



**Doctor of Physical Therapy Program**

Department of Physical Therapy

College of Health Sciences

**Clinical Education Handbook**

**August 2024**

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## **Introduction**

The Clinical Education Handbook is designed to guide the student, the Site Coordinator of Clinical Education (SCCE), and the Clinical Instructor (CI) through the clinical education curriculum and policies of the University of Kentucky (UK) Doctor of Physical Therapy (DPT) Program. It is the intent of this handbook to improve communication and clarify expectations between UK, clinical sites, and the students regarding policies and procedures surrounding clinical education. The Clinical Education Handbook does not replace other necessary communication between the clinical sites and the UK DPT program.

Both the student and the clinical facility will have access to an electronic copy of the Clinical Education Handbook. It is expected that the Clinical Education Handbook will be utilized as a reference during the clinical education experience courses. The program reserves the right to update and revise the Clinical Education Handbook.

Students will have access to the most current Clinical Education Handbook version in Clinical Education course Canvas Shells. It is required that the student attest to reading the Clinical Education Handbook prior to initiating each clinical experience via an electronic assignment in Canvas.

The handbook is reviewed annually by the Program's clinical education team (Director of Clinical Education [DCE] and Associate DCE [ADCE]), who seek approval for revisions from the Program's Curriculum Committee, with additional input from the core faculty as needed.

Students will be notified via email when any revisions are made and the revision date will be noted on the Clinical Education Handbook.

## **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 ). 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 Kentucky 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 Kentucky is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association (APTA).

## **Mission & Vision Statements**

### **University of Kentucky Mission Statement**

The University of Kentucky is a public, research-extensive, land grant university dedicated to improving people's lives through excellence in teaching, research, health care, cultural enrichment, and economic development.

The University of Kentucky:

- Facilitates learning, informed by scholarship and research.
- Expands knowledge through research, scholarship and creative activity.
- Serves a global community by disseminating, sharing and applying knowledge.

The University, as the flagship institution, plays a critical leadership role for the Commonwealth by contributing to the economic development and quality of life within Kentucky's borders and beyond. The University nurtures a diverse community characterized by fairness and equal opportunity.

### **College of Health Sciences Mission Statement**

The mission of the University of Kentucky College of Health Sciences (CHS) is to help the people of the Commonwealth of Kentucky and beyond attain the highest level of health possible. We fulfill our mission by educating the next generation of health care practitioners through education, innovative research, healing and compassionate care.

### **Department of Physical Therapy Mission Statement**

The mission of the Physical Therapy Department at the University of Kentucky is foremost to meet the physical therapy needs of Kentucky and contribute to global needs through education, research and service.

The Physical Therapy Program strives to develop competent physical therapy practitioners who are critical thinkers, educators, and professionals who adhere to the core values of the University and value all people. Graduates of our program should be person-centered practitioners who are knowledgeable, ethical, independent and collaborative, adaptable, reflective, effective communicators, and service oriented. We accomplish this through a wide variety of mechanisms:

1. Educational programs informed by scholarship and research and designed to provide excellence in instruction as well as accessibility to a diverse student body. These programs include the professional DPT (Lexington and Center of Excellence in Rural Health campuses), post-professional program (PhD Program in Rehabilitation Sciences), and continuing education courses.
2. Research, scholarship, and creative activities that contribute to the discovery, translation, and expansion of knowledge in the health sciences.
3. Service to the public (in urban and rural communities), to other professional disciplines, and to the profession.
4. Professional socialization through participation in professional activities and organizations. The goals and objectives of the physical therapy program are an integral part of the mission of the institution. They are reflective of and consistent with those of the University and College, and are in congruence and augment those of the University.

## **Philosophy of Clinical Education**

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

The purpose of the clinical education curriculum is to provide the physical therapy student the opportunity to apply didactic knowledge, develop professional behaviors, and practice hands-on skills. This aspect of the educational experience is essential in developing the practice of physical therapy. Within the clinical setting, the physical therapy student has the opportunity to advance both their integration and application of knowledge, skills, and values.

The primary focus of the clinical education program is to provide the entry-level physical therapist 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 environment will stimulate the student to look beyond the information learned in the classroom to discover new meanings and relationships within the profession. The clinical sites must also create learning situations that guide students to expand their knowledge, attitudes, and skills. The clinical sites 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.

The clinical education curriculum aims to cultivate graduates that are generalists in the field who are able to restore physical function and performance, prevent physical injury and disease, promote wellness, and advance rehabilitation science. Therefore, clinical education will occur in clinically and geographically diverse settings to afford the student opportunities to experience a variety of settings.

## **Organizational Structure of Clinical Education**

### **Director of Clinical Education (DCE)**

The DCE holds a faculty appointment and has administrative, academic, service and scholarship responsibilities consistent with the mission and vision of UK. The DCE has the primary role and responsibility to develop, coordinate, administer, and evaluate the clinical education portion of the academic program, including determining the procedure for student placement. The DCE is the faculty member who is responsible for determining student grades for the Clinical Education courses that occur in the second and third year of the curriculum. The DCE maintains communication with students during

their clinical experiences and serves as the liaison between UK and the clinical site. The DCE is also responsible for evaluating clinical education sites and facilitating ongoing development of clinical education sites and clinical education faculty.

Director of Clinical Education:

Kara Lee, PT, DPT, Board Certified Neurologic Physical Therapist

[Kara.lee@uky.edu](mailto:Kara.lee@uky.edu)

(859)218-0591

(859)351-3526 for emergencies after traditional work hours

### **Associate Director of Clinical Education (ADCE)**

The ADCE holds a faculty appointment and has academic, service, and scholarship responsibilities consistent with the mission and vision of UK. The ADCE assists the DCE in all aspects of clinical site development and coordination and assists in student advising and grading. The ADCE contributes to communication with students and clinical sites during clinical experiences.

Associate Director of Clinical Education:

Heather Witt, PT, DPT, Board Certified Neurologic Physical Therapist

[Heather.Witt@uky.edu](mailto:Heather.Witt@uky.edu)

(859)218-0595

### **Manager of Academic Support Services (Coordinator)**

The coordinator is a staff employee of UK. The coordinator is responsible for clinical site communication, both potential and extant, to establish and maintain contracts, and to assist in coordinating student placements in conjunction with the program's faculty. The coordinator assists with communication with students during their clinical experiences and with the clinical supervisors and staff at partnering facilities. Additionally, the coordinator will assist students in the completion and submission of clinical education requirements as required by clinical sites.

Manager of Academic Support Services:

Larae Richardson

[Larae.Richardson@uky.edu](mailto:Larae.Richardson@uky.edu)

(859)218-0544

### **Site Coordinator of Clinical Education (SCCE)**

The SCCE, an employee of the clinical facility, is a professional who administers, manages, and coordinates clinical assignments and learning activities for students during their clinical education experience. In addition, this person determines the readiness of people to serve as preceptors and clinical instructors for students, supervises preceptors and clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information to academic programs.

The SCCE is often a physical therapist or physical therapist assistant. In some cases, nonphysical therapist professionals who possess the skills to organize and maintain appropriate clinical education programs will serve as the SCCE. The SCCE should be experienced in clinical education. The SCCE

demonstrates knowledge of contemporary issues of clinical practice, management of the clinical education program, educational theory and issues in health care delivery. The SCCE demonstrates ethical and legal behavior and conduct that meets or exceeds the expectations of members of the profession of physical therapy. The SCCE is responsible for assigning and monitoring Clinical Instructors. The SCCE will also communicate with the DCE, CI and Student to assist with problem solving, addressing conflict, and coordinating learning experiences.

### **Clinical Instructor (CI)**

The physical therapist responsible for the physical therapist student and for directly instructing, guiding, supervising, and formally assessing the student during the clinical education experience. When engaged in full-time clinical education designated to meet the minimum number of weeks required by CAPTE, the clinical instructor must be a licensed physical therapist with a minimum of one year of full-time (or equivalent) post-licensure clinical experience.

The CI is an employee of the clinical facility and is responsible for direct supervision and mentoring of the student in the clinical setting. The CI demonstrates clinical competence and legal and ethical behavior that meets or exceeds the expectations of members of the profession of physical therapy. The CI demonstrates a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching. The CI holds a valid license as required by the state in which the individual provides physical therapy services. The CI provides physical therapy services that are consistent with the respective state practice act and interpretive rules and regulations. The CI provides physical therapy services that are consistent with state and federal legislation, including, but not limited to, equal opportunity and affirmative action policies, ADA and informed consent. CIs must have a minimum of one year of full time (or equivalent) post-licensure clinical experience and be effective role models and clinical teachers.

CIs are assigned a student by the SCCE. UK expects that all clinical education faculty are interested in developing/enhancing clinical teaching. The UK Physical Therapy Program strongly encourages all clinical instructors to be certified clinical instructors through the APTA Credentialed Clinical Instructor program. The DCE will ensure all clinical faculty have electronic access to the Clinical Education Handbook, which outlines UK policies and procedures, other details about the UK Program in Physical Therapy, problem-based learning, completion of the CPI, and the clinical assignments. (Access via UKPT Website and Exxat Clinical Education Database. Exxat is an online software platform for managing health science education, including clinical education.)

Responsibilities of the CI include:

- CI shall share with the student and department the responsibility for academic integrity.
- CI, consistent with the principles of academic freedom, have the responsibility to present information that is consistent with the descriptions in the clinical education course outlined by UK. In addition, clinical education faculty members have the obligation to make students aware of the expectations of the clinical education experience and the evaluation procedures.
- CI is obligated to evaluate students fairly, equitably, and in a manner appropriate to the course and its objectives.
- CI shall advise the students and UK of any policies or procedures (including professional behavior and dress code) of the facility which it will require the student to observe.
- CI shall make all reasonable efforts to prevent the occurrence of academic dishonesty through appropriate design and administration of evaluation.



- CI shall have the responsibility to contact DCE when instances of academic dishonesty are suspected. The DCE will see that appropriate action is taken in accordance with institutional regulations.
- CI shall complete all forms provided by UK relating to the clinical education of students.
- CI has the right and responsibility to provide feedback to the department regarding the physical therapy program, curriculum and student performance. Sites are provided the opportunity to contact the DCE at any time.
- CI shall advise UK at the earliest possible time of any deficit noted in a student's ability to progress toward achievement of the stated objectives of the clinical education experience.
- CI reserves the right to request withdrawal from the facility any student whose performance proves unacceptable.
- CI is expected to teach the student PT, model professionalism in PT, and communicate with all stakeholders along the student PT clinical experience.

### *Clinical Education Faculty Rights and Privileges*

Each clinical education faculty will receive a certificate of appreciation from the UK Program in Physical Therapy that provides Continuing Education Units (CEUs) for clinical instruction. In addition, clinical education faculty of the program have the following rights and privileges:

- 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.
- Use of the UK Library lending program

### *Supervision of Students*

Students will have supervision commensurate with the setting and geographic location per governing organizations.

In Kentucky, students must be under at least "onsite supervision," meaning immediate physical accessibility within the same building, as defined in the Kentucky State Practice Act for Physical Therapy [201 KAR 22:053 Section 4 (4)(g)], found on the Kentucky State Board of Physical Therapy website.

In some settings and geographic locations, students will experience "direct supervision," in which the physical therapist:

1. Is immediately available to direct and supervise tasks that are related to direct patient care; and
2. Provides line of sight direction and supervision the majority of the time per visit for each patient when these tasks are performed; and

Supervision is not provided by electronic communication.

## Student

Throughout the clinical education curriculum, the student must assume many roles and corresponding responsibilities. In assuming these responsibilities, the student will be held accountable for their own actions at all times. The student is a representative of UK and is responsible to the following entities: UK, clinical facility, SCCE/CI, and patient as follows:

- The student shares with the CI and the department the responsibility for academic integrity.
- The student has the right of free and honest inquiry and expression in their courses. In addition, the student has the right to know the requirements of their courses and to know the manner in which they will be evaluated and graded.
- The student has the obligation to complete the requirements of their courses in the time and manner prescribed and to submit their work for evaluation.
- The student has the right to be evaluated fairly, equitably, and in a timely manner appropriate to the course and its objectives.
- As a member of the university community, the student is a representative of UK and must adhere by the university's respective policies and regulations.
- By definition, the student is a visitor of the clinical facility in which they are receiving clinical education. As such, the student is responsible for abiding by all operational policies and regulations of the facility and department. Although the student may be considered a participant in the facility, the student is not considered to be an employee of the facility.
- As a member of the physical therapy and health care communities, the student is expected to demonstrate attitudes and behaviors appropriate of persons responsible for the delivery of quality health care according to the APTA Code of Ethics and the practice act of the state in which the facility is located.
- The student is responsible to the patient to provide the best healthcare of which they are capable under the supervision of the CI. The student must recognize that they are being relied upon to provide physical therapy services with the utmost compassion, respect and undivided concern.
- As an adult learner and member of the physical therapy profession, the student is responsible for identifying their own didactic and clinical strengths and weaknesses, and assisting SCCE/CI in developing learning experiences. Imperative in this process is the concept of the student as an active learner who shows initiative and responsibility in working with the SCCE/CI to mutually develop an appropriate clinical education experience. It is the responsibility of the student to communicate professional needs, interests, and abilities with the CI, and to take initiative in establishing learning objectives and experiences in conjunction with the CI. Lack of knowledge in a certain area indicates a need for further learning, and does not constitute an excuse to avoid or provide inadequate patient care.

- It is the student’s responsibility to prepare for patient care and complete assignments by posted deadlines. The student is advised to review educational resources in appropriate content areas prior to and during clinical experiences.

## Overview of the Curriculum

The UK Program in Physical Therapy is a 36-month professional doctorate program designed to enable students to demonstrate that they have achieved levels of comprehension and competence expected of entry-level physical therapists in both the classroom and clinical environment.

The didactic 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 curriculum.

## Curricular Components

The DPT is a full-time professional doctoral program requiring completion of 137 credits beyond the bachelor's degree. The course work is taken in a prescribed sequence over nine semesters. The program requires a total of 39 weeks of full-time clinical experiences. During the clinical experiences, students work under the direct supervision of a licensed physical therapist. Included below is the sequence of clinical education courses within the DPT curriculum. For a complete listing of the DPT curriculum, refer to the program page in the UK Course Catalog:

<https://myuk.uky.edu/zapps/CourseCatalog/Offering/2025/010>

## 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 across Kentucky. Clinical education occurs throughout the curriculum, with integrated clinical experiences in the didactic portion of the coursework during the second year, followed by formal, full-time clinical education beginning in the second year at the end of the fourth semester.

Course Name	Term/Length	Description
PT 835 – Physical Therapy Integrated Clinical I (Part Time)	Fall second year 5 Wednesday afternoons = 20 hours	The student receives campus based clinical and classroom preparation for clinical experience. The student then observes patient treatment by experienced staff members and is supervised in the

		performance of elementary procedures involved in patient care.
PT 836 – Physical Therapy Integrated Clinical II (Part Time)	Spring second year 8 Tuesdays x 6 hours = 48 hours	This course consists of an integrated clinical experience in the winter term, consisting of 8 days in the clinic 1:1 with clinical instructors (48 hours total). This rotation is completed near the Lexington and Hazard campuses. Facility settings include acute care hospitals, outpatient clinics, rehabilitation center and sub-acute rehab centers. Assigned clinical instructors supervise and provide students with opportunities for hands-on examination, evaluation and intervention for patients/clients who need physical therapy.
PT 837 - FULL-TIME CLINICAL I	Summer second year 9 weeks	This is the first of four full-time clinical courses-9 weeks in duration. It occurs in the summer semester of the second year. At this time, students have completed 5 semesters of didactic coursework including fundamentals of care of people with cardiopulmonary, neurological and orthopedic problems. While attending 40 hours per week, students will continue to apply the clinical skills they have learned in the classroom to the clinic patient population. Students will now begin to accept more responsibility for patient care, documentation, and general clinic policies and procedures. At this point, students are expected to perform at a threshold of <b>Advanced Beginner to Intermediate</b> on CPI items 1-12.
PT 838 - INTERMEDIATE FULL-TIME CLINICAL II	Fall third year 9 weeks	This is the second of four clinical courses, also 9 weeks in duration, in which students further apply skills they have learned in the classroom to the clinic population. Facility settings include acute care settings, outpatient clinics, rehabilitation settings, sub-acute rehab settings and pediatric clinics or school systems. Students are expected to perform at a threshold of <b>Advanced Intermediate to Intermediate</b> on CPI items 1-12.
PT 839 - TERMINAL FULL-TIME CLINICAL III	Spring third year 9 Weeks	This is the third of four clinical courses, the last of the nine-week experiences. The student should meet the CPI criteria at the level of <b>Advanced Intermediate to Entry Level on items 1-12</b> . During this course or the next, the student will complete an administrative project in addition to the clinical demands of learning.
PT 840 - TERMINAL FULL-TIME CLINICAL IV	Summer third year 12 weeks	This is the final clinical course. This course is completed in facilities in Kentucky, throughout the United States, and abroad. At the completion of this course, the student should achieve <b>entry level or beyond entry level</b> on CPI items 1-12. The student

		may be assigned to a specialty (special interest) clinical course site as possible.
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## Evaluation of Student Performance

### Clinical Performance Criteria

Performance on all clinical education will be measured through the Clinical Performance Instrument 3.0 (CPI). The performance criteria that will be measured by the clinical instructor and self-reflected on by the students' self-scoring are as follows:

#### Professionalism

- Ethical Practice
- Legal Practice
- Professional Growth

#### Interpersonal

- Communication
- Inclusivity

#### Technical/Procedural

- Clinical Reasoning
- Examination, Evaluation, and Diagnosis
- Plan of Care and Case Management
- Interventions and Education

#### Business

- Documentation
- Financial Management and Fiscal Responsibility

#### Responsibility

- Guiding and Coordinating Support Staff

Standards of clinical performance for each criterium 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 and clinical environment.

### Monitoring of Student Performance

Assessment of student performance and levels of CI supervision and feedback is monitored by the DCE through correspondences with the student and/or CI/SCCE through electronic communications, site visits, or phone calls during the clinical experience. The DCE also reviews CPIs in a timely manner and correspondences will be 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 the clinical education courses. Additional factors include the complexity of setting and/or patient population, the student's experience with the patient setting or case population, and the student's didactic, laboratory, and clinical performance in the program.

### Course Grades for Clinical Education

Clinical education course grades are assigned by the DCE. The DCE will utilize feedback provided by the CI/SCCE in determining the course grade. The student must pass the specific criteria outlined for the CPI in order to pass each clinical education course.

The grade for clinical education courses is a combination of clinical performance, quality of completed assignments, and ethical and professional behavior. The student is responsible for their own academic work and progress. Grades will be determined based on the course rubric in each course syllabus.

The APTA's web-based Physical Therapist Clinical Performance Instrument 3.0 tool will be utilized to assess clinical performance parameters. This is graded on the quality of self-assessment the student provides. Both the CI and the student will complete individual copies of the CPI for formal review at both midterm and final. Students are expected to achieve at least the established minimum for each course on each individual CPI 3.0 competency.

At the conclusion of a clinical experience, grading decisions made by the DCE will also consider:

- clinical setting,
- experience with patients or clients in that setting,
- relative weighting or importance of each performance criterion,
- expectations for the clinical experience,
- progression of performance from midterm to final evaluations,
- level of experience within the didactic and clinical components,
- whether or not the significant concerns box was checked,
- and the congruence between the CI's narrative midterm and final comments related to the performance dimensions and the ratings provided.

The DCE evaluates that by the end of the final clinical education experience the student has received an entry level score on all criteria on the CPI 3.0. The CPI comments, as well as communication with CCCEs/CIs, students and core faculty will be taken into consideration in evaluating the student's readiness for graduation.

Each student who does not reach entry level on all items in the final CPI for PT 840 will have a personalized remediation plan developed in consultation with the DCE, ADCE, Director of Professional Studies, student advisor, and other faculty as deemed appropriate per the clinical setting and areas that need to be addressed.

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 evaluate the overall learning experience at the clinical facility at the end of each experience. The evaluation will address the facility's potential for providing learning experiences for each of the outcome expectations found on the CPI and the quality of the learning experience. Students must complete the site evaluation in order to receive their grade for the course.

## UK Faculty Responsibilities for Clinical Education

While the DCE is responsible for the academic oversight and coordination of clinical education, all core faculty may be consulted to approve the selection of clinical sites and to determine student readiness for clinical education. In addition, to develop a stronger collaboration with clinical sites for 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.

## Determination of Student Readiness for Clinical Education

The University of Kentucky is committed to providing reasonable accommodations for all persons with disabilities. Students with disabilities must contact the DCE at the beginning of the semester to discuss the needed accommodations for this course. No accommodations will be provided until the student has met with the DCE to request accommodations. Students who need accommodations must be registered with the Disability Resource Center, 725 Rose Street, Multidisciplinary Science Building, Suite 407, Lexington, KY 40536-0082, Phone (859)-257-2754, before requesting accommodations from the professor. (See UKDPT Student Handbook.)

The University of Kentucky College of Health Sciences has developed Student Technical and Behavioral Standards,

[https://www.uky.edu/chs/sites/chs.uky.edu/files/college\\_of\\_health\\_sciences\\_behavior\\_and\\_technical\\_standards\\_12-14-20\\_-\\_senate\\_approved.pdf](https://www.uky.edu/chs/sites/chs.uky.edu/files/college_of_health_sciences_behavior_and_technical_standards_12-14-20_-_senate_approved.pdf)

Beyond these, the Doctor of Physical Therapy Program 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 to 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 technical standards for Physical Therapist Students include:

### **Observation:**

The PT student must be able to:

- determine skin integrity and wound characteristics, and findings on radiological films, electrocardiograms and other images/diagnostic tests.
- discriminate numbers and patterns associated with diagnostic instruments and tests, such as sphygmomanometers and electrocardiograms, and use instruments/devices competently, such as stethoscope, goniometer, computer, and modalities used for evaluation and intervention.

- discriminate movement patterns including gait, activities of daily living and transitional movements across the lifespan.

**Communication:**

The PT student must be able to:

- communicate rapidly and clearly with the medical team on rounds.
- elicit a thorough verbal and/or written history from patients, caregivers and/or health records.
- communicate complex findings in appropriate terms to patients and to various members of the health care and/or educational team (fellow students, physicians, nurses, aides, therapists, social workers, teachers, and others).

**Sensory and Motor Coordination and Function:**

The PT student must be able to:

- perform a physical examination utilizing palpation, assisted patient mobility, auscultation, percussion, and other diagnostic maneuvers while maintaining a safe environment for patient and provider(s).
- employ sufficient exteroceptive sense (touch, vibration, stereognosis, pain and temperature), proprioceptive sense (kinesthesia, position sense, pressure, movement), sensory integration and perception, physical strength, fine motor coordination, and motor function.
- execute movements reasonably required to safely maneuver self or move another individual's body parts to effectively perform assessment and intervention techniques, safely and effectively guide, facilitate, inhibit, and resist movement and motor patterns, and provide general care. This will include standing and lifting.
- manipulate common evaluation and intervention equipment such as tape measures, goniometers, sphygmomanometers, debridement instruments, and computers.
- respond promptly to medical emergencies (such as the performance of cardiopulmonary resuscitation) and must not hinder the ability of co-workers to provide prompt care.
- perform these described functions with the stamina to complete them while on clinical rotations that involve a typical and reasonable length of work-day and work-week. Class schedules will mimic many clinic schedules requiring students to attend classes starting at 8 AM and continuing until 5 PM. Classes may extend into the evening based on resource availability. Clinical days may include earlier and/or later hours based on actual clinic schedules. Attendance at classes is required, just as attendance at work is required

**Conceptualization, Integration, and Quantification:**

The PT student must be able to:

- identify significant findings from history, physical examination, and laboratory data, provide a reasoned explanation for likely therapy, recalling and retaining information in an efficient and timely manner.
- incorporate new information from peers, teachers, and the medical literature in formulating treatment and plans.
- exercise good judgment in patient assessment, diagnostic and therapeutic treatment and plans
- identify and communicate the limits of their knowledge to others when appropriate.
- interpret graphs describing biologic relationships and other similar modes of data.
- execute all therapeutic exams and intervention procedures in a safe and effective manner.
- maintain the stamina to complete the rigorous program.



At each standing faculty meeting, the DCE leads a discussion of student progress towards these standards, achievement of course objectives, development of ethical and professional behavior, and safe practice. Because the Physical Therapists on faculty have clinical practice experience and the ability to determine that students are prepared for practice, 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 Student Progress Committee for concerns of lack of appropriate progress through the program.

## **Selection of New Clinical Affiliates**

New clinical sites will be established at the discretion of the DCE. The primary goal of the DCE is to establish relationships with sites that demonstrate excellence in clinical care and a commitment to clinical education.

Although clinical sites are greatly recruited throughout the Commonwealth of Kentucky, the UKDPT Program actively pursues clinical site agreements with clinical facilities throughout the country.

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 are NOT permitted to contact clinical education sites to establish contracts or request clinical placements.

All contract initiation and clinical placement requests are solely managed by the clinical education team. Because of the importance and complexity of the evaluation of the clinical site 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. If the student is interested in a facility that UK does not currently have a contract with, the student should contact the DCE as early as possible to discuss their interests. The DCE cannot guarantee a contract will be established or that the student will be placed at this facility if a contracted is generated.

## **Assignments of Students to Clinical Education Sites**

The DCE is responsible for assigning students to clinical education sites. Approximately one year in advance of the fulltime clinical education experiences, a list of available placements will be made available to students. Students will select for PT 837 and PT 838 in the summer of their first year, and will select for PT 839 and 840 in summer of their second year.

Student clinicals are selected through a lottery system, in which students are randomly assigned a number for the first clinical to be selected and these numbers are reversed for the next clinical. Numbers are randomly reassigned the following year to the same cohort. For example, the student who selects first for PT 837 will select last for PT 838. A new random number generation is completed for both selection processes (year 1 and year 2) for a cohort.

For part time integrated clinical education experiences (PT 835 and 836), the DCE and ADCE will work to individually make the assignments of the students based on the following:

- Quality of clinical site and clinical instructor
- Educational benefits to the student
- Student's overall academic and professional performance in the program
- Student preference
- Faculty input

Students may request geographic preference for clinicals based on "hardship" which will be considered on a case-by-case basis. Qualification for this type of pre-assignment include caregiving responsibilities for a child or adult, special health needs, or other situations deemed as appropriate by the DCE for other personal reasons.

UK 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 Kentucky, Program in Physical Therapy expects the clinical sites' policies and procedures for clinical education to reflect this commitment.

Regardless of the reason, should it be necessary to reassign students to an alternate site or extend the length of the experience at a current site, students will be notified in a timely manner to avoid delay in the student's learning experiences. However, students must be prepared to be flexible in terms of time and location, so that appropriate learning experiences can be identified.

### **Overall Clinical Requirements: Site Diversity**

All students are required to complete at least one fulltime clinical experience in each of the following:

- one general outpatient setting
- one acute care setting
- one neurologic setting (anticipated > 50% neuro, settings may include outpatient, IRF, SNF, other long-term care settings, or home health).
- one out of state experience

The additional clinical experiences will be selected based on student preference. Students are encouraged to select one experience outside of their hub regions (Lexington and Hazard, respectively). 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. Assignment of students to clinical sites by the DCE/ADCE team will take these requirements into consideration for all students.

### **Conflict of Interest and Site Selection**

During the site selection process, the student must provide possible conflicts of interest during advising (e.g., prior employment at a site, familial relationships). If at any time the student feels that there are

additional potential conflicts of interest, it is the student's responsibility to make this known to the DCE/ADCE team. Failure to do so may result in cancellation or removal from the experience and/or disciplinary action. The DCE has final authority regarding any potential conflicts between students and clinical facilities.

### **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 the annual program review in December. In addition, the DCE leads discussions throughout the year regarding collective and individual student performance, clinical education faculty feedback, and suggestions for potential changes to the didactic or clinical education curriculum that could influence outcomes.

Clinical education program evaluation takes place in concurrence with the program curricular and outcomes evaluation. Many benchmarks for student performance are listed as outcomes in the annual program review that takes place each December. 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, current student feedback, graduating students exit interview feedback, the DCE/ADCE, and the collective core faculty.

The clinical education program is further evaluated through student evaluation of the DCE and Clinical Education program that takes place at the end of the final clinical and the Clinical Education Site Evaluation for each of the clinical education courses. This is a direct reflection of the site, CI and DCE performance, as well as the clinical education program as a whole. SPIs are examined by the Program Director during annual evaluations of the DCE.

### **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).

In the event of a clinical cancellation by a site, the DCE and ADCE will work with the student to determine a new site, initially working with sites that were offered but unused by the cohort in the lottery process. The DCE and ADCE will work with the student and sites until a suitable substitution is determined.

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 academic needs of the physical therapy student. The SCCE will be notified, 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.

### **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 and further deny student use of the property in the future.

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

The evaluation of clinical education is a part of the curriculum evaluation plan. SCCE'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 UK using information from clinical instructors, the SCCE, 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.

### **General Student Policies**

#### **Dress Code and Appearance**

Students are to present in a professional manner at all times. The student will follow the dress code of the clinical facility and student identification badges must be worn at all times.

#### **Attendance and Working Hours**

Students are required to complete the prescribed number of contact hours specified by their clinical education course. Students are expected to be prompt and to work the assigned regular working hours of the CI (this does not include CI vacation days). This may include early mornings, nights, or weekends. On occasion, the student may need to stay beyond typical hours to complete patient care and/or documentation. The University calendar is suspended during all clinical education courses. Holidays will be determined by the schedule of the clinical facility and not by the University's schedule. The student must abide by the policies and procedures of the hospital/department concerning breaks during working hours.

## **Absences**

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 unexcused absences places the student in jeopardy of not fulfilling their learning objectives and will place student at risk for failure of the course. The plan for make-up days is determined on an individual basis by mutual agreement of the student, the CI, 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 will be at risk for disciplinary action:

### **Emergencies - personal illness, family illness, death in the family, etc.**

In the event of illness, injury or family emergency, the student is responsible for contacting the DCE and CI/SCCE immediately and will maintain contact on a daily basis with the DCE and CI/SCCE throughout the absence. At the time of the event, the student must:

- 1) call the facility to inform the CI/SCCE of their absence,
- 2) immediately following the phone call, the student must send an email to the CI/SCCE, referencing the prior phone call regarding their absence, and the DCE must be copied on that email.

Failure to follow this policy will result in the absence being considered an unexcused absence.

Upon return to the clinical facility, the student must consult with the CI/SCCE to determine a plan for make-up of lost time. Only a plan that is approved by the CI / SCCE and DCE will be implemented.

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 facility's policies and procedures for evidence of medical release to return to work.

### **Inclement Weather**

In the event of severely inclement weather (e.g., tornado, wintry weather, flood) or other states of emergency, the student should ensure their personal safety first. The student is not part of the employed facility and is not expected to respond in these types of events. If an absence occurs due to inclement weather, the student must:

- 1) call the facility to inform the CI/SCCE of their absence,
- 2) immediately following the phone call, the student must send an email to the CI/SCCE, referencing the prior phone call regarding their absence, and the DCE must be copied on that email.

Failure to follow this policy will result in an unexcused absence.

### **Scheduled time-off - professional activities such as meetings, interviews**

Students are not permitted to request schedule changes or days off from their CI/SCCE, even if they intend to make up the time, without prior approval of the DCE. To request a clinic schedule change or to accommodate a known event, the student must provide a written request with supporting documentation (when appropriate) to the DCE. Based on the merits of the request, the DCE may grant the student a change in clinic schedule, if the clinic is able to accommodate the altered schedule. It is expected that all missed clinic time will be made up and, the DCE in coordination with the CI/SCCE and student, will formulate a plan to that effect. In the event that a student does not request prior approval from the DCE, the absence or shift in clinical schedule will be consider an unexcused absence.

### **Religious holy days**

Students must notify the DCE and CI prior to the start of the clinical experience if they intend to miss clinic for a religious observance. For more information, see the UK policy at the Ombud Services website.

Should a need arise after the clinical experience has begun, the student must request an approved absence from the CI/SCCE and DCE and determine a plan for makeup of lost time. Only a plan that is approved by the CI/SCCE and DCE will be implemented.

### **Unexcused Absences**

An unexcused absence will result in a 10% deduction from the final course grade. In the event the student receives an unexcused absence, the DCE will determine an appropriate course of action which may result in referral to the Professional Standards Committee for additional action if the DCE deems necessary.

### **Accountability**

Students MUST call the CI/SCCE as soon as possible if they are going to be late. Persistent tardiness may jeopardize the student's successful completion of the clinical experience. 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.

### **Disruption of Clinical Experience**

The CI/SCCE reserves the right to send the student away from the facility if at any time a student's behavior or lack of safe practice places themselves or others at risk. These situations must be addressed immediately. The CI/SCCE must contact the DCE to determine the appropriate 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 experience (see reassignment section)
- dismissal from the Program in Physical Therapy

No preparation for other academic work should interfere with patient care.

## **Students as Employees**

Students CANNOT be employed by the facility during clinical education in any capacity. Students may, however, be awarded an honorarium or stipend to cover incidental expenses.

## **Counseling Services Available to Students**

UK is dedicated to student support. In the case of emergencies, students are urged to contact the TRACS (Triage, Referral, Assistance, and Crisis Support) team. UK Counseling and Psychological Services provides professional counseling services to students. Students are encouraged to contact the UK Counseling Center for counseling needs, (859)257-8701. Additionally, clinical faculty are encouraged to contact the DCE with any student concerns that may need to be referred to TRACS or the UK Counseling Center.

## **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 submitted to and approved by the Castle Branch management system OR submitted on Canvas, as indicated in each clinical course shell according to strict deadlines as documented. Castle Branch is the system that UK currently uses to house and monitor compliance with requirements, and personnel in the College Office of Student Affairs helps coordinate this ([tjed225@uky.edu](mailto:tjed225@uky.edu)).

The following college requirements must be in place and maintained prior to being approved for/during clinical education experiences.

### **CPR Certification**

All students are to have an active BLS for the healthcare professional, or equivalent. American Heart Association is the only type that some sites will take, so this is the best option at present. Students are responsible for costs associated with CPR certification. This course must have a hands-on component.

### **Certification of HIV / Bloodborne Pathogens Education**

An online course through the University will be made available to all students prior to their first rotation in order to complete this requirement. Students will need to upload their certificate of completion to Castle Branch.

### **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 Kentucky 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 UK Health Services. DPT students are required to notify the DCE and/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 potential risk to patients or classmates.

Students are responsible for all costs associated with physical examinations, immunizations or related to obtaining copies of personal health records. Students must supply this information as noted in Castle Branch.

Students are required to provide documentation of the Trivalent Polio vaccine, TDAP (Tetanus, Diphtheria, Pertussis) every 5 years (newer recommendations as of 2022 are every 5 years), MMR vaccine, Hepatitis B vaccine, and varicella vaccine (or positive titer). Additionally, students should provide documentation of the seasonal flu vaccine annually and the COVID-19 vaccine according to current University policy. Students who refuse the seasonal flu vaccine and/or COVID-19 vaccine will be asked to sign a declination form.

Some facilities may require students to complete certain immunizations (i.e. influenza, COVID-19) in accordance with the facility's policies and procedures. Students are required to follow all regulations as indicated by the clinical facility's guidelines. If a student refuses to meet a facility's vaccination requirements, one attempt will be made to find the student an alternate clinical placement. The student should be aware if that attempt at the alternate placement fails due to student inability to meet that facility vaccination requirement, the student will not be placed on a clinical at that timeframe and student progression in the program will be delayed up to one year. Additionally, all students must meet the requirements for clinical education experience settings outlined previously.

### **Criminal Background Checks**

Each student in the Physical Therapy Program will be required to complete a criminal background check prior to the start of clinical experiences. The DPT Program currently requires a comprehensive screening which is a search both with the Kentucky Department of Law enforcement, a Social Security Alert Search, National Record Indicator with Sex Offender Index, and Nationwide Healthcare Fraud and Abuse Scan. All students are required to use the UK DPT program account with CastleBranch.com for this process. The associated costs for background check are the responsibility of the student. Verification of the background check and absence of disqualifying offenses will be completed by Castle Branch. Background check results will not be provided to anyone on behalf of the student. Clinical sites will only be provided the verification of completion and attestation of the absence of disqualifying offenses.

Individual clinical sites may require additional background checks or processes with associated costs, which will be the responsibility of the student. This will be communicated by the SCCE either in onboarding documents shared to the student and/or program. All students have the responsibility to check with their SCCEs to ensure they have the most up to date site requirements, due to the changing nature of sites' requirements.

### **Drug Screens**

Each student in the Physical Therapy Program will be required to complete a minimum of a 10-panel drug screen by December of their first year in the program. The associated cost for the drug screen is



the responsibility of the student, and this will be coordinated through Castle Branch via the UK College of Health Sciences Office of Student Affairs, Tammy Jo Edge ([tjed225@uky.edu](mailto:tjed225@uky.edu)).

Drug screen results will not be provided to anyone by UK. Clinical sites will only be provided the verification of completion and attestation of negative results if they do not accept student submission of onboarding requirements.

### **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 SCCE 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 facilities. 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 exposures during business hours (7:30 AM-4:30 PM Monday-Friday): call 859-218-3253 to speak with an exposure nurse. For exposures after hours (4:30 PM-7:30 AM or all day on weekends/holidays): call 859-257-5522 to page UK MDs, per the 2024 Electronic Bloodborne Pathogen protocol (<https://ukhealthcare.uky.edu/sites/default/files/2024-06/Electronic%20BBP%20protocol%20and%20lab%20slip.pdf>)

The full policy can be viewed here: <https://medicine.uky.edu/sites/default/files/inline-files/educational-exposure-to-bloodborne-pathogens.pdf>

### **Housing / Meals / Transportation**

It is the responsibility of the student to secure and finance transportation and appropriate living arrangements during all clinical education experiences. When indicated in the clinic files, housing or assistance to obtain housing may be provided by the facility; some sites provide a stipend or housing at no expense/low cost to the student.

KY AHEC will provide housing or housing subsidies per their policies with rural and underserved areas within KY if students fill out the FACT sheet (<https://medapp.mc.uky.edu/AHECFactSheet/Login.aspx?ReturnUrl=%2fahecfactsheet%2f>) indicating that they need these services. Information on the AHEC status of clinical sites will be updated in the Exxat system with input from AHEC offices.

KY AHEC will also provide some funds for gas money per their policies if students fill out the FACT sheet indicating that they need these services for clinicals in KY.

### **Student Liability Insurance**

The university procures and maintains professional liability coverage for students while they are engaged in activities during clinical education experiences. The coverage is at the limit of \$1,000,000 per

occurrence and \$3,000,000 in the aggregate. In the event the students in the Program will not have patient contact, the University is not required to procure and maintain any such policy or policies of liability coverage as described above. A certificate of this protection is submitted to each site with the agreement for affiliation. (It is sent in your electronic packet.) Should a site 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 UK Physical Therapy office. Information on liability issues is included in the orientation to clinical education.

### **Confidentiality of Student Information**

Information regarding the rights of students in the Family Educational Rights and Privacy Act is found at this link: <https://registrar.uky.edu/ferpa>

The confidentiality of student information is further upheld by having the students complete their own onboarding portfolios with personal information that clinical sites may require through the Exxat management system. The student can provide the clinical site 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 site 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**

In initial confirmation with the facility, the DCE shares the student's name, class year, email, and general clinical interests (as known), as well as academic objectives and curricular plan for the student's clinical experience. Students with approved accommodations through the Office of Educational Support and Disability Services will inform the DCE and their clinical facility liaison of any accommodations that will impact their performance in the clinical setting. The student is required to provide the DCE with their accommodation paperwork prior to contacting their site. The student will share accommodation information with their clinical site liaison upon initial contact. If a clinical site is unable to meet the approved accommodations for the student, an alternative clinical placement will be provided for the student. If necessary, the student and SCCE may communicate earlier than usual in order to prepare for meeting such accommodations.

The student is responsible for sharing all information related to health records, immunizations, and any additional testing required by the clinical facility with the SCCE/CI. UK provides a mechanism for storing and sharing this information within Exxat. Some sites may require that this information be shared in a different manner and sites may have a set of requirements for the student that differs from the standard requirements laid out by UKDPT program. Details on those sites' requirements are made available in Exxat as the DCE is made aware of them.

The University discloses education records without a student's prior written consent under the FERPA exception for 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 CI or preceptor employed

by a facility with whom the University has contracted as its agent to provide a clinical training experience for the institutions' students instead of using University employees or officials, a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary, student progress, or grievance committee, or assisting another school official in performing his or her tasks.

When provided with a student's education records for legitimate educational reasons, CI/SCCEs, or Clinical Education Supervisors shall be under the direct control and authority of the Program with regard to the use, maintenance and disclosure of such records and identifiable information from such records.

## **Communication**

In case of emergency, during daytime work hours, the clinical education team can be reached at their faculty phones above.

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

## **Open and Proactive Communication**

The DCE, SCCE, CI, and the student are to be in close alliance and communication in achieving the goals of creating an optimal learning experience and ultimately a competent practitioner. To meet these goals, all must communicate with one another in a meaningful and productive manner. If at any time the CI/SCCE has concerns regarding the quality of the student's performance, it is their responsibility to contact the DCE and jointly determine a plan of action to address the problematic areas. If at any time the student or the CI/SCCE has a concern about the learning or clinical environment at the facility, they must contact the DCE immediately. The CI/SCCE/student is encouraged to contact the DCE at any time during the clinical education experience. The DCE will be available for communication or a physical site visit (when practically possible) while the student is on a clinical experience. Purposes of these visits are to:

- Monitor clinical competence and progress of the student, including clinical strengths and weaknesses.
- Gather information on clinical performance of the student to assist in program evaluation.
- Monitor learning experiences provided by the facility to assist in evaluation of the facility and CI.
- Maintain regular communication between the University and the facility.

The DCE will also monitor student learning within the clinical setting via the required weekly assessment forms, a mid-term call or visit from the Clinical Education team or other faculty, and the mid-term and final CPI. If necessary, additional monitoring will occur.

It is the responsibility of the SCCE/CI to assure that the DCE is notified of any changes in the agreed upon plan. 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
- Any unexcused student absence(s)
- Excessive requests for leave or change in working hours

- Change or extended absence of CI
- Change in corporate structure

## **Patient Rights & Confidentiality**

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

The students must follow the Protected Health Information (PHI) Standards regarding information about patients and their families. This information is strictly confidential. It should not be shared with friends, family, or other health care providers except in need-to-know situations, such as emergencies. Each student is responsible for clarifying each clinical facility's regulations on confidentiality and information sharing. Each clinical facility is responsible for informing the student of specific confidentiality and/or HIPAA regulations upon orientation to the facility. All students are required to sign a HIPAA form prior to entering clinical education. Any assignments from the clinical experience must be de-identified of all personal information prior to submission to UK. 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 UK Video/Photo release consent form and file with UKDPT program.

Breach of patient confidentiality is a federal offense and may be subject to penalty under law. Breach of patient or facility confidentiality will result in immediate removal from the clinical facility and referral to the Program Director for review.

## **Incident Reports**

If there is an unusual event or accident/injury with patients, employees, other students, visitors, or the student, the CI/SCCE and the DCE must be notified as soon as possible.

The student should comply with the facility'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 UK, incidents must also be reported to the DCE. Should there be any harm or injury to the student, the student must consult the UK 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 incidents. Department managers or SCCE'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 incident report so that the information is fresh in their minds.

## **Summary of Responsibilities**

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

	DCE	ADCE	SCCE	CI	Student
Arrange for Affiliation Agreement	x	x	x		
Arrange for orientation of Clinical Faculty	x	x	x		
Arrange for orientation of students to Clinical Education - Academic	x	x			
Arrange for orientation of students to Clinical Education - Clinical			x	May support SCCE	
Establish Plan for Communication	x	x	x	x	x
Evaluation Student status and Plan Learning Experiences			Supports CI	x	Contributes to plan with CI and SCCE guidance
Complete midterm and final CPIs				x	x
Discuss midterm and final CPIs				x	x
Evaluate the clinical experience and report	x	x			
Maintain confidentiality of student information	x	x	x	x	
Uphold the APTA Code of Ethics	x	x	x	x	x
Advise students	x	x	x	x	
Submit CPI and Clinical evaluation in a timely fashion					x
Follow student policies and maintain portfolio of activities					x