactive in seeking out the information they need in order to comply with facility policies and state and federal laws. Students should reflect on their professional growth each clinical experience using the Professional Behaviors Assessment form found on Exxat and Canvas.

Students must always introduce themselves as a student physical therapist, obtain patient consent to provide physical therapy care and state to each patient that individual's right to refuse student care. Inappropriate behavior or conduct that threatens patient safety may result in the removal of the student from the clinical education experience.

The student should always respect the dignity, individuality, and privacy of patients and clients. All information regarding any patient is considered private and confidential and is not to be discussed outside of the academic or clinical setting. **Violation of this policy is grounds for removal from the clinical education experience and/or dismissal from the program.**

Sites and site staff are also expected to practice in a professional, legal, and ethical manner. Students are obligated to report to the DCE any ethical or legal issues or questions noted at their clinical sites.

5.3.3 Dress Code

Students should always:

- Dress in a way that promotes a culture of physical and psychological safety and encourages respect for the dignity of self and others.
- Students must be physically clean, including oral hygiene, clean hair and fingernails, and free of pervasive body odor, including smoke and sweat.
- All clothing must be clean and free of tears (including intentional distressing by the manufacturer).
- Do not use applied fragrances or scented grooming products.
- Hair and facial hair must be clean and controlled so as not to interfere with activities or present an infection control/safety risk.
- Nails are to be kept clean, neatly manicured and short (not extend past fingertips).

Clinical attire varies by setting. Some facilities may not allow visible tattoos, piercings other than the lobes of the ears, or certain hair colors. Students will follow the dress code of the facility and of the academic institution, as stated in the Program Handbook. The facility's dress code always takes priority. Students are responsible for contacting their clinical instructors in advance for dress requirements at the location. In the face of uncertainty about what to wear to a clinical site, students should dress in Professional Attire as defined in the Student Program Handbook. **On clinical education rotations, dress or grooming that does not conform to the facility standard may result in the removal of the student from the clinical education experience.**

5.3.4 Identification as a Student Physical Therapist

Students must wear visual identification at all times with the student's name and their status as a student physical therapist. Students should wear their OSU-Cascades-issued nametag at all times in clinic. Students may also be required to wear identification required by the facility. If that identification clearly states the wearer is a student physical therapist, then they are not required to also wear their OSU-Cascades nametag.

5.3.5 Cell Phone and Social Media Policy

Students are expected to avoid use of personal cell phones, Internet, and social media during work hours, limiting use to before or after work or during official breaks. To avoid temptation, the DCE suggests that students plan to keep cell phones and other devices away from the workspace, such as in an assigned locker, and recommends using a watch rather than phone to monitor time. Exceptions in rare circumstances, such as the impending birth of a child, may be made at the discretion of the CI.

Students are reminded that they are subject to HIPAA regulations and that no patient interaction, even de-identified, should ever be shared on social media. Any social media post about a patient, client, colleague or clinical facility may lead to removal from the clinical education experience and/or dismissal from the program.

5.4 Safety in the Clinic

Students are expected to practice in a manner that minimizes risks to patients, clients, self and others. Safety is paramount. Creating physical and psychological[8] safety in the clinical environment is the responsibility of the student and the CI. Safety encompasses patient safety, student safety, and the safety of colleagues and others within the environment and around the student. **It is the student's responsibility to inform the CI if they have not performed a specific assigned task previously in the classroom or clinic and are exceeding their personal scope of practice**. The student should articulate a plan for the performance of novel tasks and the CI may give feedback as deemed necessary for safety. Students who put the safety of patients, clients, or their own safety at risk may be removed from the clinical placement. This may delay or terminate the student's educational progress.

CIs should document any concerns they have regarding a student's ability to practice safely during the clinical experience. The CI should notify the DCE as soon as possible, and the CI and DCE will work together to determine if the concerns warrant action. Actions may include a written plan of action or remediation to help the student adhere to safety standards, immediate removal from the clinical affiliation, and/or a grade of "fail" for the course.

[8] Psychological safety refers to creating a safe and welcoming environment for all, such as seeking consent prior to touching a patient and appropriate use of pronouns and preferred names for transgender and non-binary people.

Improving patient safety is a hallmark of professional behavior at all levels of the profession. Students who identify opportunities to improve patient safety during their clinical experiences should work with their CI, SCCE, and other facility personnel to create positive change in the clinical setting. If students have concerns about raising safety questions to their clinical faculty, they may contact the DCE directly to strategize an appropriate action plan.

5.4.1 Health and Safety Training Requirements

By Oregon state law (OAR 409-030-0180), students in health care professions must complete trainings as noted in the Program Handbook. These trainings must be completed prior to the first clinical education experience and repeated as noted in Exxat. CPR/BLS must be maintained current throughout the program.

Additional site-specific trainings will be required at each site. These requirements must be completed before the student can practice in that facility. Failure of the student to complete these requirements may result in a delay in the student's educational progress.

5.4.2 Immunization Requirements and Tuberculosis Testing

By Oregon state law, students in health care professions must provide proof of immunization (documented through receipt of vaccine, immunity via titer, or history of disease) for measles, mumps, rubella, hepatitis B, tetanus, diphtheria, pertussis, and varicella. Students are also required to provide proof of immunization for COVID-19 or submit for a medical or personal belief/religious exemption. Exemptions are granted by the University for on-campus activities and by each site individually for clinical experiences. If an exemption is granted, students will be required to test weekly for COVID-19. Both the University and the clinical site must accept the exemption in order for the student to be placed at that site. **Students seeking exemption must be aware that their choices for clinical sites may be limited. Exemption requests may impact the student's ability to complete program requirements.**

The state additionally recommends but does not require immunization for polio and influenza (seasonal flu) and personal health insurance coverage. Other states may have additional requirements that students will need to comply with prior to any clinical education placement in that state. Clinical education facilities may also have more extensive requirements. Influenza vaccinations are generally required for fall and winter clinical education experiences.

By Oregon state law, students in health care professions must be screened for tuberculosis (TB) test prior to their first clinical experience. Please see requirements and guidelines listed on Exxat for specific information. After the initial test, state law requires TB testing only in cases of known exposure, but other states and/or clinical facilities may require additional or repeat testing.

Any additional requirements from state laws or clinical education facilities must be met before the student can practice in that facility and will be at the student's expense.

5.4.3 HIPAA Requirements

Students must complete HIPAA training as required by state/federal law and noted on Exxat. Current HIPAA training is required to maintain progress in the DPT program. In addition to the training, students must understand and adhere to the HIPAA policies and procedures specific to each clinical site where they are placed. Any assignments the student submits to the program related to their clinical experience must be de-identified following HIPAA standards. OSU will have no relationship with patients that would trigger HIPAA compliance requirements, nor will OSU be receiving any protected health information or confidential information from the student or the site.

5.4.4 Criminal Background Checks

By Oregon state law and Program policy, students in the DPT program must complete a criminal background check prior to matriculating into the program. This will be administered through Exxat APPROVE and its partner Universal Background Screening and reports will be stored in the student's profile on Exxat. OSU-Cascades will cover the expense of this initial background check. The student has the responsibility to initiate the procedures to obtain the background check. The background check may include, but not be limited to, one or more of the following checks:

a) Criminal Record Check for all locations of residence for previous seven years from addresses disclosed as part of the application process;
b) Statewide Sexual Offender and/or Sexual Predator Registry – a database search for individuals registered as sex offenders and/or sexual predators in the selected state or jurisdiction of all locations of residence for the previous seven years;
c) Health and Human Services, Office of the Inspector General, General Services Administration List – persons or entities listed as excluded from participation in Medicaid, Medicare, and Federal Health Care programs;
d) Office of Foreign Assets Control Terrorist Search – specially designated nationals and blocked persons as determined by OFAC;
e) Social Security Report – names, addresses, and employment associated with a social security number.

The background check vendor will provide an electronic report directly to the DCE via Exxat. Certain findings in a background check could preclude participation in clinical education at certain training facilities and may also preclude licensure as a physical therapist in the state of Oregon. Information from the background check may be used by the DCE to advise the student regarding their participation in clinical education and/or continuance status in the DPT program. This advice will be offered only after consultation with the student, appropriate faculty, and/or University officials, including legal counsel. If it is likely that a student may pose a threat to the welfare of patients or that a student will be unable to complete the clinical education portion of the curriculum, the student may be denied continuance in the DPT Program at OSU-Cascades. Positive results on criminal background checks will be discussed with facility personnel as required by individual facility policies to determine if the nature of the offense will preclude the assigned student's participation in the clinical education experience.

Once the initial background check is complete, additional background checks will only be performed when the student self-reports a violation or when the clinical facility requires a more recent or more extensive background check. These additional checks will be at the student's expense.

Prior to any individual clinical experience, each student will affirm in writing the absence or presence of any criminal convictions since the last background check. Students in the DPT Program must immediately disclose any encounters with law enforcement to the DCE and Program Director. Encounters with law enforcement include criminal activity, alleged criminal activity, citations, arrests, or any other interactions that result from student behavior, or circumstances in which law enforcement intervenes and the student is present. Any disclosure will be referred to the Program Director under the DPT Academic Grading and Progression Policy (located in the Program Handbook). Failure to disclose may result in dismissal from the DPT Program.

5.4.5 Drug Screening

By Oregon state law and Program policy, students in the DPT program must complete a ten-panel drug screen prior to matriculating into the program. This will be administered through Exxat APPROVE and its partner Universal Background Screening and reports will be stored in the student's profile on Exxat. OSU-Cascades will cover the expense of this initial drug screen. The student has the responsibility to initiate the procedures to obtain the drug screen.

The drug screen vendor will provide an electronic report directly to the DCE via Exxat. Certain findings in a drug screen could preclude participation in clinical education at certain training facilities and may also preclude licensure as a physical therapist in the state of Oregon. Information from the drug screen may be used by the DCE to advise the student regarding their participation in clinical education and/or continuance status in the DPT program. This advice will be offered only after consultation with the student, appropriate faculty, and/or University officials, including legal counsel. If it is likely that a student may pose a threat to the welfare of patients or that a student will be unable to complete the clinical education portion of the curriculum, the student may be denied continuance in the DPT Program at OSU-Cascades. Positive results on drug screens will be discussed with facility personnel as required by individual facility policies to determine if the nature of the test will preclude the assigned student's participation in the clinical education experience.

Once the initial drug screen is complete, additional drug screens will only be performed when the student self-reports a violation or when the clinical facility requires a more recent or more extensive screen. These additional checks will be at the student's expense.

Cannabinoids: Recreational and medical use of cannabinoids, including marijuana, has been legalized for persons over 21 years old in several states, including Oregon. Possession, use, or distribution of marijuana in any form, however, continues to be prohibited on any of the University's campuses or facilities and during any University activities. These rules are consistent with federal laws that regulate

institutions receiving federal funds. Additional federal laws, such as the Safe and Drug Free Schools and Communities Act and the Drug-Free Workplace Act also prohibit use of marijuana.

Many health care facilities have personnel rules that prohibit use of cannabinoids. Student use of cannabinoids may severely limit the ability of the University to provide student access to required experiential education practice settings delaying or preventing student progression. **Clinical facilities have the right to refuse to take a student based on positive drug screen results including cannabis.** The DPT Program strongly recommends that students behave in a manner that presumes possession, use, or distribution of cannabinoids to be prohibited in all settings.

See Section 5.14: Alcohol and Drug Policy for additional information,

5.4.6 Health Examinations

Many clinical facilities require a health or physical exam prior to beginning a clinical experience. Students will be required to obtain this exam if assigned to a facility with this requirement. Failure to obtain a required health examination will prevent the student from attending the required clinical education experience and may delay progression of the student in their program of study.

5.5 Confidentiality of Student Records in Exxat

Electronic records on Exxat are maintained per FERPA standards and student health information stored on Exxat is maintained by Exxat in line with HIPAA guidelines. For security, the Program will not maintain student health records outside of the Exxat third-party platform.

5.6 Potential Health Risks, Liability, and Injury in Clinical Experiences

During clinical experiences, students are required to report all emergencies, injuries and exposures to the DCE as soon as possible, whether or not the CI or SCCE feels the exposure was real and significant. Students should be familiar with and follow the clinical facility's emergency guidelines, seeking immediate medical evaluation and care with Employee Health at the site or, if directed, with the nearest Urgent Care or Emergency Department, health care facility, or personal medical provider of choice. The CI should provide the student with guidance as to appropriate next steps, which often includes completing an Incident Report or Accident Report. A copy of all facility incident documentation should be provided to the DCE by the student. For all incidents, whether or not facility incident documentation was completed, the student and DCE should work together to complete an OSU Public Incident Report (https://oregonstate2-gme-advocate.symplicity.com/public_report/index.php/pid425075?).

Students are responsible for all costs associated with personal health care and emergency services during the clinical affiliation. Health insurance coverage is strongly recommended by the program and may be required by some clinical sites.

5.7 Right to a Supportive Environment and Experience

Students have a right to a safe and supportive learning environment and learning experience. The DCE is available at any time to discuss concerns the student may have prior to or during the clinical experience.

CIs are encouraged to provide constructive and timely feedback in a manner in which the student learner is most receptive to hearing. Students and CIs who have concerns or questions about how to craft a more supportive environment and experience should contact the DCE for assistance.

5.8 Discrimination, Bias, and Sexual Harassment

Students have a right to an educational experience free from discrimination, bias, and sexual harassment. Students should contact their CI, SCCE, and/or the DCE immediately with any concerns so that appropriate action can be taken.

5.9 Religious Holidays

Oregon State University strives to respect all religious practices. Accommodations will be made for a student's religious holidays that are in conflict with any of the requirements of the clinical education experience. Students should communicate with their DCE and CI regarding any conflicts.

5.10 Compensation

Students are not allowed to accept any forms of compensation, including gifts, tips, or compensation (paycheck), from their site, their CI, or their patients in exchange for their service during rotations. Students who violate this policy will be immediately removed from the rotation and referred to the core faculty for review under the DPT Academic Grading and Progression policy.

5.11 Travel and Living Costs Associated with Clinical Education

As the Year One Program is currently designed, students will be placed in Central Oregon, within a 45-mile radius/one-hour drive from campus, for all Year One rotations. Rare exceptions to this may occur for the two-week summer rotation (CE III) or if a placement needs to be rescheduled due to illness or other extenuating circumstance. For CE IV-VII, there are no guarantees of placement within a reasonable driving distance from campus. Students should expect to travel for most if not all of these experiences.

If needed, the student is expected to arrange travel to and housing at the clinical site independently. Costs for travel, room, and board are the responsibility of the student and the student is encouraged to plan for these expenses before beginning the program. Please check Exxat and/or the APTA Clinical Site Information Form for housing information in the facility's area; some facilities provide access to housing

at low or no cost. Low cost or free housing may be available through Area Health Education Consortiums (AHECs), most often in rural areas. Students should strive to ensure that housing is stable and sufficient for the student to maintain appropriate sleep hygiene, health, and grooming during the course of the rotation. Please contact the DCE if this becomes an area of concern.

Because clinical placements may be cancelled at any time, no selection or assignment should be considered final until the start day of the clinical experience. The University and the DPT program are not responsible for any expenses incurred in preparation for and/or during any clinical experience, including clinical placements that are cancelled prior to the start of the clinical experience.

5.12 Transportation Policy

Students are expected to have reliable and timely transportation to/from their clinical facilities. In most cases, this means having access to a reliable vehicle.

5.13 Professional Organization Memberships

Students are required to become members of the American Physical Therapy Association in their first year, to access content required by courses. Students are encouraged to maintain membership throughout the remainder of their schooling as part of their professional responsibilities. Students receive significant discounts on APTA membership while being eligible for many benefits, including access to scholarships and leadership training programs designed for students. Information on APTA membership is available upon request and can be obtained from the APTA website at http://www.apta.org

5.14 Alcohol and Drug Policy

State laws and regulations ensuring patient safety take precedence over state laws permitting individual alcohol/substance use. Any student who appears impaired by alcohol and/or substance use, legal or illegal, in a curricular or co-curricular activity will be immediately removed and prohibited from patient care settings, and may be suspended or dismissed from the program per program and University policy.

Students are prohibited from reporting to any clinical education experience while under the influence of alcohol or any substance that may impair the ability to function in a clinical setting. Many facilities require repeat drug screens. If a facility requires a drug screen, the student will submit to the drug screen after consenting to the process that is required by the facility, which may mean repeating testing through Exxat APPROVE/Universal Background Screening or through a process specified by the facility.

5.15 Weapons

Clinical experiences are University-sponsored activities taken on as part of a University degree program. As such, students must be familiar with and follow the OSU weapons policy as well as any weapons policies of the clinical facility at which they are placed.

- http://fa.oregonstate.edu/sites/fa.oregonstate.edu/files/manuals/gen/ous-policy-on-firearms.pdf
- http://policy.oregonstate.edu/policy/weapons-and-destructive-devices

6 LEGAL REQUIREMENTS

6.1 Affiliation Agreements

A current written affiliation agreement or contract must be in place between the University and the affiliating clinical site in order to place students at that site.

6.2 State Practice Acts

Students will be provided with information regarding the Oregon Physical Therapist state practice act and will be assessed on that knowledge. Licensure and scope of physical therapist practice vary from state to state. Students who are participating in clinical education experiences outside of Oregon are required to review that specific state's practice act.

6.3 Supervision of the Student

Administrative and professional supervision of the student physical therapist is, at all times, the responsibility of the affiliating clinical facility. The clinical facility retains sole authority and responsibility for the care and treatment of patients and will assure that each student has a consistent and appropriate level of supervision that follows state and federal law and the policies of the facility.

6.4 Insurance

6.4.1 Professional Liability Insurance

Professional (malpractice) liability insurance is required for each student in each clinical experience and is provided by Oregon State University. Certificates of insurance are available upon request.

6.4.2 General Liability Insurance

OSU is self-insured with adequate levels of excess general liability insurance. Certificates of insurance are available upon request.

6.4.3 Health Insurance

Students are strongly recommended to carry their own health insurance while enrolled at the University and while participating in University-arranged clinical education coursework. Students are strongly recommended to maintain personal health insurance for the duration of the DPT program, at the student's expense. **Students may be required to provide proof of such coverage by their clinical education facility** and should provide evidence of current coverage in their Exxat APPROVE account. Information and assistance in identifying health insurance options can be obtained from OSU-Cascades Student Wellness (https://osucascades.edu/student-wellness).

6.4.4 Worker's Compensation Insurance

By Oregon state law, students on clinical education experiences are not considered employees and therefore are not eligible for worker's compensation benefits. Oregon State University does not provide worker's compensation coverage for students in states where students are eligible for coverage. In those states, the facility must provide the coverage; if not, OSU will not be able to place students in those states.

APPENDICES

7 APPENDIX A: Oregon State Compliance Requirements

Table 1. Standards that health professions students must meet before clinical placements

Standard	Timing	Notes
Immunizations (documented receipt of vaccine or documented immunity via titer or valid history of disease, or via a record from the Oregon ALERT Immunization Information System)		
Hepatitis B (Hep B)	Per CDC guidelines[1] – follow child and adolescent schedules for students 0-18 years of age; follow health care professional schedule for students greater than or equal to 18 years of age.[2]	
Measles, mumps and rubella (MMR)		
Tetanus, diphtheria, pertussis (Tdap)		
Varicella		
Recommended but not required – Polio		CDC recommends for healthcare workers treating patients who could have polio or have close contact with a person who could be infected with poliovirus.[3]
Recommended but not required -- Influenza (seasonal flu)	Follow state law requirements[4] /recommend mask or other precaution if not immunized.	
Screenings		
Tuberculosis (TB)	Prior to initial placement; an initial risk assessment must be completed, after that only in case of known exposure.	Test should be in accordance with CDC guidelines.[5]
Substance Abuse - 10-panel drug screen	Prior to initial placement*;* but no more than three months before entry into a training program; subsequent screens only for cause or at re-entry into a program after falling out of progression.	School/training program is responsible for verifying that screening is performed by a reputable vendor

[1]The full list of CDC guidelines can be found at: http://www.cdc.gov/vaccines/schedules/index.html
[2] The CDC guidelines for recommended vaccinations for healthcare professionals can be found at: https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm
[3] Explanation of CDC recommendations can be found at: http://www.cdc.gov/vaccines/vpd-vac/polio/in-short-both.htm#who
[4] Currently, Oregon law (ORS 433.407 and 433.416) states that facilities employing healthcare workers must offer flu vaccine but may not require employees to be immunized unless a state or federal rule requires it.
[5] http://www.cdc.gov/tb/topic/testing/

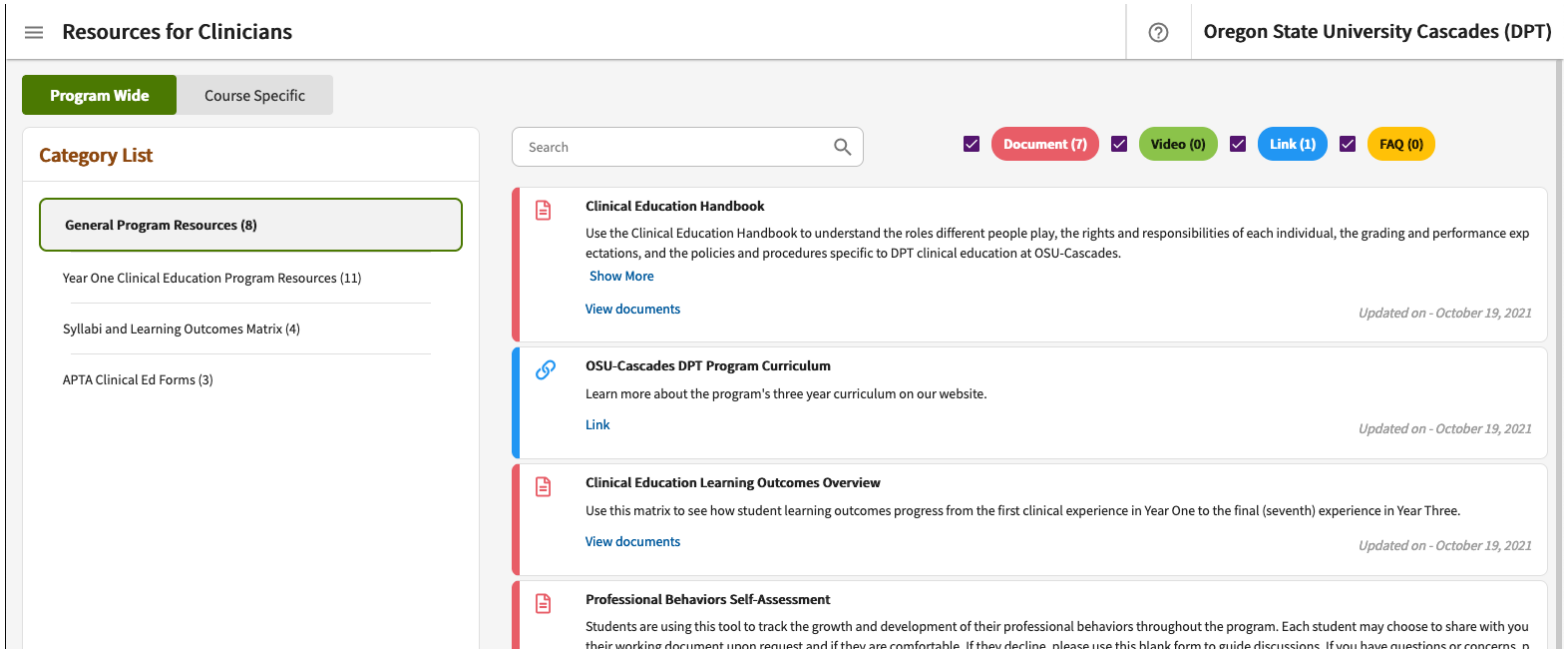
Standard	Timing	Notes
Criminal Background Check (including Social Security Number trace, state/national criminal background history, sex offender registry check, and OIG LEIE check)	Prior to initial placement; but no more than three months before entry into a training program; subsequent screens only for cause or at re-entry into a program after falling out of progression.	Elements of check should be standardized and check should be performed by a reputable vendor (per OAR 409-030-0220)
Training		
CPR/Basic Life Support (BLS) for healthcare providers	Prior to initial placement; maintain current certification during placement	Recommend trainings that comply with the American Heart Association standards
Bloodborne Pathogen training (OSHA)	Prior to initial placement	
OSHA recommended safety guidelines (including fire and electrical safety; personal protective equipment; hazard communications; and infection prevention practices).	Prior to initial placement	Schools must verify student familiarity or exposure to topics
Site-specific privacy and confidentiality practices	With *each* placement	May include review of clinical site policies and procedures, phone numbers, and emergency codes, signing a non-disclosure agreement, etc.
Site-specific orientation (facility-specific protocols for safety, security, standards of behavior, etc.)		
Insurance and Liability Coverage and Other Standards		
Professional liability insurance	Prior to initial placement	If student is covered by school, school can provide written statement and documentation of insurance or self-insurance
General liability insurance		If student is covered by school, school can provide written statement and documentation of insurance or self-insurance
Recommended but not required --Current health insurance (or coverage via Workers' Compensation insurance extended to students by school)		Coverage must protect student against on the job accidents, illness, or injury.

8 APPENDIX B: Clinical Education Resources

Extensive clinical education resources for both students and clinical faculty are provided on our Exxat Clinical Resources webpage. Content is broken up into sections including:

- General Program Resources
- Year One Clinical Education Program Resources
- Syllabi and Learning Outcomes Matrix
- APTA Clinical Ed Forms

Students and clinical faculty are encouraged to take time to explore this website and note resources that may be useful. If there is other information that may be helpful, please notify the program at dptclinicalprogram@osucascades.edu so that we may meet site and student needs.



9 APPENDIX C: Definitions of Performance Dimensions and Rating Scale Anchors

Adapted from the APTA Clinical Performance Instrument (CPI)

Category	Definitions
	Performance Dimensions
Supervision and Guidance	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	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 performance.
Complexity	Number of elements that must be considered relative to the task, patient, 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 clinical instructor.
Consistency	Frequency of occurences 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	Ability to perform in a cost-effective and timely manner. • As a student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.
	Rating Scale Anchors
Beginning performance	• A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions. • At this level, performance is inconsistent and clinical reasoning is performed in an inefficient manner. • Performance reflects little or no experience. • The student does not carry a caseload, though they may be at higher levels in components of the patient management process.
Advanced beginner performance	• A student who requires clinical supervision 75%-90% of the time managing patients with simple conditions and 100% of the time managing patients with complex conditions.

	• At this level, the student demonstrates consistency in developing proficiency with simple tasks (E.g., medical record review, goniometry, muscle testing, and simple interventions) but is unable to perform skilled examinations, interventions, and clinical reasoning skills. • The student may begin to share a caseload with the clinical instructor.
Intermediate performance	• A student who requires clinical supervision less than 50% of the time managing patients with simple conditions and 75% of the time managing patients with complex conditions. • At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning. • The student is capable of maintaining 50% of a full-time physical therapist's caseload.
Advanced intermediate performance	• A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions. • At this level, the student is consistent and proficient with simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. • The student is capable of maintaining 75% of a full-time physical therapist's caseload.
Entry-level performance	• A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions. • At this level, the student is consistently proficient and skilled in simple and com,plext tasks for skilled examinations, interventions, and clinical reasoning. • Consults with others and resolves unfamiliar or ambiguous situations. • The student is safe and efficient with a practice that generates effective outcomes at the level of a competent clinician. • The student is capable of maintaining 100% of a full-time physical therapist's caseload in a cost-effective manner.
Beyond-entry-level performance	• A student who is capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions and is able to function in unfamiliar or ambiguous situations. • At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others. • The student is safe and efficient with a practice that generates effective outcomes at the level of a competent clinician. • The student is capable of maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed. • The student is capable of supervising others. • The student willingly assumes a leadership role for managing patients with more difficult or complex conditions.