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Introduction

This handbook serves as the policy and procedures manual for the Clinical Education component of the curriculum of the Program in Physical Therapy at the University of Central Florida. This handbook is to be used as a reference for the UCF DPT faculty & Director of Clinical Education (DCE), the affiliated sites’ Center Coordinators of Education (CCCEs) & Clinical Instructors (CIs), and students/interns from UCF. This handbook outlines guidelines for the orientation of clinical faculty and students, communication requirements, and student policies. Additionally, this manual should assist in the development of learning experiences for our students/interns and the evaluation of their clinical performance.

The handbook is reviewed annually by the Program’s DCE, who seeks approval for revisions from the Program’s Curriculum Committee, with additional input from the core faculty as needed as a whole.

Equal Opportunity Statement

The University shall actively promote equal opportunity policies and practices conforming to federal and state laws against discrimination. The University shall not discriminate in offering access to its educational programs and activities or with respect to employment terms and conditions on the basis of race, color, religion, sex, national origin, age, disability, marital status, sexual orientation, and veteran status (as protected under the Vietnam Era Veterans’ Readjustment Assistance Act). This commitment applies to the University’s relationships with outside organizations, including the federal government, the military, ROTC, and private employers, only to the extent of state and federal requirements.

Accreditation

SACS Accreditation

The University of Central Florida is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS) to award degrees at the baccalaureate, masters, and doctoral levels.

CAPTE Accreditation

The Doctor of Physical Therapy (DPT) program at the University of Central Florida is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association (APTA). Our curriculum is based upon the CAPTE Evaluative Criteria, the Guide to Physical Therapy Practice and the Normative Model of Physical Therapy Education.
Administrative Personnel for Clinical Education in Doctor of Physical Therapy Program

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Mission, Vision, Goals, and Beliefs

Mission:
The mission of the University of Central Florida, Program in Physical Therapy, is to educate students to be compassionate, competent, confident, and able to practice in a variety of healthcare settings. The graduates will be highly dedicated professionals with excellent ability in patient skills, communication, critical thinking, patient education and advocacy, management and research. They will be life-long learners and ethical practitioners.

Vision:
The University of Central Florida, Program in Physical Therapy, through its collaborative efforts, will be distinguished for:

- The quality of our students, our faculty, and our commitment to the program and to the profession.
- Being a major intellectual resource for the community and as a role model in all areas of the profession for our students.
- Fostering a climate in which creativity and innovation flourish and enrich our involvement in scholarship, service, and teaching.
- Faculty that are actively involved participants, dedicated to the quality of life in the Central Florida community, and responsive to the needs of the University, our diverse student body, and the Central Florida community.
- Graduates who are leaders in the profession, in the community, the state, and on a national front.

Goals of the DPT Program:

- To prepare Physical Therapists who are committed to their profession through active participation in their communities, and their advocacy for patients.
- To meet the needs of the changing healthcare environment, and to provide quality physical therapy education for students at the University of Central Florida. The work of faculty encompasses teaching, practice, research and service activities to accomplish this goal.
- To inspire physical therapy students throughout their education process at UCF of the value of multidisciplinary collaboration by encouraging interdepartmental relationships and relationships with the community in education, research and service activities.
- To serve students who are diverse in age, ethnic and racial identity and socioeconomic background.
- To foster an environment of creativity and innovation by using state-of-the-art technology.

Beliefs:

- We believe that membership in the APTA enhances professional development and that promoting membership should begin during entry-level physical therapy education.
• We believe in the importance of the APTA Guide to Physical Therapy Practice, the APTA Code of Ethics and the APTA Guide for Professional Conduct and use these documents throughout our curriculum.
• We believe in the APTA Normative Model for Physical Therapist Professional Education State practice acts and we support the Commission on Accreditation of Physical Therapy Education and the Evaluative Criteria for Educational Programs for Preparation of Physical Therapists.
• We believe that Physical Therapists should uphold the scientific foundations of the practice of physical therapy and the ethical principles of the profession.
• We believe that Physical Therapists should lead by example in the areas of health, wellness, and prevention by being active participants in the community.
• We believe in respect for the values of others and the development of critical thinking and moral decision-making.
• We believe in respect for individual and cultural differences and we encourage understanding the culture of individuals and groups.
• We believe in the creation of a learning environment that fosters reflective thinking, life-long learning and intellectual curiosity.

Philosophy of Clinical Education

The University of Central Florida is committed to the ideal that professional education requires a sound academic preparation that is enhanced and enriched by strong clinical experience. To this end, the clinical education program seeks to provide for its students those clinical experiences that offer a stimulating environment to further augment their professional development.

The primary focus of the clinical education program is to provide the entry-level physical therapy student an atmosphere that promotes the health and function of the patient/client(s). The maximum level of function will be advanced through scientific principles and treatment rationales. While problem solving often follows logical predetermined steps, students must learn that many solutions are created by innovative, abstract thought processes. The excitement of research and discovery will be nurtured.

The students’ goal in clinical education must be the achievement of the highest level of competency in all areas of patient care and related areas of physical therapy. The students are expected to actively participate, question, explore, teach, and motivate during their interaction with the clinical community to reinforce their learning experiences and thereby enhance their education.

The clinical environments will stimulate the student to look beyond the information learned in the classroom to discover new meanings and relationships within the profession. The clinical centers must also create learning situations that guide students to expand their knowledge, attitudes, and skills. The clinical centers will provide the students an awareness of personal responsibility as it impacts their clients and institutions. The clinical experience will include exposure to realistic environments that allow practice in interdisciplinary communication, documentation, problem solving, and medical and legal aspects of patient care with a variety of disabilities and ages.
Overview of the Curriculum

The UCF Program in Physical Therapy is a 36-month professional doctorate program designed to enable students to demonstrate first in the classroom, and later in the clinic, that they have achieved levels of comprehension and competence expected of entry-level physical therapists.

The professional component is divided into three segments: foundational science courses, physical therapy theory and practice, and clinical science. All students are required to complete the entire curriculum in the prescribed sequence.

The curriculum is organized into units of instruction integrating the cognitive, psychomotor and affective domains of learning. Each course identifies behavioral objectives and the level of comprehension and competence expected of the students at that point in the program.

Curricular Components

The DPT is a full-time professional doctoral program requiring completion of 112 credits beyond the bachelor's degree. The course work is taken in a prescribed sequence over nine semesters. The program requires a total of 34 weeks of full-time clinical training. During the clinical affiliations, students work under the direct supervision of a licensed physical therapist.

FIRST YEAR:

Summer Semester (14 Credit Hours):

- **PHT 5003 FOUNDATIONS OF PHYSICAL THERAPY I: 2(2,0)**
  Introduction to the profession of physical therapy.

- **PHT 5125 CLINICAL KINESIOLOGY LECTURE: 2(2,0)**
  Investigates the mechanical aspects of human movement, joint mechanics of the upper and lower extremity, the vertebral column and tissue mechanics of relevant human tissues.

- **PHT 5125L CLINICAL KINESIOLOGY LAB: 2(0,4)**
  Graduate level study of human musculoskeletal movement with an emphasis on joint mechanics and clinical applications.

- **PHT 6115C GROSS ANATOMY/NEUROSCIENCE I: 3,6 (3,6)**
  Study of human anatomy via lecture and cadaver dissection emphasizing upper and lower extremity, musculoskeletal, peripheral vascular and peripheral nervous systems, thoracic and abdominopelvic cavities.
Fall Semester (17 Credit Hours):

- **PHT 6606 RESEARCH METHODS IN PHYSICAL THERAPY: 2(2,0)**
  Methods of research applied to clinical environment of physical therapy. Coverage of the language, logic, design and analysis of clinical research.

- **PHT 5240 PHYSICAL ASSESSMENT LECTURE: 1(1,0)**
  Extensive theory and practice in the examination of the patient. Incorporate a systems approach, utilizing screening, and patient problem solving.

- **PHT 5240L PHYSICAL ASSESSMENT LAB: 2(0,4)**
  Lab course emphasizing the examinations required to perform an evaluation of physical therapy patient.

- **PHT 5260 PATIENT CARE SKILLS LECTURE: 2(2,0)**
  Affective, cognitive, and psychomotor skills, regarding patient care. Basic skills of patient care, transfers, mobility skills, draping, gait training.

- **PHT 5260L PATIENT CARE SKILLS LAB: 1(0,2)**
  Skills of patient care, transfers, mobility skills.

- **PHT 6118C GROSS ANATOMY/NEUROSCIENCE II LECTURE: 3,6 (3,6)**
  Comprehensive study of anatomy and physiology of the nervous system to develop DPT students' improved treatment strategies for patients with neurological problems.

- **PHT 6156C APPLIED HUMAN PHYSIOLOGY FOR HEALTH SCIENCES: 5(3,2)**
  Course provides in-depth study of human cardiovascular, hemopoietic, respiratory, gastrointestinal, renal and reproductive systems with emphasis on mechanisms responsible for maintaining homeostasis.

Spring Semester (14 Credit Hours):

- **PHT 5218 THEORIES AND PROCEDURES I LECTURE: 2(2,0)**
  Theories of physical agents, heat, light, cold, water, sound, and massage; problem solving rationale and selection of interventions for inflammation, pain, edema, and weakness.

- **PHT 5218L THEORIES AND PROCEDURES I LAB: 1(0,2)**
  Lab course on the clinical applications of heat, light, cold, water, sound, and massage.

- **PHT 5241 THERAPEUTIC EXERCISE I LECTURE: 2(2,0)**
Theory of developing, implementing, and evaluating a therapeutic exercise program for patients with musculoskeletal dysfunction.

- PHT 5241L THERAPEUTIC EXERCISE I LAB: 2(0,4)
  Lab course emphasizing therapeutic exercise skills for the treatment of patients with musculoskeletal dysfunction.

- PHT 6242 ORTHOPEDIC PHYSICAL THERAPY LECTURE: 2(2,0)
  Examination and interventions for the evaluation and treatment of specific orthopedic cases and injuries presented.

- PHT 6242L ORTHOPEDIC PHYSICAL THERAPY LAB: 1(0,2)
  Lab course emphasizing the examinations and interventions for the evaluation and treatment of specific orthopedic cases and injuries.

- PHT 6306 PATHOLOGY AND PHARMACOLOGY: 4(4,0)
  Organized seminars on the pathophysiology and clinical manifestations and treatments of various medical conditions as they relate to medical management in physical therapy practice.

**SECOND YEAR:**

Summer Semester (12 Credit Hours):

- PHT 5718 NEUROLOGICAL PHYSICAL THERAPY LECTURE: 2(2,0)
  Analysis of selected neuromotor theories and their clinical applications. Examinations and interventions for the evaluation and treatment of neurological patients presented.

- PHT 5718L NEUROLOGICAL PHYSICAL THERAPY LAB: 1(0,2)
  Lab Course emphasizing the clinical application of selected neuromotor theories.

- PHT 6219 THEORIES AND PROCEDURES II LECTURE: 2(2,0)
  Continuation of Theories and Procedures I. Focus on electrodiagnosis and electrophysiologic examinations and the interventions used in the treatment of pain and dysfunction.

- PHT 6219 THEORIES AND PROCEDURES II LAB: 1(0,2)
  Lab course focusing on electrodiagnosis and electrophysiologic examinations, and the interventions used in the treatment of pain and dysfunction.

- PHT 6245 THERAPEUTIC EXERCISE II LECTURE: 3(3,0)
  Exploration of the various therapeutic exercise modalities, and their application to the rehabilitation course of treatment.
- PHT 6245L THERAPEUTIC EXERCISE II LAB: 1(0,2)
  Lab course emphasizing the use of the various therapeutic exercise modalities.

- PHT 7722C PHYSICAL THERAPY INTEGRATION I: 2(2,1)
  This course emphasizes the differential diagnostic skills required of a physical therapist when deciding if physical therapy care is appropriate.

Fall Semester (16 Credit Hours):

- **PHT 6805C CLINICAL EDUCATION I: 3(1,15)**
  Collaborative course where students meet to analyze, synthesize and discuss current professional, ethical and moral decision-making in physical therapy setting, culminating in a six-week clinical internship. Graded S/U.

- PHT 6070C RADIOLOGY/IMAGING FOR PHYSICAL THERAPY: 3(3,0)
  A diagnostic imaging course focusing on clinical implications in rehabilitation. The focus will be on patients with neurological and orthopedic disorders.

- PHT 6322C PEDIATRIC PHYSICAL THERAPY: 3(2,2)
  Study of the normal neurodevelopmental sequences for pediatric clinical assessment and physical therapy intervention provided to clients with abnormal diseases and dysfunction.

- PHT 6381C CARDIOPULMONARY PHYSICAL THERAPY: 3(3,1)
  Examinations and interventions for the management of chronic and acute cardiopulmonary problems. Teaching patient strategies for preventing/managing dysfunction.

- PHT 6521 MANAGEMENT OF PHYSICAL THERAPY SERVICES: 3(3,0)
  Planning, organizing, delivering and evaluating physical therapy services within a health care system, including quality management, third party payers, DRG's and legislative impact.

- PHT 6716C ADVANCED ORTHOPEDIC PHYSICAL THERAPY: 2(1,2)
  Specific rehabilitative protocols regarding particular orthopedic injuries and illnesses are presented. Focus on the previous course work in therapeutic modalities, anatomy, physiology, and therapeutic exercises incorporated.

Spring Semester (12 Credit Hours):

- PHT 6374C GERONTOLOGY IN PHYSICAL THERAPY PRACTICE: 2(2,1)
  This course provides an introduction to physiological aging, the health status, and physical therapy management of the older adult. The course will focus on the normal aging process and its impact on the delivery of physical therapy to this population.
- PHT 6618C RESEARCH APPLICATIONS IN PHYSICAL THERAPY: 2(2,0)
  To evaluate research studies, focus on evidence-based practice. SPSS and principles of epidemiology will be introduced.

- PHT 6719 ADVANCED NEUROLOGICAL PHYSICAL THERAPY LECTURE: 2(2,0)
  Examinations and interventions for the evaluation and treatment of the neurological patient. Emphasis on patients with spinal cord injury and neurological diseases.

- PHT 6719L ADVANCED NEUROLOGICAL PHYSICAL THERAPY LAB: 1(0,2)
  Course Emphasizing examinations and interventions for the evaluation and treatment of patients with neurological disease. Emphasis on patients with spinal cord injury and neurological disease.

- PHT 6720 WOUND CARE AND PROFESSIONAL ISSUES: 1(1,0)
  Instruction in specialized care provided by physical therapists and in professional issues relevant to the contemporary practice.

- PHT 7134C PHYSICAL THERAPY INTEGRATION II: 2(2,0)
  This course focuses on examinations and interventions for the evaluation and treatment of the spine. Various theoretical models explored. Case studies are used for integration of clinical information.

- PHT 7730C PRIMARY CARE FOR PT: 2(2,0)
  Students learn higher level diagnostic screening skills to make clinical decisions. The course takes a system approach including system review, clinical signs and symptoms and case studies.

**THIRD YEAR:**

Summer Semester (6 Credit Hours):

- PHT 7822C ADVANCED CLINICAL EDUCATION I: 6(1,40)
  Collaborative course for third year students to meet, analyze, synthesize and discuss current ethical, legal, and moral decision-making in physical therapy clinical setting culminating in internship. Graded S/U.

Fall Term (10 Credit Hours):

- PHT 7329C ADVANCED PEDIATRIC PHYSICAL THERAPY I: 1(1,0)
  Course provides an advanced look into abnormal motor development, neurological and orthopedic diseases/conditions, interventions, examinations and other aspects of the patient/client management model for the pediatric population.
o PHT 7521C MANAGEMENT OF PHYSICAL THERAPY SERVICES II: 2(1,1)  
Application of management, finance and economic health-related principles for strategy development, implementation and assessment for the physical therapy manager.

o PHT 7721C ADVANCED ORTHOPEDIC PHYSICAL THERAPY II: 1(1,0)  
Designed to correlate all previous coursework in curriculum in study presentations. Advanced evaluation procedures included. Advanced knowledge of differential diagnosis in the orthopedic patient covered.

o PHT 7772C ADVANCED NEUROLOGICAL PHYSICAL THERAPY II: 1(1,0)  
Problem-based learning provides a team based interdisciplinary problem-solving environment where students devise solutions and approaches to problems encountered by physical therapists treating patients with neurological problems.

o PHT 7780C ADVANCED GERONTOLOGIC PHYSICAL THERAPY I: 1(1,0)  
In depth discussion of physical therapist's role with elderly population. Includes examination, evaluation and development of intervention programs focusing on exercise, prevention, education and modification programs.

o PHT 7823C ADVANCED CLINICAL EDUCATION II: 4(1,20)  
Clinical education course to synthesize ethical, legal, and professional contemporary practice with evidence-based intervention, culminating in a full-time, 8-week clinical internship in physical therapy practice setting. Graded S/U.

Spring Term (11 Credit Hours)

o PHT 7829C ADVANCED CLINICAL EDUCATION III: 4(1, 20)  
Clinical education course to synthesize ethical, legal, and professional contemporary practice with evidence-based intervention, culminating in a full-time, terminal 8-week clinical internship in physical therapy practice setting prior to graduation. Graded S/U.

o PHT 7021 PROFESSIONAL PRACTICE IN PHYSICAL THERAPY 2(2,0)  
Psychosocial aspects of disability. Focus on cultural diversity issues, communication skills, and different styles of learning and teaching.

o PHT 7900 CAPSTONE PROJECT IN PT II: 3(3,0)  
Directed research culminating in a substantive paper related to the art or science of Physical Therapy.

o PHT 7XXXC**Elective Course (2 credit hours)  
**Student must select at least one (1) of the following courses, pending availability:  
1. PHT 7742C Acute Care Physical Therapy
Considerations and evidence-based evaluation, treatment, and management of patients in various settings within acute care.

2. PHT 7778C Advanced Manual Therapy
   Concepts associated with advanced manipulative interventions in the context of physical therapy care. Indications and contra-indications will be reviewed and applied in a clinical context.

3. PHT 7764C Advanced Neurological Treatment
   The purpose of this course is to provide third year students with the opportunity to further explore evidence based neurological intervention.

4. PHT 7702C Advanced Orthotics and Prosthetics
   Advanced considerations for the amputee patient with regards to rehabilitation. Students will review the primary focal issues surrounding rehabilitation after an amputation and how prosthetics may assist with functional return.

5. PHT 7779C Sports Physical Therapy
   Considerations and evidence-based evaluation, treatment, and management of patients with sport-related injuries.

Overview of Clinical Education

The clinical education component of the curriculum was developed in consultation with a task force of physical therapists and facilities from the East Central District of the Florida Physical Therapy Association. Clinical education occurs throughout the curriculum, with early integration of clinical experiences in coursework during the first year, followed by formal, full-time clinical education beginning after the fourth semester of didactic coursework.

Students will complete four clinical rotations. Each student is required to complete a full-time clinical in general outpatient as well as a hospital-based inpatient/acute care affiliation. Additionally, students are encouraged to travel to a site outside of the central Florida region for one affiliation. Due to design of the curriculum, students on the first clinical may only attend in the settings of general outpatient, outpatient orthopedics, skilled nursing, rehab, or acute care. Preparation for specialty settings ensue in the semesters following the first clinical. The student can be supervised in a 1:1, 1:2, or 2:1 student to CI ratio in any of the clinical rotations. Students are assigned to one clinical facility / organization for each clinical under the supervision of one or more clinical instructor(s). It is acceptable that a student transfer between other sites within that organization to mirror the schedule of the clinical instructor(s).

Learning opportunities throughout the clinical education sequence should progressively address a wide range of patients at different levels of complexity with increasing responsibility for independent decision-making in the following three levels of care:

- **Primary care**: the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health
care needs, developing a sustained partnership with patients, and practicing within
the context of family and community (examples: acute trauma triage and
examination, early intervention, members of collaborative primary care team to
address loss of physical function, in community based organizations for patients
with chronic disorders, occupational health services in the work place).

- **Secondary care**: patients with musculoskeletal, neuromuscular, cardiopulmonary,
or integument conditions frequently are treated initially by another health care
practitioner and then are referred to physical therapists for secondary care.

- **Tertiary care**: provided in highly specialized, complex, and technology-based
settings (heart-lung transplants, burn units) or when supplying specialized services
(ex: to patients with spinal cord injury or closed head trauma) in response to
requests for consultation that are made by other health care practitioners.

**Clinical Performance Criteria**

Performance on all clinical education will be measured through the 2006 CPI. The Program
in Physical Therapy at UCF currently utilizes the PT CPI web instrument. The performance
criteria that will be measured by the clinical instructor and self-reflected on by the students’
self-scoring are as follows:

- **Professional Practice**
  - Safety
  - Professional Behavior
  - Accountability
  - Communication
  - Cultural Competence
  - Professional development

- **Patient Management**
  - Clinical Reasoning
  - Screening
  - Examination
  - Evaluation
  - Diagnosis and Prognosis
  - Plan of Care
  - Procedural Interventions
  - Educational Interventions
  - Documentation
  - Outcomes Assessment
  - Financial resources
  - Direction and Supervision of Personnel

Standards of clinical performance for each criteria are outlined in the course syllabus for
each clinical education course under “Grading Policy.” These standard benchmarks will incrementally increase throughout the clinical education curricula. It is understood that actual student performance ratings will likely vary depending on complexity of patient population / clinical environment or demands of the clinical instructor.

**Clinical Education I**
6 weeks: 240 hours

Clinical Education I constitutes six weeks. This full-time clinical occurs at the end of the fall term in Year Two. The clinical setting for this clinical are limited to general outpatient, outpatient orthopedics, skilled nursing, rehab, or acute care settings. Specialty settings involving advanced neurological rehab, pediatrics, vestibular, etc. are typically not allowed as this clinical should reflect the knowledge base obtained from the curriculum. Patient care by students in this clinical is expected to take place under close supervision of the CI. Performance is expected to be adequate for the level of student in accordance with the descriptors in the clinical performance instrument as outlined in the next paragraph. A majority of patients should be medically stable and require uncomplicated decision-making, or when unstable, involve a stronger presence of CI instruction and supervision.

In order to successfully complete Clinical Education I, it is expected that the student obtains between “Beginner” & “Advanced Beginner” in all Patient Management criteria of the 2006 CPI and “Advanced Beginner” in all of the Professional Practice criteria, without concerns as noted by “Red Flag” items. Failure to meet these criteria will place the student at risk of failure of clinical experience by the DCE and/or referral to the Retention & Advancement Committee in the Program of Physical Therapy at UCF for possible remediation.

**Advanced Clinical Education I**
12 weeks: 480 hours

Advanced Clinical Education I constitutes twelve weeks of full-time clinical training. This clinical occurs during the summer term at the beginning of Year Three. There is no limitation of the clinical setting for this experience, as students will have completed at least a minor level of academic preparation in all areas of physical therapy. Specialty settings such as neurological rehab, pediatrics, sports, etc. are allowed. Students are expected to be integrated into the care and management of complex patients, while also successfully caring for and managing simple patients as measured by their clinical performance instrument.

In order to successfully complete Advanced Clinical Education I, it is expected that the student obtains between “Advanced Beginner” & “Advanced Intermediate” in all criteria of the 2006 CPI, without concerns as noted by “Red Flag” items. Failure to meet this criteria will place the student at risk of failure of clinical experience by the DCE and/or referral to the Retention & Advancement Committee in the Program of Physical Therapy at UCF for possible remediation.
Advanced Clinical Education II
8 weeks: 320 hours

Advanced Clinical Education II constitutes eight weeks. This full-time clinical occurs at the end of the fall term in the middle of Year Three. There is no limitation of the clinical setting for this experience, as students will have completed at least a minor level of academic preparation in all areas of physical therapy. Specialty settings such as neurological rehab, pediatrics, sports, etc. are allowed. Students are expected to be able to manage the care of complex patients, while also independently caring for and managing simple patients as measured by their clinical performance instrument, and with the supervision of a clinical instructor.

In order to successfully complete Advanced Clinical Education II, it is expected that the student obtains between “Advanced Intermediate” and “Entry Level” in all criteria of the 2006 CPI, without concerns as noted by “Red Flag” items. Failure to meet this criteria will place the student at risk of failure of clinical experience by the DCE and/or referral to the Retention & Advancement Committee in the Program of Physical Therapy at UCF for possible remediation.

Advanced Clinical Education III
8 weeks: 320 hours

Advanced Clinical Education III constitutes eight weeks. This full-time clinical occurs at the beginning of the spring term of Year Three. This is a final clinical education experience. There is no limitation of the clinical setting for this experience, as students will have completed at least a minor level of academic preparation in all areas of physical therapy. Specialty settings such as neurological rehab, pediatrics, sports, etc. are allowed and encouraged. Students are expected to manage the care of complex patients at a near entry level performance, while independently caring for and managing simple patients at an entry level standard of care under the supervision of a clinical instructor, and as measured by their clinical performance instrument.

In order to successfully complete Advanced Clinical Education III, it is expected that the student obtains between “Entry level” & “Beyond Entry level” in all criteria of the 2006 CPI, without concerns as noted by “Red Flag” items. Failure to meet this criteria will place the student at risk of failure of clinical experience by the DCE and/or referral to the Retention & Advancement Committee in the Program of Physical Therapy at UCF for possible remediation.

Selection of Clinical Education Affiliates

The selection of clinical education affiliates is an ongoing process coordinated by the DCE. The DCE recruits clinical education partners and reviews requests from potential partners through assessing all facets of the clinical site. This includes but is not limited to the following: practice type / setting, specialty clinic offerings, clinical instructor credentials,
experience, and training (ABPTS, Credentialed CI, etc.). This information is often obtained through the Clinical Site Information Form (CSIF). Based on this review, the DCE may choose to interview the facility further, request a site visit, or consult with the core faculty on the addition of a site.

Although clinical sites are greatly recruited throughout central Florida and the state of Florida, the DPT Program actively pursues affiliation agreements with clinical education facilities throughout the country.

Clinical site selection is ultimately based on finding facilities that can provide students learning opportunities in a variety of primary, secondary, and tertiary care experiences. These experiences must enable students to meet all of their clinical objectives and contribute to their achievement of the outcomes required for the initial practice of physical therapy. The potential of the center’s staff to model professional behaviors is also considered.

**Clinical Site Communications**
All communications with clinical education facilities take place through the DCE and program support staff. Any communication or correspondence with clinical sites for clinical education purposes by students is prohibited unless the student obtains permission by the DCE. Students MAY NOT contact centers to discuss or arrange clinical learning experiences to meet their personal needs. Because of the importance and complexity of the evaluation of the clinical center process and the determination of student readiness for clinical education, any student efforts to by-pass the selection and assignment process may result in disciplinary action. Rather, should students identify centers that appear to have the potential for meeting UCF’s criteria for selection, they are to provide the DCE with information about the center.

**UCF Faculty Responsibilities for Clinical Education**
The Director of Clinical Education (DCE) manages the academic side of clinical education. The responsibilities of the DCE include but are not limited to the following: center selection, negotiation of affiliation agreements, student assignments, preparation of all faculty for their role in clinical education, and evaluation of clinical education for the Program in Physical Therapy. However, collectively, the core faculty may be consulted to approve the selection of clinical centers, determine student readiness, and approve the assignment of students. In addition, to develop a stronger collaboration with the clinical centers for student clinical education as well as other scholarly projects, core faculty members may be assigned responsibilities for clinical education in coordination with assignments of duties as directed by the program director or department chair.
Determination of Student Readiness for Clinical Education

UCF acknowledges and supports the Americans with Disabilities Act. The Program in Physical Therapy has identified certain standards that students must meet in order to function in a broad variety of clinical situations and render a wide spectrum of patient care. Students’ readiness is determined not only by scholastic ability, but also on the physical and emotional capacity needed meet physical therapy practice standards. Some technological compensation can be made for disabilities, but students are expected to perform in a reasonably independent manner. Therefore, students may not use third parties to meet learning goals in the following five areas - observation; communication; motor coordination or function; intellectual-conceptual, integrative and quantitative abilities; and behavioral and social attributes. The requirements which apply are:

1. Is the student able to observe demonstrations and participate in skill laboratories?
2. Is the student able to analyze, synthesize, extrapolate, solve problems, and reach diagnostic and therapeutic judgments?
3. Does the student have sufficient use of the senses of vision, hearing and somatic sensation necessary to perform a physical examination? Can the student perform palpation, auscultation, and percussion?
4. Can the student reasonably be expected to relate to patients and establish sensitive, professional relationships with patients?
5. Can the student reasonably be expected to communicate the results of the examination to the patient and to his colleagues with accuracy, clarity, and efficiency?
6. Can the student reasonably be expected to learn and perform routine physical therapy tests and interventions?
7. Can the student reasonably be expected to perform with precise, quick and appropriate actions in emergency situations?
8. Can the student reasonably be expected to display good judgment in the assessment and treatment of patients?
9. Can the student reasonably be expected to possess the perseverance, diligence, and consistency to complete the physical therapy curriculum and enter the practice of physical therapy?
10. Can the student reasonably be expected to accept criticism and respond by appropriate modification of behavior?

At the end of each term, faculty, led by the DCE, discuss student progress towards these standards, achievement of course objectives, development of ethical and professional behavior, and safe practice. Because all faculty have clinical practice experience and the ability to determine that students are prepared for practice, all faculty are involved in the determination of student level of progress and readiness. Readiness and progress towards practice expectations are supported by benchmark exams, projects and laboratory practical examinations each term. Students must demonstrate safe practice standards in order to pass the lab practical examinations. Actions for remediation can be initiated through the program’s Retention and Advancement Committee for concerns of lack of appropriate
progress through the program.

Assignments of Students to Clinical Education Sites

The Director of Clinical Education is responsible for assigning students to clinical education sites. Approximately 6 months in advance of the clinical internship, the students will receive a list of available facilities. Students then make 4-5 “preferences” off of this list of available sites. The DCE, in consultation with students and faculty will individually make the assignments of the students based on the following criteria:

- Quality of clinical site and clinical instructor
- Education benefits to the student
- Aspirations of the student

Students may request sites based on “hardship” which will be considered on case-by-case basis. In the event that a student does not get assigned a top 4-5 “preference” the student will be asked to meet with the DCE where accommodations will be made to assign the student to the best clinical site available relating to the above criteria.

UCF is an Equal Opportunity/Equal Access/Affirmative Action institution therefore, clinical education assignments are available to all without regard to race, color, sex, religion, national origin, disability, or age as provided by law and in accordance with the University’s respect for personal dignity. The University of Central Florida, Program in Physical Therapy expects the clinical center’s policies and procedures for clinical education to reflect this commitment.

Regardless of the reason, should it be necessary to reassign students to an alternate center or extend the length of the assignment at a current center, every attempt will be made to act as quickly as possible to avoid delay in the student’s learning experiences. However, students must be prepared to be flexible in terms of time and place, so that other appropriate learning experiences can be identified.

Overall Clinical Requirements: Site Diversity

All students are required to complete at least one clinical experience in a general outpatient clinic setting, one acute care, sub-acute care, or inpatient rehab in a hospital setting, and are encouraged to select one experience outside of the central Florida region. By fulfilling these requirements, students will be exposed to a diverse case mix, encompassing patients across the lifespan, and throughout the continuum of care.

These criteria were created to assure that students obtain a well-rounded clinical experience throughout the curriculum. Completion of the clinical experience settings are tracked by the academic coordinator. Assignment of students to clinical sites by the DCE will take these requirements into consideration for all students.
Monitoring of Student Performance

Assessment of student performance and levels of clinical instructor supervision and feedback is determined by the DCE through correspondences with the student through electronic communications, site visits, or phone calls while on the clinical. Due to the lengths of the clinical experiences (6 week, 8 weeks, or 12 weeks), the initial determination is usually made though review of the midterm CPIs. CPIs are evaluated and signed off by the DCE in a timely manner and correspondences are sent to clinical instructors and/or students if needed. Typical consultation or feedback from the DCE to discuss clinical supervision is performed through phone calls to clinical instructors, or meetings/conversations with students.

Considerations to the determination of the appropriateness of clinical supervision and feedback takes many factors into account. This includes the expectations of student performance per the syllabus. The syllabi outline performance expectations based on the CPI, which are progressive in nature, due to the progressive nature of clinical education. Additional factors include the complexity of setting and/or patient population, the historical expectations of the clinical instructor and/or facility, the student's personal experience with the patient setting or case population, and student historical didactic, laboratory, and clinical performance in the program.

Through review of the final CPI, clinical correspondence (site visits/communications), Student Evaluation of Clinical Experience, and the DPT internal Clinical Assessment forms completed by students, the DCE is able to appropriately assess the clinical instruction and feedback from clinical instructors.

Evaluation of Clinical Education Program

The evaluation of the clinical education program occurs on a continuous basis. Review of the program is led by the DCE in a core faculty meeting typically in the late spring or early summer. It is at this time that the DCE works with the academic coordinator to update the clinical education manual. In additions the DCE leads discussions throughout the year regarding collective and individual student performance, clinical education faculty feedback, and potential changes to the didactic curriculum or clinical education curriculum that could influence outcomes.

Clinical education program evaluation takes part in concurrence with the program curricular and outcomes evaluations. Many benchmarks for student performance are listed as outcomes in the Institutional Effectiveness Assessment that takes place each fall. It is believed that these ultimate outcomes are reflective of the collective clinical education process as a whole. Additional sources of evaluation are multi-faceted in nature and include the following: feedback from clinical education faculty during site communications, current student feedback, graduating students at the exit interview, the DCE, and collective core faculty.
The clinical education program is further evaluated through Student Perception of Instruction (SPI) for the clinical education courses. This is a direct reflection of the DCE performance and also the clinical education program as a whole. SPIs are examined by the Department Chair during annual evaluations of the DCE.

Additional evaluation occurs through qualitative data collected from clinical education faculty on the student preparedness, strengths and weaknesses of UCF physical therapy students, and recommendations/feedback for the UCF clinical education program. Students are also queried in the clinical site feedback forms (APTA Student Evaluation, internal DPT clinical feedback forms, exit interview).

**Orientation of Students to Clinical Site**

A formal, structured orientation to the center and department as early as possible in the clinical rotation relieves many student concerns and often forestalls potential problems. A formal orientation meeting with students is recognized as best practice and strongly recommended by the DPT Program. Time needed for orientation is primarily dependent on the size of the center and the student’s prior experiences. A typical orientation, in any order, may include the following topics:

1. Introduction to key personnel and their job responsibilities, chain of command
2. Tour of the center
3. Location of equipment and supplies
4. Desk space, office supplies, library and other resources
5. Introduction to patient scheduling and billing
6. Observation of P.T. patient care
7. Emergency procedures, evacuation routes, safety rules, infection control
8. Calendar of events for department and timetable for student objectives
9. Review of confidentiality and patient/employee/student rights policies
10. Review of student credentials
11. Hours of operation.
12. Dress Code
13. **DISCUSSION OF THE STUDENT’S STRENGTHS, WEAKNESSES AND GOALS**

It is strongly recommended that each center have a Clinical Education Manual or have students review the appropriate sections of the Department’s Policies and Procedures Manual. Suggestions for items to include, in no particular order, are as follows.

1. Statements of patients’ and students’ rights
2. Release of information/confidentiality of the medical record
3. Authorization for photographic and other video use of subject
4. Informed consent for care and to participate in demonstrations
5. Procedures for reporting illegal, unethical, and incompetent practice
6. Emergency procedures
7. Departmental philosophy and objectives
8. Organizational chart
9. Criteria for selection of clinical instructors
10. Staff development program
11. Peer/utilization/quality review programs
12. Consumer satisfaction program
13. Support services available to students -- parking, meals, library, lockers, info on the area, etc.
14. Safety rules, hazardous materials, universal precautions
15. Samples of documentation forms
16. Job descriptions
17. Objectives of clinical education program
18. Occurrence reporting
19. Research and human subject policies and procedures

Cancellation / Suspension of a Clinical Site

The terms of cancellation of a clinical site will be written in the formal affiliation agreement between the facility and the academic institution. The cancellation should be in writing and may be initiated by either party. Many of the cancellations have a time frame established (see sample affiliation agreement).

The academic institution may place a clinical site on a level of suspension in the event that the program faculty does not consider the site to meet the current needs of the physical therapy student. The CCCE will be contacted by telephone, followed by a letter of suspension sent to the facility which outlines the circumstances of the suspension. The DCE will be responsible for initiating the letter or phone call following the faculty decision. Possible reasons for suspension are: inadequate student supervision, lack of policies and procedures for student involvement, overutilization/underutilization of students, and legal or ethical concerns. The status of suspension differs from a cancellation in that it allows the clinical site to respond to the letter and develop an action plan and/or other documentation that addresses the concerns of the faculty. The clinical site will have sixty (60) days to respond to the letter of suspension. The faculty must unanimously approve the action plan/change to lift the suspension. The faculty may allow additional time to revise the plan or request additional information. If the site does not respond to the suspension, a cancellation letter as outlined in the affiliation agreement will be sent to the clinical site.
General Student Policies

Dress Code and Appearance
1. Students are to present a professional appearance at all times. The student will follow the dress code of the center. Student identification badges must be worn at all times. Students may be required to wear a white lab coat or scrubs in many cases.

2. Students are to be neat and well-groomed. Clothing is to be pressed and clean. Students should be prepared with a change of clothes should theirs become soiled during the day. Fabrics that do not wrinkle are strongly recommended. All students must wear appropriate underwear. Clothes must be of length and style to protect the student’s modesty during treatment activity. Socks or hosiery are mandatory. Shoes must be closed-toe, clean and shined. Athletic or running shoes are not permitted unless they are accepted as work shoes by the center. In any case, shoes worn for leisure or sports activities should not concurrently be worn as work shoes.

3. Tattoos, body piercing, or other body adornments must be covered or removed during clinical practice.

4. For patient and personal safety, students must have hairstyles that will not obstruct vision. Other considerations are a patient grabbing or pulling the student’s hair, or hair touching a patient at any time. Long hair needs to be pulled back and secured. Short hair should be styled to prevent the hair from falling into the student’s eyes.

5. For patient and personal safety, students are to keep fingernails trimmed and clean and jewelry at a minimum. Earrings cannot dangle or have loops to avoid getting caught by, pulled on, or entangled by a patient. Because all jewelry (watches, rings, pins, bracelets, etc.) accumulate dirt and unpleasant microorganisms, they should not be worn. Particularly, rings and other jewelry with stones should be removed during patient care because of the risk of hurting the patient.

Attendance
Students are required to complete the prescribed number of contact hours specified by their clinical internship course. ANY missed time from the clinical must be made up so that the student achieves the prescribed number of contact hours. Students must work the hours of their clinical instructor. This may include early mornings, nights, or weekends. The university calendar is suspended during all clinical education courses. That is, the student follows the holiday and operation hours of the clinical facility with which they are assigned, rather than that of the University of Central Florida.

Absences
ANY missed time must be made up. Students are required to complete the prescribed number of contact hours in the clinical setting as identified in the specific clinical education course. Repeated absences or an unexcused absence places the student in severe jeopardy
of not fulfilling their learning objectives, and could place student at risk of receiving an unsatisfactory “U” grade. The plan for make-up days is determined on an individual basis by mutual agreement of the student, the Clinical Instructor and the DCE. Absences may be excused only for extreme, unforeseen circumstances such as emergencies, or for professional activities and religious holy days that are planned in advance. The following procedures must be followed in each circumstance or the student is at risk for disciplinary action:

**Emergencies** - personal illness, family illness, death in the family, etc.
The student will telephone the Clinical Instructor at the beginning of the workday to notify him or her of the nature of the emergency, the anticipated length of absence, and phone number where the student can be reached. Upon return, the student must consult with the clinical instructor and/or CCCE to determine a plan for make-up of lost time. Only a plan that is approved by the CI / CCCE and DCE will be implemented.

**Scheduled time-off** - professional activities such as meetings, interviews
The student will make every effort to include a request for professionally related time off in the plan for learning completed before beginning clinical education in a center. Should a need arise after the rotation has begun, the student must consult with / request an approved absence by the CI and /or CCCE including the reason for the absence, alternatives for scheduling that were exhausted, and a plan for make-up of lost time. The student must consult with the clinical instructor and/or CCCE to determine a plan for make-up of lost time. Only a plan that is approved by the CI / CCCE and DCE will be implemented.

**Religious holy days**
All students, faculty, and staff at the University of Central Florida have a right to expect that the University and clinical centers will reasonably accommodate their religious observances, practices and beliefs. Students are expected to attend classes (including clinical education), and take examinations, as determined by the University and School. The calendar is announced at the beginning of each academic term, providing written notice of the class schedule and formal examination periods. The University, through its faculty and clinical centers, will make every attempt to schedule required classes, clinical education and examinations in view of customarily observed religious holidays of those religious groups or communities comprising the University’s constituency.

No student shall be compelled to attend class, clinical education, or sit for an examination at a day or time prohibited by his or her religious belief. The student must include planned time off for holy days in the plan for learning completed before beginning clinical education in a center. Should a need arise after the rotation has begun, the student must consult with / request an approved absence by the CI and /or CCCE including the reason for the absence, alternatives for scheduling that were exhausted, and a plan for make-up of lost time. The student must consult with the clinical instructor and/or CCCE to determine a plan for make-up of lost time. Only a plan that is approved by the CI / CCCE and DCE will be implemented.
**Accountability**

Tardiness conveys a very negative impression. It suggests lack of planning and preparedness and is viewed by many as rudeness. It can disrupt the operation of the physical therapy department. This applies not only to morning reporting but beginning duties after meals, attending meetings, etc.

Students MUST call clinical instructors as soon as possible if they are going to be late. Persistent tardiness may jeopardize the student’s successful completion of the goals for clinical education. It is the student’s responsibility to initiate discussion about modifying the daily schedule if there are reasons other than personal convenience that are resulting in tardiness. Students must make travel arrangements for departures after the end of the workday, and may not be excused for personal business. Because of the seriousness of the consequences of absences, students are strongly encouraged to have perfect attendance.

**Disruption of Center Operations**

The clinical instructor may send the student away from the center at any time a student’s behavior or unsafe practice places self or others at risk. These situations must be addressed immediately. The clinical instructor must contact the DCE or assigned faculty to determine a course of action, which may include:

- evidence of remediation so that the student is no longer posing a risk to self or others before returning to the center
- termination of the clinical rotation (see reassignment section)
- dismissal from the Program in Physical Therapy

No preparation for other academic work is to take place during clinical education time or interfere with patient care. Students are to complete any campus-based assignments on their own evening and weekend time.

Students must refrain from personal phone calls or other communication during clinical practice. Students are not permitted to have personal cellular phones or other devices activated while in clinical practice.

**Student Requirements**

Students have numerous clinical education requirements that must be met prior to being approved to complete clinical education coursework. All required documentation is to be turned in to the DCE or program staff with strict deadlines in place. All of the following are required prior to being approved for clinical internships:

**CPR Certification**

All students are to have an active BLS for the healthcare professional, or equivalent. Any certification that a student intends on obtaining on his/her own must be approved by the DCE. Students are responsible for costs associated with CPR certification.
Certification of HIV / Bloodborne Pathogens Education

The Florida Consortium for Clinical Education standardized student data sheet

Proof of current health insurance
Certification of current major medical (including hospitalization) health insurance is required for each year of enrollment. Students are responsible for costs associated with maintaining health insurance coverage.

Health information
Student health is ultimately the responsibility of each individual student. The University of Central Florida sets guidelines and monitors student medical data at matriculation and during the three years of enrollment in the Program in Physical Therapy. Students are required to comply with all university regulations regarding the disclosure of health information and immunization records to UCF Health Services. DPT students are required to notify the DCE &/or Program Director of any changes in his/her health status that may impact the ability to safely perform functions expected in clinical education, or that may pose other risk to patients or classmates.

Students are responsible for all costs involved in the physical examination, immunizations, and for obtaining copies of all records. Students must supply this information to the Academic Support Coordinator annually, upon request.

Some centers may require students to complete certain immunizations (i.e. influenza) in accordance with the center’s policies and procedures. Students are required to follow all regulations as indicated by the clinical affiliate’s guidelines.

Criminal Background Checks
Each student in the Physical Therapy Program will be required to complete a criminal background check at the start of clinical affiliation, as prescribed by the DCE. This is typically completed in the summer prior to the first clinical. The associated costs for this test is the responsibility of the student. Verification of the check and absence of disqualifying offenses will be completed by the DCE. Background check results will not be provided to anyone. Clinical sites will only be provided the verification of completion and attestation of the absence of disqualifying offenses.

The DPT Program currently requires a comprehensive Level II screening which is a search both with the Florida Department of Law enforcement and FBI. All students are required to use the UCF DPT program account with Certifiedbackground.com for this process. The cost for this is the responsibility of the student.

Individual clinical sites may have added background checks or processes that may require additional costs, which will be the responsibility of the student.

Emergency Care for Students
Each student is personally responsible for all expenses that result from emergency care during clinical practice. Therefore, each student must have evidence of personal major medical health insurance coverage including hospitalization.
Should a minor emergency occur, first aid should be administered as it would for any employee. Should there be a more serious accident, proper emergency action should be taken. The student is responsible for alerting the CCCE of any potential medical problems and action that may be necessary because of an existing condition.

Policies and procedures concerning blood-borne pathogen exposures and exposures to communicable diseases (e.g. tuberculosis, chicken pox) must be in place at each of the clinical centers. Students are to know the policies and procedures of each clinical facility and carefully comply with all requirements in case of injury or exposure to communicable disease. For example, all needle sticks and exposures to blood or other potentially infectious body fluids should be immediately reported to the CCCE and to the occupational health nurse at the facility where the accident occurs. In addition, the UCF Student Health Center must be notified within 24 hours to complete an incident report (407-823-2701). Walk-in clinics may be utilized after operating hours of the Health Center.

Student Illness
Students with an illness or medical condition that may be communicable to patients or staff should not have contact with patients. If students are unsure whether they should be in patient contact areas, they should seek medical advice for evaluation of their work status. Students are to comply with the clinical center’s policies and procedures for evidence of medical release to return to work. Persons with the following medical conditions should not be allowed patient contact without a medical clearance:

- Active chicken pox, measles, German measles, herpes zoster (shingles), hepatitis A, hepatitis B, hepatitis C, tuberculosis.
- Diarrhea lasting over three days or accompanied by fever or bloody stools.
- Conjunctivitis, draining or infected skin lesions.
- Group A streptococcal disease (i.e. strap throat) until 24 hours of treatment has occurred.

Housing / Meals / Transportation
Students are responsible for all expenses related to clinical education. They must locate their own housing. Students may be eligible for stipends, meal tickets, or free housing that may be provided by the organization. However, students must be prepared to meet all their financial needs during clinical education. Students are responsible for all related travel costs to and from their clinical centers.

Student Liability Insurance
Students are provided protection against general and professional liability claims (limits of $1,000,000 per incident and $3,000,000 in aggregate for students) by the University of Central Florida in compliance with Florida statues. A certificate of this protection is submitted to each Center with the agreement for affiliation.

Should a center require evidence of an individual student policy, it will be submitted as part of the student’s portfolio. Information on liability insurance policies are available in the UCF Physical Therapy office. Information on liability issues is included in the
orientation to clinical education.

Confidentiality of Student Information

A copy of information regarding the rights of students in the Family Educational Rights and Privacy Act is included in Appendix. Also, see the section on Student Performance Portfolio. Each clinical center is encouraged to have a similar policy regarding the confidentiality of all student records.

The confidentiality of student information is further upheld by having the students carry their own portfolios with personal information that clinical centers may require. The student can provide the clinical center with copies of any health or personal information, or the Clinical Performance Instrument (CPI). The students may choose to provide copies of the CPI to clinical instructors. If copies are kept, the center must assure the rights of students addressed above. Clinical staff may not reveal any information about the student to other parties without the student’s written permission.

Information Shared with Clinical Education Sites

Clinical Education Sites (clinical education faculty, clinical instructors, CCCE’s) will only be provided student information as disclosed on the student data form, which includes email address, physical address, phone number. Students will not have their social security numbers or student identification numbers disclosed to clinical education sites. Students will not have the results of their background checks shared with clinical education sites. The DCE will review results of background checks and provide a written attestation of exclusion or disqualifying offenses. In addition, performance in previous academic or clinical courses will not be shared with clinical education sites. Sites will, however, have the DPT Curriculum, student resume and cover letter, and checklists/attestations of background, immunizations, and drug screenings (as applicable).

Students as Employees

Students CANNOT be employed by the center during clinical education in any capacity. Students may, however, be awarded an honorarium or stipend to cover incidental expenses. Students are discouraged from having any employment during PT school including the time period of a clinical internship. For most students, full-time, professional education is a new experience and the demands and pressures are high. Therefore, students must give careful consideration to activities that may interfere with the time needed for successful completion of clinical assignments and other degree requirements.

An important component of professional responsibility is an understanding of the consequences of the decisions we make. The impact of decisions about outside activities, in the short and long term, on self and others, is the beginning of understanding this responsibility. These decisions must be taken very seriously.
Clinical Faculty / Clinical Instructors

Orientation of Clinical Faculty
The DCE and other UCF physical therapy faculty are involved clinical education and are prepared for the orientation of clinical instructors and CCCE’s to UCF’s program and evaluation of student performance using the Clinical Performance Instrument (CPI). Although any faculty may be contacted, each CCCE should initially contact the DCE at UCF for any questions or concerns.

After the center receives and reviews the UCF Program in Physical Therapy Clinical Education Manual, the DCE will contact the CCCE to determine what further orientation is needed, and the manner in which it should be conducted. Options for conducting this orientation may include any of the following:

- Telephone conference
- Appointment to meet with the clinical instructor(s) at their center.
- Formal in-service to orient clinical instructors within a region from different centers.
- Formal in-service to the staff of a particular center.

The purpose of the orientation is to clarify UCF policies and procedures, other details about the UCF Program in Physical Therapy, problem-based learning, completion of the CPI, and the clinical assignments.

UCF Physical Therapy Program strongly encourages all clinical instructors to be certified clinical instructors through the APTA Credentialed Clinical Instructor program. All center coordinators of clinical education will receive notification of the certification workshops which are offered several times each year in a variety of locations.

Clinical Education Faculty Rights and Privileges
Each clinical education faculty will receive a certificate of appreciation from the UCF Program in Physical Therapy. Clinical Instructors in the State of Florida are now offered Continuing Education Units (CEUs) for clinical instruction. In addition, continuing education courses will be made available to clinical instructors and CCCE’s affiliated with UCF at reduced costs.

Clinical education faculty of the program also have the following rights:

- The right to access and review the curriculum of the Program in Physical Therapy upon request at any time.

- The right to communicate their thoughts and ideas regarding the strengths and weaknesses of any component of the Program in Physical Therapy to the Director or faculty of the School.
The right to contribute to the formal formative and summative evaluation of the clinical education program and the curriculum of the Program in Physical Therapy.

The right to consultation and professional development to improve clinical teaching.

The right to consultation and professional development to enhance patient/client management, administration, critical inquiry, and consultation skills of the center’s physical therapy service.

Clinical education faculty of the program may also have the following privileges:

- The privilege to use the UCF library lending program.
- The privilege of receiving tuition reduction for Program in Physical Therapy continuing education courses.

Assignment of Clinical Instructors
The assignment of clinical instructors by the CCCE is to be based on specific criteria for clinical competence determined by the clinical center. These criteria may include in-services and continuing education courses attended, advanced degrees, clinical experience (no less than one with two years preferred), teaching experience (in-services, clinical education, continuing education, formal classroom), and research experience. The UCF Program in Physical Therapy requires that all clinical instructors have at least 1 year of clinical experience.

Clinical Faculty Development
As part of the on-going annual evaluation of the curriculum, the needs of clinical instructors and CCCE’s will be identified and reviewed by the entire faculty. Needs related to performance as a clinical educator will be identified from a variety of sources such as students’ evaluation of their learning experiences, information provided by the DCE through assessment of CI performance and site visit communications, consultation with the program Advisory Board, and information gathered by the faculty formally and informally.

When the needs of clinical education faculty are identified, the Program in Physical Therapy faculty will develop a plan to meet those needs as part of its annual review of meeting program goals and objectives. The plan may include, but is not limited to, providing formal instruction to the clinical faculty as a group to address general problem areas that have been identified, informal assistance of the academic faculty to improve the clinical teaching skills of a particular CI, or hosting clinical instructor certification courses.

Supervision of Students
Because many students in this program have prior work experience in health care, it is especially important that the students’ objectives and goals be met when patient assignments are made in clinical education. Students must be “on-site supervised” as
defined in the rules - Chapter 64B17, F.A.C. Physical Therapy Practice (February, 1998):

(9)(g) Physical therapists, when participating in student and/or trainee programs shall assure that the programs are approved by the American Physical Therapy Association, or pending approval by the appropriate accrediting center and provide on-site supervision (see (1)(e) when students are performing patient care activities.

(1)(e) Direct Supervision --- Supervision of subordinate personnel performing actions subject to licensure pursuant to Chapter 486, Florida Statues, while the licensed supervisor is immediately physically available. On-site supervision means direct supervision.

Should students be assigned to clinical centers in other states, they have the responsibility to learn state statutes that may affect their clinical education before beginning their internship. In any case, no less supervision than described above will be acceptable to UCF Program in Physical Therapy.

Students are not to be assigned duties to “fill in” for absent employees or vacant positions. Students are not to accept assignments that are not related to their learning objectives and goals. Clinical instructors are not to relax the on-site supervision because the students have previously functioned without that level of supervision in previous positions (for example, the student may be a licensed physical therapist assistant).

One of the performance expectations in the CPI is that students are to demonstrate the ability to “delegate physical therapy related services to appropriate human resources.” Learning experiences designed to meet this expectation require the same level of supervision as any other. The CI remains responsible for the performance of the student and any duties the student delegates to other personnel.

Students must NOT treat patients if a supervising, licensed physical therapist is not on the premises. The student must use his or her judgment in the situation to determine what action is to be taken (leave the department, report to administration, go home). These occurrences must be reported immediately to the DCE. The student is not responsible for make-up of time lost because of the absence of a supervising physical therapist.

**Counseling Students**
Clinical instructors are to communicate with the academic faculty should serious student performance or behavior problems arise. The clinical instructor must use professional judgment in distinguishing between advising (recommending, suggesting) in order to improve weaknesses in student performance, and referring for professional counseling when a student has serious problems that are disrupting his or her ability to function.

UCF has a counseling staff on call for student emergencies (407-823-2811) and provides professional services for impaired students. Clinical faculty are encouraged to take immediate action by contacting the university faculty to arrange for intervention if the need
arises.

**Clinical Site Right of Refusal**
Clinical education sites have the right to refuse placement of a student at any time, even when the site has previously confirmed ability to accept the student. Clinical sites also have the right to remove any student from the affiliation for any reason. Clinical sites have the right to deny students to access to information that is the intellectual property of the facility & further deny student use of the property in the future.

**Tuition Waivers for Clinical Instructors**
Clinical instructors engaged in the direct supervision of an intern for 300 contact hours at the practicum level are eligible to receive one non-transferable Certificate of Participation (tuition waiver). The 300 contact hours may be incurred over a number of semesters provided there is at least 100 hours of direct supervision per semester. The certificate entitles the holder to exempt the matriculation fee for up to six (6) semester hours of course work at any state university. The holder must pay for the additional fees.

The Director of Clinical Education will also certify, by signature, that the Clinical Instructor has complied with all of the requirements of the Program in Physical Therapy related to student supervision. The University shall issue a Certificate of Participation to each Instructor who has requested this certificate. The Certificate of Participation shall expire three (3) years from the date of issuance and is not renewable and is non-transferable. Please review appendix J for more information.

**Communication**

In case of emergency, during daytime work hours, faculty members may be contacted at the Program in Physical Therapy: Office # (407) 823-3470. Office fax is (407) 823-3464.

The DCE will provide other means of communication for the student and CI to be used in case of emergency after hours.

**Communication between Clinical Faculty/Clinical Instructors & Academic Faculty**
The Center Coordinator of Clinical Education (CCCE) and clinical instructors are encouraged to initiate communication at any time to discuss potential problems, report on student progress, or seek consultation to enhance learning experiences. Communication between clinical faculty and the DCE is on-going, open, two-way communication.

Clinical education faculty are encouraged to contact the DCE with any questions regarding student performance, physical therapy clinical education issues, UCF physical therapy didactic and clinical preparation of its students at any time, regardless of whether the site is hosting a current UCF physical therapy student or not.

The DCE should be the first choice for answering questions whenever possible because he or she will be most familiar with the particular circumstances of each of the assigned centers. However, all faculty members are prepared to answer general clinical education questions and trouble shoot.
Facilitation of a site visit may originate with either the DCE or with the clinical faculty. The DCE reserves the right to attempt to visit a student on clinical at any time the student is actively treating patients. However, the clinical site determines access to the facility and patient treatment areas. Open site visits will be facilitated through open dialogue and set with mutually beneficial, agreed upon times.

It is the responsibility of the CCCE (or his or her designee) to assure that the DCE is notified of any changes in the agreed upon plan. Because absences have serious implications in the curriculum as a whole, and because every clinical center becomes an extension of the university, it is important that the DCE be notified when any of the following events occur:

- Change in location or assignment to units within an organization
  DCE must know where the students are in case of emergency or if an occurrence report is required.

- If student has any unexcused absence(s)
  The DCE and CCCE will then plan for completion of missed hours. This will be determined on an individual basis with consideration of each student’s learning needs.

- Excessive requests for leave or change in working hours
  Granting requests will be determined on an individual basis to determine if absences would be detrimental to accomplishment of learning objectives.

- Change or extended absence of CI
  The school may need to assist in any plans necessary to assure supervision of the student.

- Change in corporate structure
  Determination of the status of the affiliation contract.

**Communication between Students and Academic Faculty**
Students and their DCE will have ongoing, open, two-way communication. All students have university email accounts and this is the preferred method of communication. Students must take the initiative to contact the faculty immediately when circumstances arise that place their learning experiences in jeopardy.

**Communication between Students and Clinical Faculty**
Students must call their CI or CCCE if they are going to be tardy or absent. Students are responsible for knowing the center’s policy on returning to the center after an illness. A medical clearance might be required.

Students and CI’s should establish a schedule for review of progress towards goals and discussion of other issues. Some alternatives are scheduled meetings held for a few minutes daily, or meeting once a week for an hour, or email for feedback and questions at any time.

**Communication during Midterm and Final Meetings**
Formal conferences about the performance of students at mid-term and the final point of Clinical Education I and Advanced Clinical Applications using the APTA Clinical Performance Instrument (CPI) will take place with all parties. The student will discuss his or her performance with the clinical instructor using the CPI throughout the clinical
affiliation. Discussions may also take place between the DCE and the CCCE at a day and
time determined at the beginning of the clinical rotation. These discussions will take place
in person, by phone conversation, or email. The purpose of the conferences is clarification
of goals and determination of student progress towards those goals.

Although the student may be supervised by more than one clinical instructor, the CPI, is
completed only at midterm and at the final by the CI identified as responsible for the
student’s clinical education. This CI gathers information from other CI’s in preparing the
midterm and final evaluations of performance.

These evaluation reports are linked to Satisfactory/Unsatisfactory grades for the courses in
which clinical education lies. Therefore, timely and accurate completion of the reports
related to these conferences is critical.

**Documentation of Communication**

The DCE or other academic faculty documents all communication with students, clinical
instructors and the CCCE. This information is confidential, and is kept in a secured
departmental file. This document should include names of persons involved in the
conversation, content of the conversation, and may include action plan and follow-up.
Academic faculty must also document their visits to the centers and include the same
information in their notes. (See appendix D for copy of the Clinical Site Visit form).

**Patient Rights & Confidentiality**

Patients at clinical sites have the right to refuse physical therapy evaluation and/or
treatment by UCF DPT students. Students must notify his/her clinical instructor in the
instance a patient is refusing care by the student.

The students of UCF will follow the guidelines of the clinical site for patient
confidentiality, and in such cases, a confidentiality agreement may be signed by the
student. The Program in Physical Therapy requests that patient confidentiality be
maintained at all times. All students are required to sign a HIPPA form prior to entering
clinical education. Any case reports or representations of patients/clients in the classroom
will be required to have NO identifying information unless, in such cases, informed consent
is granted by the patient/client. Students must seek out and follow clinic-specific
procedures for use of any photography, video, or other recording of a patient. In addition,
the student must fill out the UCF Video/Photo release consent form and file with UCF
DCE.
Evaluation of Student Performance

Students are prepared for and committed to self-assessment of performance during classroom work. This commitment continues in the clinical education courses. The overall outcomes of the curriculum are reflected in the performance expectations found in the Clinical Performance Instrument (CPI). The CPI has been adopted as the tool for student evaluation in the clinical education courses because of its relationship to the CAPTE criteria for performance of graduates and the Guide to Physical Therapist Practice. Also, the student, with the clinical instructor(s), are to use these forms to identify and discuss learning needs for setting goals during clinical education.

Students are expected to discuss the strengths and weaknesses they have identified by self-assessment, and the evaluation of former clinical instructors, with each new clinical instructor they are assigned. The presentation of goals already met and goals to be met to the new CI will result in achievement of learning goals without repetition or interruption.

The DCE is responsible for training students, clinical faculty, and academic faculty in the completion of the CPI and for final assignment of S/U grades for the courses in which clinical education lies. Course grades are outlined in each course syllabi, and assigned in consultation with assigned clinical instructors and other faculty and review of the completed Clinical Performance Instrument. The students are responsible for submitting their completed CPI’s to the DCE at UCF by the agreed upon deadlines.

Clinical instructors, academic faculty, and students MUST provide feedback to each other on an ongoing basis during clinical education. Feedback is a less formal, ongoing communication that relates to how things are progressing in order to meet overall goals. Informal meetings between the CI and student should be held weekly to review the past week’s performance and prepare for the next week’s learning activities. Students are, at the same time, to conduct on-going self-assessments in order to share with the clinical instructor newly identified learning needs as clinical education progresses, and the clinical instructor’s performance. Students and academic faculty are communicating regularly as well.

Evaluation, on the other hand, is professional judgment about the student’s ability to meet the established standards presented on the forms provided. Evaluation of performance, whether self-assessment or evaluation by someone else, is challenging. It is a matter of professional judgment and no matter how objective we would like to be, subjective opinion cannot be avoided. Each instructor establishes criteria for performance that are influenced by personal expectations and values. The initial discussion between student and clinical instructor about strengths, weaknesses, and goals is, therefore, critical. If expectations of both the student and clinical instructor are clarified initially, there will be fewer misunderstandings about evaluation of performance. Unless proven otherwise, it is a given fact that all clinical instructors are fair and reasonable in their expectations and evaluation of students. It is also a given fact that all students set high expectations for their own performance and are eager to take on the challenges presented to them. Some recommendations for grading self and the performance of others are:
1. Avoid personal biases and interests that have nothing to do with the student’s learning goals and performance. In reporting student performance, stress behaviors that the student can improve, rather than personal opinions about the student.

2. Focus on the goals. Were goals set high enough to challenge the student? Were goals set and modified appropriately throughout the learning experiences?

3. Compare initial and final performance. Has the student made major gains in performance?

4. Tell the student what it takes to be successful. What a student is expected to do to be successful should not be a secret.

5. Be confident in your judgment. Students know what they do well and what they do not.

**Course Grades for Clinical Education**

All courses in clinical education are graded Satisfactory/Unsatisfactory (S/U). Should a student receive a U grade, the student will be placed on a formalized plan established by the faculty to remediate the clinical assignment. This plan will identify goals for the student, a timetable for completion, and activities required to achieve the goals. The plan may be implemented concurrently with other courses in the next term(s), or may have to be completed before the student can progress to the next term. The course in which the first “U” grade is earned must be repeated. The second “U” grade in the repeat experience or in any later clinical Physical Therapy course will be grounds for dismissal. The remediation plan must be completed with an S grade. Students may not remediate a remediation course. The need for remediation in any course may result in a delay in meeting graduation requirements.

An unsatisfactory grade is determined by the DCE with consideration of the following:

- The student abandoning or failing to complete the clinical assignment without proper notification.
- The clinical site requests that the student be removed secondary to a safety, professional, ethical, or legal matter.
- The student failing to meet levels of performance on the Clinical Performance Instrument as outlined in each clinical education course syllabi.

If a student believes a grade is not reflective of performance, they may appeal or initiate a grievance for the clinical education course as they would for any course. These procedures are described in the Program in Physical Therapy Student Handbook.

**Student Evaluation of Clinical Experience**

Students will be evaluating their overall learning experience at the end of each clinical using the Student Evaluation Form, which is provided by the DCE. The evaluation will address the center’s potential for providing learning experiences for each of the outcome expectations found on the Clinical Performance Instrument. Students submit their completed forms to the DCE within 48 hours of the deadline for completion. Clinical centers may ask students to complete additional assessments provided by the centers.

Students also complete electronic surveys assessing their clinical internship as developed
by the DPT Program. This survey assesses the clinical instructor, clinical facility (physical characteristics), administration support, and legal/ethical considerations. This survey is not shared with clinical faculty.

**Evaluation of the Clinical Education Component of the DPT Curriculum**

The evaluation of clinical education is a part of the curriculum evaluation plan. CCCE’s, CI’s, students and core faculty will have the opportunity for input into this process through focus groups, continuing education workshops, clinical instructor certification, etc. Each year, the DCE will complete an evaluation of the clinical education program at UCF using information from clinical instructors, the CCCE, students, faculty, focus groups, the CPI, the student assessment, and the CI workshops. This evaluation will include outcomes of the clinical experiences and recommendations for future change in the clinical education program. Affiliated sites may review the report upon written request to the DCE.

**Occurrence Reports**

Should the student be involved in any accident with potential injury to self or others during clinical practice, he (she) must comply with the center’s policies and procedures for reporting the incident using the appropriate documents. In addition, in connection with the professional liability protection provided to students by the UCF, incidents must be reported by students to the Director of Clinical Education, and the student must consult the UCF Student Health Center.

**NOTE:** Students are not eligible for worker’s compensation benefits.

The final CPI report must include an addendum, completed by the student, to describe these occurrences. Department managers or CCCE’s may choose to complete an addendum on their organization’s letterhead instead of, or in addition to, the student’s report. The purpose of this reporting is to have a record of the incident should any future legal action be taken. Students are advised to complete the addendum at the time they complete the occurrence report so that the information is fresh in their minds. The format for the addendum is:

**ADDENDUM TO EVALUATION OF**

**Student name**

Date and time of occurrence.

Names of people involved.

Brief description of the occurrence.

Signature of person reporting
Signature of person reporting

39
Summary of Responsibilities

All parties are expected to make reasonable efforts to comply with their obligations to provide learning experiences for students

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>DCE</th>
<th>Academic Faculty</th>
<th>CCCE</th>
<th>CI</th>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrange for affiliation agreement</td>
<td>*</td>
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<tr>
<td>Arrange for orientation of clinical faculty</td>
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<tr>
<td>Arrange for orientation of students</td>
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<tr>
<td>Establish plan for communication</td>
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<tr>
<td>Evaluate student status and plan learning experiences</td>
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<tr>
<td>Complete midterm and final self-assessment</td>
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<tr>
<td>Discuss midterm and final self-assessment</td>
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<tr>
<td>Evaluate the clinical experience and report</td>
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<tr>
<td>Maintain confidentiality of student information</td>
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<tr>
<td>Comply with state practice act and APTA Code of Ethics</td>
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<tr>
<td>Advise students</td>
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<td>Submit CPI and clinical evaluation timely</td>
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<td>Follow student policies and maintain portfolio</td>
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</tbody>
</table>
APPENDIX A

Notification of Rights under the Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. These rights include:

(1) The right to inspect and review the student’s education records within 45 days (State of Florida law = 30 days) of the day the University receives a request for access. Students should submit to the registrar, dean, head of the academic department, or other appropriate official, written requests that identify the record(s) they wish to inspect. The University official will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the University official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed.

(2) The right to request the amendment of the student’s education records that the student believes is inaccurate. Students may ask the University to amend a record that they believe is inaccurate. They should write the University official responsible for the record, clearly identify the part of the record they want changed, and specify why it is inaccurate. If the University decides not to amend the record as requested by the student, the University will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

(3) The right to consent to disclosures of personally identifiable information contained in the student’s education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted (such as an attorney, auditor, or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

(4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by a university to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605


APPENDIX B

Sample Affiliation Agreement
AFFILIATION AGREEMENT BETWEEN
UNIVERSITY OF CENTRAL FLORIDA
AND

_____________________________

THIS AFFILIATION AGREEMENT, entered into and effective______________, is
between the UNIVERSITY OF CENTRAL FLORIDA, on behalf of its Board of
Trustees,
hereinafter “University,” and

_____________________________

hereinafter “Facility.”

WHEREAS, Facility is located at _________________________, and provides clinical
services;

WHEREAS, University provides an approved program of study in the field of Physical
Therapy hereinafter “Program,” and desires its students in Program to obtain educational
experiences by utilizing appropriate facilities and personnel of third parties;
WHEREAS, Facility has the appropriate facilities and personnel for Program’s students
and has agreed to make such facilities and personnel available to University; and
WHEREAS, Facility and University desire to cooperate to establish and implement such
a Program involving the students and personnel of University and the facilities and
personnel of Facility.

NOW AND THEREFORE, in consideration of mutual promises herein, University and
Facility agree that any Program established and implemented by Facility and University
during the term of this Agreement shall be subject to the following terms and conditions:

1. RESPONSIBILITY OF FACILITY. Except for acts to be performed by
University pursuant to the provisions of this Agreement, Facility shall furnish the
premises, personnel, services and all other items necessary for the educational
experience, and, in connection with such Program, Facility also shall:

a). Comply with all applicable federal, state and local laws, ordinances, rules, and
regulations.
b). Endeavor to comply with all applicable requirements of any accreditation
authority over Facility and University and certify such compliance upon request by
University.
c). Permit the authority responsible for accreditation of University’s curriculum to
inspect the facilities, services and all other items provided by Facility for purposes of the
educational experience upon reasonable notice.
d). Designate a person to serve for Facility as liaison, hereinafter “Facility Liaison,”
and provide University, in writing, the name and professional and academic credentials of
the person proposed as Facility Liaison prior to the start of the educational experience(s).
e). Provide the University’s students with an appropriate orientation of Facility’s
policies and procedures.
f). Provide the University’s students with learning opportunities under appropriate supervision.

g). Retain ultimate responsibility for patient care.

h). Provide, at University student’s expense, emergency care for injuries or acute illness while on duty at Facility.

i). The Facility does not guarantee it will place or maintain placement of any Program student at Facility.

j). Notify University, in writing, of any student whose work or conduct with clients, patients or personnel is not, in the opinion of Facility in accordance with acceptable procedures or standards of performance or otherwise could disrupt patient care or Facility’s operation. Facility may immediately remove from the premises any student who poses an immediate threat or danger to personnel or to the quality of medical services or for unprofessional behavior. In such event, said Program Participant’s participation in the Program at Facility shall immediately cease, subject to being resumed only with the mutual agreement of Facility and University.

2. RESPONSIBILITIES OF UNIVERSITY. The University shall:

a). Provide Facility, in writing, the names of the students assigned by University to participate in the Program prior to the beginning of the Program’s educational experience(s).

b). Assign only those students who have satisfactorily completed those portions of University curricula that are a prerequisite to Program participation.

c). Designate a member of University faculty, hereinafter “University Representative,” to coordinate the educational experience of students participating in the Program with the Facility Liaison, and provide Facility, in writing, the name of the University Representative.

d). Upon receipt of Facility’s written notice of a student or other Program Participant whose work or conduct with clients, patients or personnel is not in accordance with acceptable procedures or standards of performance or otherwise could disrupt patient care or Facility’s operation, evaluate such student’s conduct and take appropriate action. It is understood that, if Facility takes action under the provisions of Section 1.j., above, that Program Participant’s participation in the Program at Facility shall immediately cease, subject to being resumed only with the mutual agreement of University and Facility.

e). The University does not guarantee it will place or maintain the placement of any Program student at Facility.

f.). Require faculty and other University-employed Program Participants to execute and abide by the Confidentiality Statement attached hereto as Exhibit A.

3. RESPONSIBILITY OF STUDENTS. The University shall inform its students in the Program that they are required to:

a). Comply with the policies and procedures of Facility, including the Facility’s policies on confidentiality and disclosure of information;

b). Comply with Florida and federal laws and regulations;

c). Provide the necessary and appropriate uniform while on duty at Facility;
d). Obtain prior written approval of both parties to this Agreement before publishing any material related to the learning experience provided under the terms of this Agreement.

e). Maintain the confidentiality of all records or information exchanged in the course of the Program.

f). Acknowledge and agree that neither the University nor the Facility guarantees to place or maintain placement of any Program student under this Agreement.

g). Obtain and document, at the student’s sole expense, such trustworthy and verifiable criminal background and/or health or other information as Facility requests or requires as a prerequisite to Facility’s considering student for placement at Facility. Upon University’s request, student shall also submit the above-referenced criminal and/or health or other information to the University.

h). Execute and abide by the Confidentiality Statement attached hereto as Exhibit A.

4. NOTICES. All notices under this Agreement shall be in writing and delivered by personal delivery or United States, certified, return receipt requested, mail. Such notices shall be delivered to the following:

FACILITY LIAISON: ________________________________

______________________________ ________________________________

______________________________ ________________________________

______________________________ ________________________________

UNIVERSITY REPRESENTATIVE: ________________________________

______________________________ ________________________________

______________________________ ________________________________

______________________________ ________________________________

5. INDEPENDENT CONTRACTOR. The relationship of the parties hereunder shall be an independent contractor relationship, and not an agency, employment, joint venture or partnership relationship. Neither party shall have the power to bind the other party or contract in the name of the other party. All persons employed by a party in connection with this Agreement shall be considered employees of that party and shall in no way, either directly or indirectly, be considered employees or agents of the other party. Students shall participate in the Program hereunder for the sole consideration of obtaining an educational experience. No Program participant shall be considered an employee or volunteer of Hospital by virtue of that Program participation.

6. INSURANCE. University shall procure and maintain, during the term of this Agreement and any renewal thereof, professional liability coverage for student participants while they are engaged in activities pursuant to this Agreement. Such coverage shall be on an occurrence basis (no annual aggregate) in amounts of $100,000 for a claim or a judgment arising from an Occurrence but not to exceed $200,000 for all claims or judgments arising from an Occurrence, or at those limits of professional liability protection required by a hospital or institution for all student practitioners not to exceed per an Occurrence limit of $1,000,000. University shall submit certificates of protection to Facility evidencing such coverage at the time of the execution of this Agreement.
Agreement, and at any renewals thereafter. In the event University’s students in the Program will not have patient contact, University shall not be required to procure and maintain any such policy or policies of liability coverage as described above.

7. ASSIGNMENTS. This Agreement may not be assigned to a third party without the prior written consent of the nonassigning party.

8. PERFORMANCE. A delay in or failure of performance of either party that is caused by occurrences beyond the control of either party shall not constitute a default hereunder, or give rise to any claim for damages.

9. TERM OF AGREEMENT. This Agreement shall remain in effect indefinitely, unless either party desires to cancel such Agreement at any time, either with or without cause. If either party desires to cancel this Agreement, that party shall give sixty (60) days written notice of its intention to terminate this Agreement to the non-terminating party. If such notice is given, this Agreement shall terminate at the end of the sixty (60) days’ notice; EXCEPT THAT the Program shall continue as necessary on a limited basis for the purpose of permitting students actually participating in the Program at the time of notice of termination to finish the Program at Facility.

10. APPLICABLE LAW. The validity, interpretation and enforcement of this Agreement shall be governed by the laws of the State of Florida.

11. NONDISCRIMINATION. During this Agreement, neither party shall discriminate against any person on the basis of race, color, religion, gender, national or ethnic origin, disability or veteran or marital status.

12. ENTIRETY OF AGREEMENT. This Agreement contains the entire Agreement between the parties and supersedes all prior agreements and understandings, oral or written, with respect to the subject matter contained herein.

13. AMENDMENTS. All amendments to this Agreement shall be reduced to writing, executed by authorized representatives of Facility and University.

FACILITY NAME

Signature: ____________________________
Printed Name: _________________________
Title: _______________________________
Date: _______________________________

UNIVERSITY OF CENTRAL FLORIDA
On behalf of its Board of Trustees

Signature: ____________________________
Printed Name: _________________________
Title: _______________________________

LEGAL CONTENT APPROVED

University General Counsel's Office
EXHIBIT A

CONFIDENTIALITY STATEMENT

The undersigned hereby acknowledges his/her responsibility under applicable Federal and state law and/or regulations, including but not limited to regulations under the Health Insurance Portability and Accountability Act (“HIPAA”), to keep confidential any information regarding Facility patients, as well as all confidential information of Facility. The undersigned agrees, under penalty of law, not to reveal to any person or persons any specific information regarding any patient, except to authorized clinical staff and associated personnel of the Facility and, as necessary, to other Program Participants at that Facility who are supervising or assisting the undersigned in the provision of services at Facility. The undersigned further agrees not to reveal to any third party any confidential information of Facility, except as required by law or as authorized by Facility.

Dated this ____ day of _____________________, 20___.

______________________________
Program Participant

Print Name: _______________________

______________________________
Witness

DO NOT SIGN. THIS PAGE IS FOR STUDENTS TO SIGN PRIOR TO THE AFFILIATION.
APPENDIX C

FLORIDA CONSORTIUM OF CLINICAL EDUCATORS

STUDENT DATA FORM
(CONFIDENTIAL)

SCHOOL: UNIVERSITY OF CENTRAL FLORIDA, Orlando, FL 32816-2205
TEL: (407) 823-3470 FAX: (407) 823-3464

STUDENT NAME:
____________________________________________________________________

CURRENT ADDRESS:
____________________________________________________________________
____________________________________________________________________

GOOD UNTIL (date):_________________________

PERMANENT ADDRESS:
____________________________________________________________________

CURRENT PHONE: (___)____________________
PERMANENT PHONE:  (___)____________________

IN CASE OF EMERGENCY CONTACT:
(1)________________________
   Relationship________________________
   Home Phone: (___)____________________
   Work Phone: (___)____________________
(2)________________________
   Relationship________________________
   Home Phone: (___)____________________
   Work Phone: (___)____________________

The student will provide the following information:

   ____ Verification of individual professional liability coverage
   (if required by facility)
   ____ Verification of blood-borne pathogens/ HIV education*
   ____ CPR Certification
   ____ Recording of Hepatitis B Immunizations or declination
   ____ Other Immunization Records
   (specify):________________________________________
   ____ Verification of health insurance coverage*
   ____ Student Evaluation Form for the Clinical Experience*

Please note that these verifications and records are housed at UCF PT and are available through contacting the ACCE.
Health concerns that the clinical faculty should be aware of:
____________________________________________________________________

STUDENT CLINICAL AFFILIATION INFORMATION:

Student will have the use of a car for this affiliation: YES NO

Student will require assistance in finding housing for this affiliation: YES NO

Previous clinical affiliations (places, types of patients seen, other related experiences):
________________________________________________________________________
________________________________________________________________________

Previous PT-related work experience:
________________________________________________________________________
________________________________________________________________________

Areas of Clinical Interest:
________________________________________________________________________
________________________________________________________________________

Student goals for this affiliation:
PT Knowledge/Skills:
________________________________________________________________________
________________________________________________________________________

Experience with particular patient populations:
________________________________________________________________________
________________________________________________________________________

Types of experiences other than direct patient care:
________________________________________________________________________
________________________________________________________________________

Preferred methods of learning/type of supervision:
________________________________________________________________________

Preferred type and frequency of feedback:
________________________________________________________________________
________________________________________________________________________

Student’s Signature Date
APPENDIX D

University of Central Florida
Doctor of Physical Therapy Program
Clinical Education Site Correspondence Form

CURRENT STUDENT NAME:

_____ OFFICE VISIT
_____ TELEPHONE

NAME OF FACILITY:
CLINICAL INSTRUCTOR NAME:
CENTER COORDINATOR OF CLINICAL EDUCATION NAME:

TYPES OF PATIENTS TREATED (demographics, settings, common diagnoses):
• INPATIENT:

• OUTPATIENT:

SPECIAL LEARNING OPPORTUNITIES:

CURRENT STUDENT PERFORMANCE – STRENGTHS:
CURRENT STUDENT PERFORMANCE – WEAKNESSES:

UCF PHYSICAL THERAPY – STRENGTHS:
UCF PHYSICAL THERAPY – WEAKNESSES:

RECOMMENDATIONS FOR CLINICAL EDUCATION & ACADEMIC PREPAREDNESS:

CLINICAL INSTRUCTOR PROFESSIONAL DEVELOPMENT:
APPENDIX E
ALERT REGARDING PART B MEDICARE PATIENTS AND STUDENTS ON CLINICAL AFFILIATIONS

For additional information, see the APTA website www.apta.org/Education/clinical. For the complete current information about the regulation itself, see https://www.apta.org/Advocacy/medicare_medicaid_other.

The following is a summary of our understanding of the typical scenario involving students for which physical therapists seek payment:

Medicare Part B services are provided by qualified practitioners who are acting within the scope of their state licensure requirements.

Services are provided by an individual who is licensed (or otherwise regulated) in the state as a physical therapist (PT).

The qualified practitioner (PT) is recognized by the Medicare Part B beneficiary as the responsible professional within any session when services are delivered.

The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.

The qualified practitioner is present in the room guiding the student in service delivery when the physical therapy student is participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.

The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician’s services, not for the student’s services).

Please feel free to include non-hands-on practice in your student program to include observation of clinicians, peer review, quality assurance, understanding administrative management, billing procedures, education, and documentation.

Learning can still take place by having the students assist the treating therapist, seeking evidence to justify care delivered, comparing observational learning experiences of similar patient diagnoses, and developing a systematic approach to patient examination. The students can also assist in developing the plan of care, seek out other healthcare professionals for information regarding the patient's condition and assist the process of discharge planning.

One innovative strategy used locally was having the student "supervise" two clinicians. In this way, the student was involved in scheduling, evaluation, treatment planning, discharge follow-up, interfacing with DME companies, prosthetic-orthotic companies, consultation, etc, and could observe the entire treatment sequence that the student had "designed." This also provided the student with an opportunity to have adequate hands-on time with the patients while the clinicians monitored the progress as a student.