

Clinical Experiences Policies and Procedures 2015-2016

Key points: Students do not have staff privileges. You are a guest and it is a privilege to be in the clinical facility. Expect Homework. Request Orientation/Emergency procedures on the first day. Don't ever chew gum. Turn OFF your cell phone, or verify with your CI how it can be used for ACADEMIC reasons during the clinical experience!

"Be Smart, Not a Smartie-pants." MWB

CCCE Responsibilities

The CCCE selects physical therapy clinicians to be CIs who have a minimum of one year clinical experience with at least 6 months in the given practice setting. The CCCE is available to all parties to facilitate the clinical education experience.

CI Responsibilities

The responsibilities of the clinical instructor are to provide supervised and guided patient care opportunities to students commensurate with the student's level of academic preparation and clinical skill, and to evaluate the performance of the student's knowledge, skill, and behaviors.

Student Responsibilities

The student actively participates in the learning process and is responsible for developing learning objectives with the CI, and working together to achieve the course and clinical objectives. The student is responsible for realistic self assessment and altering behaviors as needed to improve performance.

Appropriate Behavior Policy

Seven Core Values have been identified that define professionalism. The Core Values are: Accountability, Altruism, Compassion/Caring, Excellence, Integrity, Professional Duty, Social responsibility. (APTA, 2002) These Core Values are coupled with the Professional Behaviors (May et al, 1995, revised 2010) to describe and define the behaviors expected of students in the Division of Physical Therapy at Shenandoah University.

Procedure

All Core Values are demonstrated frequently. First year students are expected to demonstrate behaviors at the Beginning and Developing Level. Second year students are expected to demonstrate behaviors at the Developing and Entry Level. Third year students are expected to demonstrate behaviors at Entry-Level or beyond Entry Level. Should a student's behavior not reflect the expected levels the CI will contact the DCE. A Professional Behaviors Plan of Action will be written by the student with assistance from the CI and DCE.

Dismissal from the Clinic: If a student is asked to leave for any reason, the student will do so immediately and without comment. The DCE, clinical instructor and student will then discuss and determine any further actions.

Return to the Clinic: The student may be allowed to resume a clinical experience following consultation with the facility, DCE, appropriate PT faculty and University administrators if necessary.

Attendance Policy

The student is never allowed to change the dates of the clinical experience. Any changes must be cleared in advance with, and made by, the DCE.

Full times: All full-time internships follow the schedule of the assigned CI. Usually this is Mon-Fri. Alternate

schedules need to be cleared with the DCE. One missed day may be excused at the discretion of the CI. Multiple missed days must be cleared with the DCE and will be made up before the end of the clinical experience. If the facility closes for any length of time (scheduled or unexpected), the days need to be made up. “Additional Learning Activities” (any activity that takes the student out of direct patient care for 4 or more hours in a day) are reserved for full-time internships and do not need to be made up.

Part times: 10 days. Any missed day must be made up. Any “Additional Learning Activities” (ie: viewing a surgery, spending a day with OT, etc...) do NOT count toward a clinical day. **ONE day of the part-time clinical experience is allowed over spring break. TWO days of the part-time clinical experience are only allowed in the event that a day is needed to make up for a previously missed day.**

Extra-curricular events: Certain events, with prior approval, can be included in clinic time. Clinical outreach trips that are for physical therapy are counted in clinical time. Other trips (like GCP) are not clinically focused and the time must be made up. Any trip that will impact the clinic schedule must be cleared with the DCE PRIOR to making any decisions/plans.

Procedure

Attendance is mandatory during the assigned times of the Clinical Practica and Clinical Internships. The student is expected to have a reliable vehicle for transportation to and from all clinical experiences. The opportunity to make-up missed days allows the student to achieve the objectives, including consistent demonstration of effectiveness, efficiency, complexity, and quality in patient care with the appropriate level of guidance.

Legitimate excuses for absence are personal illness, serious illness/injury or death in the immediate family. Physician and dental appointments, other than emergency, are not acceptable reasons for absence. Professional activities, if preapproved by the DCE and CI, may be an excused absence. Excused absences will be made up, if necessary, with additional clinical days or assignments at the discretion of the CI, in consultation with the DCE. An unexcused absence from the clinical experience may result in a failing grade.

In an emergency situation the student will make every effort to contact the clinical instructor ASAP or within 5 minutes of the clinic’s scheduled opening hour or sooner, to be excused from the clinical experience. Students and CIs must notify the DCE for absences over one day.

While there are guidelines for make-up days for full-time clinicals, the answer is, "It depends". It is up to your CI depending on how you are doing in the clinic, and needs the approval of the DCE. The time is not covered by working "long days." All PTs have long days.

It is never acceptable to call out of the clinic for exam preparation or a “busy” school week. When a conflict arises between the academic, personal, or clinical schedule of any student, the DCE must be informed as soon as possible to determine if it is possible to adjust dates of the clinical experience. The student is responsible for making up missed coursework and clinical days.

Good example: I wanted to send you a quick email as a heads up for missing a future day in clinic. My grandfather just passed away yesterday, and his viewing and funeral will be this upcoming Thursday and Friday. Since I work Monday-Thursday (4- 10 hour days), I would only be missing Thursday. Unfortunately that is also the day of my midterm evaluation with my CI. Is it okay if I make up this date (possibly on a different Friday with a different therapist), and do my midterm at a different date? I will talk to my CI about this today, but I just wanted to clear it with you as well. Thanks, and let me know,

Blood Borne Pathogens Exposure Policy

Should you be exposed to Blood Borne Pathogen, you need to follow the procedures of your clinical setting and contact the DCE as soon as it is reasonable to do so.

Procedure

Contact the DCE and complete paperwork for the SU Wellness Center.

CPR Policy

All students in the Division of Physical Therapy must maintain current certification in CPR through the American Heart Association, Health Care Provider course.

Procedure

Students must show evidence of current certification in BLS for Healthcare Providers (with AED training) on a yearly basis, offered by the American Heart Association. The course can be taken on-line and tested in person, or taken and tested in person. It is the responsibility of the student to pay the required fees for either course, and to provide the current certification card to the Clinical Education Secretary when required. Students will not be able to begin the clinical experience if the expiration date on the card falls within the time of the clinical experience.

Clinical Experience Hours Policy

Students are expected to work the hours of their clinical instructor unless other arrangements are made. Students will arrive and leave Clinical Practicum and Internships sites at the times determined by their clinical instructors.

Procedure

Part-time Clinical Practicum: It is expected that the student will be in the clinical facility for approximately eight hours, plus whatever is professionally appropriate, plus commute time. Short days (under 6 hours of patient care) will need to be made up with additional clinic days.

Full-time Clinical Internships: **The expectation is for mentoring hours that are a minimum of 40 hours/week** for each Clinical Internship. Students are expected to be in the clinic on holidays. There are no days off, unless previously arranged with the CI and DCE, with a plan to make-up missed days. For other schedules, such as 7 on – 7 off, the exact dates and times need to be confirmed with the DCE.

Bad example: I discussed our schedule with my CI's and agreed it was ok to not come in spring break. I'm getting a LOT of hours (60 hours per week)...

Dual Major students – See Dual Syllabus.

Clinical Experience Failure Policy

Students must complete clinical education requirements to the satisfaction of the clinical and academic faculty in order to matriculate to the next semester or graduate. Any student who fails a clinical experience will have his/her case reviewed by the DCE and the Program Director who will decide whether to allow the student to repeat the clinical experience, to suspend the student, or to dismiss the student from the program. In the case where a student is allowed to proceed, a student may need to delay matriculation through the remainder of the program until an appropriate site (in most instances a similar setting to the clinical placement that was failed) is available for the repeat experience. Details regarding the promotion policy and matriculation are described in The SU Physical Therapy Student Handbook and in program Policies and Procedures documents.

Procedure

Upon review of the evaluation materials, and consultation with the Program Director, the DCE will place a student if, and as soon as, it is feasible to do so. The student will receive a letter of failure and a contract will be written, and signed by the student, DCE, and Program Director, outlining the process, responsibilities of all parties, and potential outcomes of the upcoming clinical experience.

It is in the best interests of the student if the CI is given information regarding the areas of concern to be addressed based on the previous unsuccessful clinical experience. The student is made aware of the need to provide this information to the clinical instructor and will be asked to participate in the planning for the repeat clinical experience, to self-assess, and to prepare new goals for the clinical experience based on previous performance feedback. There will be a phone conversation or a face-to-face meeting between the student, the new CI, the CCCE, and the DCE prior to the start of the repeat clinical experience.

Clinical Expenses Policy

Costs incurred traveling to and from the facility (including housing), obtaining appropriate clearances, and meeting dress requirements of the clinical setting, are borne entirely by the student.

Procedure

The student is to review the clinic files, CSIF, and the clinical contract to determine if there are additional expenses related to the clinical education experience. If there is a question, the student should discuss these with the DCE.

Clinical Performance Evaluations Policy

The CI and student are responsible for formal, written evaluations of student performance at mid-term and at the final. The student and the CI are to complete the evaluation forms and review them together to identify performance level including any areas of weakness that need to be addressed before the end of the clinical experience. Students who are experiencing difficulties or have been identified by the CI, CCCE, or DCE as having a potential to not meet the expectations of the internship will meet with the DCE, and other faculty as indicated. **At the completion** of the clinical experience the CI and student re-evaluate the student's clinical performance and document accordingly. The student is to complete all required materials and share selected documents with the CI as part of the overall evaluation of the clinical experience.

The determination of grades for all clinical courses is made by the DCE. Grades are assigned by the DCE after reviewing all evaluative material (and may include observation of clinical performance, and the results of remediation efforts if required) and compliance with grading criteria. The grades for clinical experiences are Pass, Fail, and Incomplete. The student is responsible for returning all completed forms to the program within one week of completion of each clinical experience.

Procedure

In consultation with the DCE, the CI and student may be responsible for more frequent written evaluation depending upon the needs of the student. Additional evaluation forms such as The Weekly Planning Form, and the Professions Behaviors guide and planning form, or other useful evaluation forms, may be used as needed. Additional clinical skills objectives not on the evaluation forms, can be added to the evaluation form after discussion with the student and the DCE.

If there is the potential or actual problem with a student's clinical performance, the DCE should be alerted to the concern immediately. In the opinion of the DCE, if the student needs remediation, the faculty advisor will be notified of the clinical situation. The student will work with the DCE, faculty advisor, and other clinical and academic faculty as appropriate to remediate the situation. Ideally, problems will be managed within the realm of the clinic.

Communication Policy

All students will maintain access to the SU gmail accounts for electronic communication.

Continuing Education Policy

Two 8-hour Continuing Education (CE) courses, and 1 Advocacy event (Beginning with the Class of 2017) are required prior to the completion of CI 3. One of the CE courses is an approved Conclave. Documentation of proof of attendance is due to the Clinical Administrative Assistant 1 week prior to graduation. Failure to complete the required CE will result in a delay in graduation. **All courses must be PRIOR approved by a DCE. Examples of acceptable courses: VPTA Leadership Retreat, NATA annual, APTA meetings...**

Procedure

Multi-day courses must be attended in their entirety. To do otherwise is disrespectful to the speaker and takes course space from someone else.

Confidentiality Policy

All patient and student records are confidential. Medical records utilized for research projects, clinical demonstrations or patient treatment labs are obtained with written consent of the patient and facility approval. The students are certified in HIPAA policies. All student information is confidential.

Procedure

Students are expected to comply with all HIPAA and facility regulations regarding confidentiality. **Students never discuss the academic, personal, clinical record of any other SU PT student. If another student or clinician requests information about a current, upcoming, or past SU PT student, that person needs to be referred to the DCE.**

Dress Code Policy and Hygiene

Students are to dress appropriately for the clinical setting and **must** conform to the dress code of the Division of Physical Therapy or that of the assigned clinic to convey an image of professionalism. All students are expected to present a neat, clean and well-groomed, professional appearance consistent with the traditional dignity of the healthcare professions. The student is expected to maintain good personal hygiene including good oral hygiene, well-groomed hair/ fingernails, and professional appearance.

While on clinical experiences students will:

- always wear a name tag identifying him/herself as a Physical Therapy student
- dress appropriately for their role
- wear only authorized insignia and professional pins
- avoid excessive cologne or perfume
- limit jewelry to appropriate style and amount
- use cosmetics in a conservative and limited manner
- groom hair, as well as beards, mustaches and sideburns, in a neat, clean and conservative style; tie hair back and off face
- groom nails so as to not be visible over the tips of fingers
- wear denim clothing only as authorized by department policy for work-related reasons
- cover visible tattoos

Items listed below are unacceptable at all times on all clinical experiences:

- t-shirts, shirts without collars
- visible body piercing (exception pierced ears, 2 max. per ear. Hoops, dagger-type earrings are unacceptable)

- excessive body art, including body art that is inflammatory, derogatory or provocative
- clothing with insignia or printing which is deemed inappropriate
- display of smoking materials and/or tobacco products
- under garments which are visible beneath uniforms, scrubs, or other clothing
- bare midsection, cleavage, or lower sternum
- open toed shoes, flip flops and beach sandals
- unnatural hair coloring (i.e. blue, purple, green, etc.)

Procedure

Additional details regarding dress code are in the Student Handbook and course Syllabi. Students are required to adhere to the dress code and will be dismissed from the clinic if dress is inappropriate. The student may return to the facility with appropriate dress. Missed clinic time must be made up. If there is a second occurrence of failure to adhere to the dress code policy the student is dismissed from the facility and the CI is to contact the DCE for further action.

Health-related Delay or Leave from Clinical Experiences Policy:

The student must meet all Essential Functions as described in the SU Health Professions Handbook for full participation in all clinical experiences. In the event that a student is not able to start, or needs to leave a clinical experience for health reasons (physical or mental), the student will need to provide appropriate medical documentation to support the delay, leave from, and return to the clinical experience. Medical withdrawal is managed on a case-by-case basis through the Wilkins Wellness Center in consultation with the DCE. A student who is not able to meet the Essential Functions may not be able to obtain clinical placements, resulting in inability to meet program requirements.

Procedure:

The student will provide a release from the treating physician to delay, leave and resume the clinical experience. The release needs to identify any limitations. The limitations will determine the options for a clinical placement. If the limitations prevent safe practice, in any clinical setting, the start of the clinical will be delayed until the student is able to perform safely in the clinical setting.

In instances where a clinical experience has a delayed start, it is not guaranteed that the assigned clinical site will be able to accommodate the delay nor that a suitable placement will be found in time to keep the student with the cohort. If it is necessary to find another placement, the start and end dates will be changed to allow the student to complete the full clinical experience. If a new clinical site is needed, the clinical education secretary will provide the student with a list of previously available facilities and the student will turn in his/her top 5 choices. The DCE will call them in order, and the first “yes,” will be the clinical placement site. If no sites from the previously list are suitable or available, then the DCE will call appropriate sites from the full list of contracted facilities, following the same procedure as above.

In order to remain with the cohort, the clinical experience must be completed prior to the start of the following semester and a grade of "I" is given. Successful completion of the course before the start of the next semester converts the "I" to a "P" and the student progresses with cohort.

Incident Reporting Policy

Should an incident occur that requires a student to report or write an incident report at a clinical facility, the student is named in an incident report written by another person, or any other communication regarding an incident, the student must complete appropriate forms, share them with and contact the DCE or Program Director within 24 hours.

Procedure

The student who is involved or named in an incident report will not disclose the incident to anyone outside of the clinical facility, except the DCE and Program Director, and will provide all current and future documentation to the DCE. An appropriate University administrator will be contacted for follow-up action.

Inservice or Service-in-Kind Policy

The student is required to give an in-service or complete a service-in-kind project on each full-time clinical experience.

Procedure

The student and CI will come to mutual agreement on a topic of interest for the staff and present a successful Inservice (or Service-in-Kind) prior to the final day of the clinical experience. The student is encouraged to present some aspect of Evidence-Based-Practice (finding, assessing research, PICO, etc.) at least once.

International Clinical Experiences

This section is in development: As our international programs expand, it is required that your Clinical Instructor be US, Australian, New Zealand, European... Western trained.

It is not because we are elitist. It is because we want you to pass the Board exam. And while the experience overseas with someone who is otherwise trained may be fascinating, it may not prepare you for the type and degree of critical thinking that you need for the exam. The degree-granting institution of the CI must be verified prior to consideration for clinical placement.

Medicare B and Student Billing Policy

The policy of SU PT is to follow the guidelines recommended by the APTA.

Procedure

Review the APTA web site for more complete information at the APTA Advocacy web page under Medicare (Assistants, Aides, and Students) www.apta.org

Services provided by students **ONLY cannot** be reimbursed under Medicare Part B. **The licensed practitioner must be in the room the entire time, directing the service, making the skilled judgments, be responsible for assessment and treatment, and not engaged in any other patient care activities or tasks.** If the supervising therapist has some contact with the patient and then the student assumes responsibility for treatment, **only the time the licensed therapist spends managing the patient is billable.**

Learning Experiences Policy

Learning experiences are tailored by the CI and the student to maximize the student's learning. This requires active participation on the part of the CI and the student and some degree of serendipity.

Procedure

The student and CI will work together to design appropriate learning experiences based on the students level in the program and demonstrated skills. Advanced Learning Activities (ALA) such as surgery observation, spending time with other disciplines, leading a group class, etc, are activities that are considered appropriate for the full-time clinical experiences, not for the part-time clinical experiences.

Observation outside of clinical experience contract hours Policy

PT students who seek clinical experience outside of the contracted clinical hours are considered volunteers, and are not covered by SU PT.

Procedure

Volunteers assist staff, in some of the following activities: return equipment, bring patients to their rooms, and assist with wheelchair follow and clean-up. Volunteers are NOT allowed hands-on patient care. Volunteers are not allowed to make decisions, even for as simple as a patient requesting to have a glass of water.

Program Evaluation Policy

At the completion of each clinical experience the CIs and students are given the opportunity to evaluate the performance of the DCE. In addition, at the completion of the final two clinical internship experiences, the CI is given the opportunity to evaluate the curriculum and its success in preparing the student for entry-level practice.

Procedure

Survey links are emailed to every CI and student at the completion of selected clinical experiences.

Required health testing and reporting policy

To attend an assigned clinical placement, the student must comply with required health screening/testing/reporting. It is the responsibility of the student to pay for any tests. Testing may be required by the clinical site more frequently than SU testing. **Delays in completing the necessary paperwork will result in a delay and possible cancellation of the clinical experience.**

Procedures

TB/PPD: Cohort testing yearly in mid-April. This will carry student through each clinical except final clinic, CI 3. If the student does not want to comply with this testing schedule, then the student is responsible for getting the 1-step (if not expired) or the 2-step (if expired) completed and sent to Wellness in advance. The info is processed by Wellness and then the CES. Most fees as of 2015 = \$10-\$40/test.

CBC: A criminal background check is required and is completed upon entrance to the program. This is done via an on-line form that is sent to you by the third-party verification company (OneSource). The CES will send the email address of each student to the third-party verification company. A password protected email will come to the student to complete the electronic CBC form which includes authorization to release the information to your clinical site. Should your facility require a copy of the actual investigation of the CBC the student must obtain a consent form from OneSource, Inc. (available on their website at www.onesourcescreening.com). The form is located in the "Student Background Screening" section and is obtained by clicking the link titled "Click here to release a copy of a completed report to a clinical site." OneSource will forward a copy of the criminal background report directly to the clinical site once the release is obtained. Should your site require certification that the CBC was completed, it will be sent from the Division of PT.

UDS: If a student chooses, or is placed at, a facility that requires a drug screen, it will be scheduled at SU or the testing facility prior to the start of the clinical experience. Should your facility require a copy of the actual results of the UDS you must complete the same on-line form as above.

Social Media Policy

Students in the Division of Physical Therapy must follow the Social Networking Policy of Shenandoah University School of Health Professions which is in the Student Handbook and on-line.

Procedure

As Clinical Instructors are an extension of the SU PT faculty, and for the protection of the student, it is specifically prohibited to “friend” an assigned CI or CCCE. Texting, emailing, and the old-fashioned phone are acceptable forms of communication.

Student Identification Policy

Students must wear the SU identification badge and identify him/herself to each patient and others involved in the clinical experience as a physical therapist student.

Procedure

Because the patient has the legal right to know the credentials of any provider, the student must make it clear that he/she is a PT student. Any instructions or actions to the contrary should be immediately brought to the attention of the DCE.

Weather Policy

Clinical Experiences meet according to the schedule of the clinical facility. Even when Shenandoah University is closed students are expected to attend clinical experiences, unless conditions between their home and the clinical education site make transportation unsafe or impossible. Students should use their own judgment about hazardous driving conditions to and from their clinic sites.

Procedure

If there is a question about travel safety to and from a clinical site, the student should contact the CI, discuss the matter, and come to a mutually agreed conclusion. Contacting the state police for road conditions may be useful. The student is required to make up clinic time lost due to inclement weather.

Useful links:

www.SU.edu/pt

www.APTA.org About APTA Core Documents

<http://www.su.edu/physical-therapy/clinical-education/>

Suggested references:

Reference Manual for Center Coordinators of Clinical Education (APTA website Store Clinical Education). This document contains guidelines and self assessments for clinical education for CCCEs, CIs, and facilities criteria.

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