USD Physical Therapy Clinical Education Handbook

UNIVERSITY OF
SOUTH DAKOTA
SCHOOL OF HEALTH SCIENCES

Summer 2017 – Spring 2018

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1.1 Mission Statement

The mission of the USD Physical Therapy Clinical Doctoral Program is to develop scholars, practitioners, and life-long learners who provide evidence based physical therapist services throughout the patient lifespan and demonstrate leadership within rural and medically underserved practice environments.

1.2 Vision Statement

To be recognized leaders in physical therapist education who use interactive instruction, develop inter-professional leaders, and promote optimal movement to improve the human experience.

1.3 Strategic Themes and Associated Program Goals

1. ETHICAL DECISION-MAKING
   Goal 1: USD-PT develops student awareness of ethical dilemmas, alternative solutions, and possible resolutions.
2. EVIDENCE-BASED PRACTICE
   Goal 2: USD-PT promotes the provision of evidence-based physical therapist services.
3. EXCELLENCE in EDUCATION
   Goal 3: USD-PT provides an entry level, professional graduate program with a broad-based intensive curriculum leading to a Doctorate in Physical Therapy degree.
4. INTERPROFESSIONAL LEARNING
   Goal 4: USD-PT engages students in interprofessional learning opportunities
5. LEADERSHIP
   Goal 5: USD-PT supports and promotes student engagement in leadership roles.
6. LIFELONG LEARNING
   Goal 6: USD-PT promotes active engagement in lifelong learning.
7. MEDICALLY UNDERSERVED and RURAL PRACTICE
   Goal 7: USD-PT prepares students for clinical practice within medically underserved and rural communities and with medically underserved populations
8. PATIENT/CLIENT-CENTERED CARE
   Goal 8: USD-PT engages students in across-lifespan patient- and client-centered care.
9. PROFESSIONAL BEHAVIORS
   Goal 9: USD-PT guides and challenges students in the acquisition, development, and refinement of professional behaviors
10. SCHOLARLY ENDEAVORS
    Goal 10: USD-PT engages students in scholarly inquiry.
11. SERVICE LEARNING
    Goal 11: USD-PT provides learning opportunities through service engagement

1.4 USD School of Health Sciences Inclusive Excellence and Diversity Statement

The School of Health Sciences and Department of Physical Therapy endorse the following statement: "The University of South Dakota strives to foster a globally inclusive learning environment where opportunities are provided for diversity to be recognized and respected."

School of Health Sciences Diversity Statement:
"The University of South Dakota, School of Health Sciences is committed to an environment of inclusiveness in classroom and clinical settings that honors the richness of diverse perspectives and inter- professional practice through valuing diverse traditions, heritages, and experiences."

1.5 Purpose of Clinical Education

The purpose of clinical education is to provide clinical experiences that allow for the application of physical therapy theories and techniques acquired during lecture and laboratory instruction. As an integral part of the overall curriculum, it is imperative that clinical education opportunities reflect the mission and philosophy of the USD Department of Physical Therapy. Although each physical therapist student will have a variety of clinical education experiences, the overall emphasis will be directed toward the development of a graduate who is prepared as a clinician generalist and able to practice in rural and medically under-served areas.

1.5.1 Integrated Clinical Education (ICE)

The physical therapist students participate in clinical education experiences that occur as part of the didactic class work and are referred to as integrated clinical education (ICE) experiences. Physical therapist students may have ICE experiences associated with these courses.

Integrated Clinical Education Outline:

Year	Term	Course	Course Title
II	Fall	PHTH 730	Musculoskeletal Physical Therapy I
II	Fall	PHTH 732	Musculoskeletal Physical Therapy II
II	Fall	PHTH 734	Neuromuscular Physical Therapy I
II	Fall	PHTH 736	Cardiovascular/Pulmonary Physical Therapy
II	Spring	PHTH 740	Musculoskeletal Physical Therapy III
II	Spring	PHTH 742	Geriatric Physical Therapy
II	Spring	PHTH 744	Neuromuscular Physical Therapy II
II	Spring	PHTH 746	Orthotics and Prosthetics
II	Spring	PHTH 748	Pediatric Physical Therapy
II	Fall or Spring	PHTH 754	Integumentary Physical Therapy II

1.5.2 Full-time Clinical Education

The physical therapist students also participate in five full-time clinical education experiences during the three-year curriculum. During the site selection process, in addition to academic considerations, several requirements pertaining to the mission of the program must be adhered to:

A. Physical therapist students must participate in a minimum of one "rural general" clinical education experience in a rural location. (Rural is defined by USDPT as a community with a population of less than 50,000; "Rural General" means that the clinical site does not have just one type of practice setting, such as all outpatient orthopedic, all pediatric, all inpatient, etc. "Rural General" practice must cover two or more practice settings.)
B. Physical therapist students must participate in at least one additional clinical in a rural location or a clinical in a location considered "Medically Underserved" as defined by Health Resources and Services (HRSA) which may be in a rural or urban location.
C. Physical therapist students must complete one specialty rotation in inpatient acute care or inpatient rehabilitation/sub-acute care.

D. Physical therapist students must complete one specialty rotation in outpatient orthopedics during Clinical Education II, Clinical Education III, Clinical Education IV, or Clinical Education V.
E. Physical therapist students may not select to participate in rotations of the same type (orthopedic/sports medicine, pediatric, rehabilitation, rural general, etc.) for more than two of the five full-time clinical education courses.
F. The Director of Clinical Education (DCE) may determine that a physical therapist student needs to participate in a full-time specialty rotation more than once based on feedback from clinical courses and faculty.

Full-time Clinical Education Outline

Year	Term	Course	Course Title	Credit Hours	Contact Hours
II	Summer	PHTH 724	Clinical Education I	6	240
III	Fall	PHTH 762	Clinical Education II	8	320
III	Fall	PHTH 764	Clinical Education III	8	320
III	Spring	PHTH 772	Clinical Education IV	8	320
III	Spring	PHTH 774	Clinical Education V	8	320
			Totals	38	1520

1.6 Physical Therapy Curriculum

The USD curriculum that leads to the Doctorate in Physical Therapy (DPT) degree is a structured program. The physical therapist student enrolls in prescribed courses (see below).

CURRICULUM FOR CLASS OF 2018

	Term	Course	Course Title	Credits
YEAR 1	Fall	ANAT 711	Human Gross Anatomy	6
	Fall	ANAT 712	Human Embryology	2
	Fall	PHGY 730	Human Physiology	6
	Fall	PHTH 701	Introduction to Patient/Client Management	2
	Fall	PHTH 706	Client and Community Health Education in PT	2
	Fall	PHTH 712	Professional Conduct and Ethics	3
	Fall	PHTH 780	Basic Research Design and Statistics	1
	Fall	PHTH 781	Evidenced Based Practice	1
			Fall Semester Credits	23
	Spring	PHAR 720	Medical Pharmacology	2
	Spring	PHTH 702	Physical Agents and Electrotherapy	3
	Spring	PHTH 710	Movement Science	6
	Spring	PHTH 718	Clinical Pathophysiology	4
	Spring	PHTH 731	Rehabilitation Neuroscience	3
	Spring	PHTH 786	Research Proposal Course in Health Sciences	1
			Spring Semester Credits	19
YEAR 2	Summer	PHTH 704	Physical Therapy Examination	2
	Summer	PHTH 714	Integumentary Physical Therapy I	1
	Summer	PHTH 720	Differential Diagnosis	4
	Summer	PHTH 722	Diagnostic Imaging	1
	Summer	PHTH 724	Clinical Education I	6
			Summer Semester Credits	14
	Fall	PHTH 730	Musculoskeletal Physical Therapy I	4
	Fall	PHTH 732	Musculoskeletal Physical Therapy II	4
	Fall	PHTH 734	Neuromuscular Physical Therapy I	5
	Fall	PHTH 736	Cardiovascular/Pulmonary Physical Therapy	5
	Fall	PHTH 783	Qualitative and Quantitative Data Analysis	1
	Fall	PHTH 787	Research Project in Health Sciences	1
	Fall	PHTH 790	Seminar	1
			Fall Semester Credits	21
	Spring	PHTH 740	Musculoskeletal Physical Therapy III	4
	Spring	PHTH 742	Geriatric Physical Therapy	4
	Spring	PHTH 744	Neuromuscular Physical Therapy II	4
	Spring	PHTH 746	Orthotics and Prosthetics	2
	Spring	PHTH 748	Pediatric Physical Therapy	4
	Spring	PHTH 787	Research Project in Health Sciences	1
			Spring Semester Credits	19
YEAR 3	Summer	PHTH 738	Health Care Management and Systems	4
	Summer	PHTH 752	Clinical Application of Imaging	1
	Summer	PHTH 754	Integumentary Physical Therapy II	1
	Summer	PHTH 756	Clinical Competence in Patient Management	1
			Summer Semester Credits	7
	Fall	PHTH 762	Clinical Education II	8
	Fall	PHTH 764	Clinical Education III	8
	Fall	PHTH 787	Research Project in Health Sciences	1
			Fall Semester Credits	17
	Spring	PHTH 772	Clinical Education IV	8
	Spring	PHTH 774	Clinical Education V	8
			Spring Semester Credits	16
			Classes of 2018 Doctorate of Physical Therapy Total Credits	136

CURRICULUM FOR CLASS OF 2019

	Term	Course	Course Title	Credits
YEAR 1	Fall	ANAT 711	Human Gross Anatomy	6
	Fall	ANAT 712	Human Embryology	2
	Fall	PHGY 730	Human Physiology	6
	Fall	PHTH 701	Introduction to Patient/Client Management	2
	Fall	PHTH 706	Client and Community Health Education in PT	2
	Fall	PHTH 712	Professional Conduct and Ethics	3
	Fall	PHTH 780	Basic Research Design and Statistics	1
	Fall	PHTH 781	Evidenced Based Practice	1
			Fall Semester Credits	23
	Spring	PHAR 720	Medical Pharmacology	2
	Spring	PHTH 702	Physical Agents and Electrotherapy	3
	Spring	PHTH 704	Physical Therapy Examination	2
	Spring	PHTH 710	Movement Science	6
	Spring	PHTH 718	Pathophysiology and Differential Diagnosis of Musculoskeletal Conditions	4
	Spring	PHTH 731	Rehabilitation Neuroscience	3
	Spring	PHTH 786	Research Proposal Course in Health Sciences	1
			Spring Semester Credits	21
YEAR 2	Summer	PHTH 714	Integumentary Physical Therapy I	1
	Summer	PHTH 720	Pathophysiology and Differential Diagnosis of Cardiovascular, Pulmonary, and other Systems Conditions	3
	Summer	PHTH 722	Pathophysiology and Differential Diagnosis of Neuromuscular Conditions	2
	Summer	PHTH 724	Clinical Education I	6
			Summer Semester Credits	12
	Fall	PHTH 730	Musculoskeletal Physical Therapy I	4
	Fall	PHTH 732	Musculoskeletal Physical Therapy II	4
	Fall	PHTH 734	Neuromuscular Physical Therapy I	5
	Fall	PHTH 736	Cardiovascular/Pulmonary Physical Therapy	5
	Fall	PHTH 783	Qualitative and Quantitative Data Analysis	1
	Fall	PHTH 787	Research Project in Health Sciences	1
	Fall	PHTH 790	Seminar	1
			Fall Semester Credits	21
	Spring	PHTH 740	Musculoskeletal Physical Therapy III	4
	Spring	PHTH 742	Geriatric Physical Therapy	4
	Spring	PHTH 744	Neuromuscular Physical Therapy II	4
	Spring	PHTH 746	Orthotics and Prosthetics	2
	Spring	PHTH 748	Pediatric Physical Therapy	4
	Spring	PHTH 787	Research Project in Health Sciences	1
			Spring Semester Credits	19
YEAR 3	Summer	PHTH 738	Health Care Management and Systems	4
	Summer	PHTH 752	Clinical Application of Imaging	1
	Summer	PHTH 754	Integumentary Physical Therapy II	1
	Summer	PHTH 756	Clinical Competence in Patient Management	1
			Summer Semester Credits	7
	Fall	PHTH 762	Clinical Education II	8
	Fall	PHTH 764	Clinical Education III	8
	Fall	PHTH 787	Research Project in Health Sciences	1
			Fall Semester Credits	17
	Spring	PHTH 772	Clinical Education IV	8
	Spring	PHTH 774	Clinical Education V	8
			Spring Semester Credits	16
			Classes of 2019 Doctorate of Physical Therapy Total Credits	136

CURRICULUM FOR CLASS OF 2020

	Term	Course	Course Title	Credits
YEAR 1	Fall	ANAT 711	Human Gross Anatomy	6
	Fall	PHGY 730	Human Physiology	6
	Fall	PHTH 701	Introduction to Patient/Client Management	2
	Fall	PHTH 704	Physical Therapy Examination	2
	Fall	PHTH 706	Client and Community Health Education in PT	2
	Fall	PHTH 712	Professional Conduct and Ethics	3
	Fall	PHTH 780	Basic Research Design and Statistics	1
	Fall	PHTH 781	Evidenced Based Practice	1
			Fall Semester Credits	23
	Spring	ANAT 712	Human Embryology	2
	Spring	PHTH 731	Rehabilitation Neuroscience	3
	Spring	PHAR 720	Medical Pharmacology	2
	Spring	PHTH 702	Physical Agents and Electrotherapy	3
	Spring	PHTH 710	Movement Science	6
	Spring	PHTH 718	Pathophysiology and Differential Diagnosis of Musculoskeletal Conditions	4
	Spring	PHTH 786	Research Proposal Course in Health Sciences	1
			Spring Semester Credits	21
YEAR 2	Summer	PHTH 714	Integumentary Physical Therapy I	1
	Summer	PHTH 720	Pathophysiology and Differential Diagnosis of Cardiovascular, Pulmonary, and other Systems Conditions	3
	Summer	PHTH 722	Pathophysiology and Differential Diagnosis of Neuromuscular Conditions	2
	Summer	PHTH 724	Clinical Education I	6
			Summer Semester Credits	12
	Fall	PHTH 730	Musculoskeletal Physical Therapy I	4
	Fall	PHTH 732	Musculoskeletal Physical Therapy II	4
	Fall	PHTH 734	Neuromuscular Physical Therapy I	5
	Fall	PHTH 736	Cardiovascular/Pulmonary Physical Therapy	5
	Fall	PHTH 783	Qualitative and Quantitative Data Analysis	1
	Fall	PHTH 787	Research Project in Health Sciences	1
	Fall	PHTH 790	Seminar	1
			Fall Semester Credits	21
	Spring	PHTH 740	Musculoskeletal Physical Therapy III	4
	Spring	PHTH 742	Geriatric Physical Therapy	4
	Spring	PHTH 744	Neuromuscular Physical Therapy II	4
	Spring	PHTH 746	Orthotics and Prosthetics	2
	Spring	PHTH 748	Pediatric Physical Therapy	4
	Spring	PHTH 787	Research Project in Health Sciences	1
			Spring Semester Credits	19
YEAR 3	Summer	PHTH 738	Health Care Management and Systems	4
	Summer	PHTH 752	Clinical Application of Imaging	1
	Summer	PHTH 754	Integumentary Physical Therapy II	1
	Summer	PHTH 756	Clinical Competence in Patient Management	1
			Summer Semester Credits	7
	Fall	PHTH 762	Clinical Education II	8
	Fall	PHTH 764	Clinical Education III	8
	Fall	PHTH 787	Research Project in Health Sciences	1
			Fall Semester Credits	17
	Spring	PHTH 772	Clinical Education IV	8
	Spring	PHTH 774	Clinical Education V	8
			Spring Semester Credits	16
			Class of 2020 Doctorate of Physical Therapy Total Credits	136

1.7 Course Descriptions for Physical Therapy Curriculum

South Dakota Board of Regents Approved Course Descriptions

ANAT 711	Human Gross Anatomy	A complete and detailed regional dissection of the human subject is performed utilizing human cadavers. Topographical and radiological correlations are utilized in combination with medical cases/clinical correlations to enhance student learning.
ANAT 712	Human Embryology	The course is a comprehensive study of human developmental anatomy beginning at conception. There is an emphasis placed on normal and abnormal development during the embryonic stages with significant correlations between embryology and gross anatomy.
PHAR 720	Medical Pharmacology	Systematic presentation of pharmacologic agents based on drug group classification; their nature, mode of action and toxicity.
PHGY 730	Human Physiology	A comprehensive study of physiology of the human body with specific emphasis as it relates to majors in occupational therapy, physical therapy and physician assistants program.
PHTH 701	Introduction to Patient/Client Management	This physical therapy course introduces principles of patient care that promote professional, safe, therapeutic and effective standards of care.
PHTH 702	Physical Agents and Electrotherapy	This physical therapy course introduces content including pain, inflammation and tissue repair, and the use of biophysical agents and soft tissue mobilization in rehabilitation.
PHTH 704	Physical Therapy Examination	This course introduces basic tests and measurements commonly utilized in the physical therapy examination process.
PHTH 706	Client and Community Health Education in PT	This physical therapy course introduces learning theories and teaching learning styles as they apply to patient care, professional education, health promotion, and life-long learning.
PHTH 710	Movement Science	This foundational physical therapy course introduces students to biomechanics, kinesiology and movement, joint mobilization, therapeutic exercise, and cellular histology of muscle and connective tissue.
PHTH 712	Professional Conduct and Ethics	This physical therapy course aids students in understanding their role as professionals in the context of the health care environment. Emphasis is placed on professional core values, ethics, and interpersonal communication skills in the health care environment.
PHTH 714	Integumentary Physical Therapy I	This course is the first of a series of two courses that present the principles of patient-client management in integumentary physical therapy and promotes professional, safe, therapeutic, and effective standards of care. The teaching and learning opportunities enable the student to become knowledgeable about the diseases, injuries, or conditions of the integumentary system that require physical therapy examination and evaluation and to safely perform evidence-based interventions.
PHTH 718	Clinical Pathophysiology	This course provides an in-depth overview of pathophysiology as it relates to body systems and the mechanisms of common diseases and disorders. Clinical laboratory testing and general screening for a variety of disorders will also be addressed. Additional emphasis will be placed on the health promotion practices that prevent common diseases/disorders associated with morbidity and mortality in the U.S. Learning activities include readings, case studies, examinations, and a final project *(Class of 2018)*.
PHTH 718	Pathophysiology and Differential Diagnosis of Musculoskeletal Conditions	This course examines medical/systemic conditions whose signs and/or symptoms present as muscular and/or skeletal problems. Students will learn screening, systems review, and examination skills designed to assist in the differentiation of pathological etiologies underlying disease and injury. Additional emphasis will be placed on identifying "red flags" that indicate physical therapist treatment may be contraindicated or referral to another health care professional is warranted. The course provides an in-depth overview of related pathophysiology and the mechanisms of common musculoskeletal diseases and disorders *(Classes of 2019 and 2020)*.

PHTH 720	Differential Diagnosis	This is a required course for all year I physical therapy students. Prerequisites include successful completion of all prior course work. This course is designed to instruct physical therapy students in medical/systemic conditions whose signs and/or symptoms can present as neurological, muscular, &/or skeletal problems. Students will learn appropriate examination skills designed to assist the student in screening procedures to aid in patient assessment. Disease epidemiology, patient/client interview, systems review process, and nutritional aspects of disease will be discussed. Certain diseases associated with specific organ systems; as well as, diseases common to geriatric and adolescent populations will be covered *(Classes of 2018).*
PHTH 720	Pathophysiology and Differential Diagnosis of Cardiovascular, Pulmonary, and other Systems Conditions	This course examines medical/systemic conditions whose signs and/or symptoms present as cardiopulmonary or other non-musculoskeletal and non-neurologic systems problems. Students will learn screening, systems review, and examination skills designed to assist in the differentiation of pathological etiologies underlying disease and injury. Additional emphasis will be placed on identifying "red flags" that indicate physical therapist treatment may be contraindicated or referral to another health care professional is warranted. The course provides an in-depth overview of related pathophysiology and the mechanisms of common cardiopulmonary, integumentary, or other system diseases and disorders *(Classes of 2019 and 2020).*
PHTH 722	Diagnostic Imaging	An introductory physical therapy course with content including the basic principles of diagnostic imaging as well as the evidence for application of diagnostic imaging in patient care. This is a required course for students in the first year of the Physical Therapy clinical doctorate program *(Class of 2018).*
PHTH 722	Pathophysiology and Differential Diagnosis of Neuromuscular Conditions	This course examines medical/systemic conditions whose signs and/or symptoms present as neuromuscular systems problems. Students will describe common clinical manifestations that occur with common neuromuscular conditions. Students will also describe factors that influence the prognosis for patients and clients with neuromuscular conditions. Additional emphasis will be placed on identifying signs and symptoms of common neuromuscular conditions that should prompt referral for further consultation or diagnostic testing. The course provides an in-depth overview of related pathophysiology and the mechanisms of common neuromuscular diseases and disorders *(Classes of 2019 and 2020).*
PHTH 724	Clinical Education I	This course is a clinical practicum learning experience that takes place in a community-based physical therapy setting.
PHTH 730	Musculoskeletal Physical Therapy I	This course is one of three physical therapy musculoskeletal courses focusing on a specific region of the body. The course builds upon knowledge of anatomy, physiology, pathology, differential diagnosis, biomechanics, and therapeutic exercise to develop examination skills, clinical reasoning, evidence-based interventions, and goal-directed plans of care.
PHTH 731	Rehabilitation Neuroscience	Upon completion of this course, students will relate structural components of the nervous system to their function, correlate neurological examination findings with structural components, and associate neurological deficits or dysfunction seen in clinical practice with damage to specific neurological systems. Throughout the course, students are encouraged to develop critical thinking and problem solving skills to apply anatomical knowledge to clinical case scenarios.
PHTH 732	Musculoskeletal Physical Therapy II	This course is one of three physical therapy musculoskeletal courses focusing on a specific region of the body. The course builds upon knowledge of anatomy, physiology, pathology, differential diagnosis, biomechanics, and therapeutic exercise to develop examination skills, clinical reasoning, evidence-based interventions, and goal-directed plans of care.
PHTH 734	Neuromuscular Physical Therapy I	This physical therapy course introduces content including theory and practical applications of motor control and motor learning in the management of patients and clients with neuromuscular movement dysfunction. The course also includes material specific to infant and child motor, cognitive, social, and emotional development.
PHTH 736	Cardiovascular/Pulmonary Physical Therapy	This physical therapy course builds upon knowledge of anatomy, physiology, pharmacology, pathology, and differential diagnosis to develop examination skills, clinical reasoning, evaluation competencies, evidence-based interventions, and goal-directed plans of care with emphasis on cardiovascular and pulmonary health.

PHTH 738	Health Care Management and Systems	This physical therapy course introduces leadership and business management principles. The course challenges students to reflect upon and apply leadership theories, principles, and behaviors and to explore their roles as advocates and change agents within the profession, health care industry, and communities within which they live.
PHTH 740	Musculoskeletal Physical Therapy III	This course is one of three physical therapy musculoskeletal courses focusing on a specific region of the body. The course builds upon knowledge of anatomy, physiology, pathology, differential diagnosis, biomechanics, and therapeutic exercise to develop examination skills, clinical reasoning, evidence-based interventions, and goal-directed plans of care.
PHTH 742	Geriatric Physical Therapy	This course builds upon clinical, behavioral, and foundational physical therapy sciences as well as professional practice and patient/client management expectations to develop examination skills, clinical reasoning, evaluation competencies, evidence-based interventions, and goal-directed plans of care specific to the unique needs of the geriatric population.
PHTH 744	Neuromuscular Physical Therapy II	This physical therapy course builds upon knowledge of anatomy, rehabilitation neuroscience, neurophysiology of motor control and motor learning, pharmacology, pathophysiology, and differential diagnosis to develop examination skills, clinical reasoning, evaluation competencies, evidence-based interventions, and goal-directed plans of care with emphasis on neuromuscular diagnoses.
PHTH 746	Orthotics and Prosthetics	The physical therapy course introduces material specific to the role of orthotics and prosthetics in the management of patients and clients. The course emphasizes the indications, prescription, application, and modification of prosthetics and orthotics to achieve best patient and client functional outcomes.
PHTH 748	Pediatric Physical Therapy	This course builds upon clinical, behavioral, and foundational physical therapy sciences as well as professional practice and patient/client management expectations to develop examination skills, clinical reasoning, evaluation competencies, evidence-based interventions, and goal-directed plans of care specific to the unique needs of the pediatric population.
PHTH 752	Clinical Application of Imaging	This physical therapy course emphasizes the application of diagnostic imaging in the clinical setting using the best contemporary evidence.
PHTH 754	Integumentary Physical Therapy II	This course is the second of a series of two courses that present the principles of patient-client management in integumentary physical therapy and promotes professional, safe, therapeutic, and evidence based effective standards of care.
PHTH 756	Clinical Competence in Patient Management	This course uses clinical laboratory instructional methods to assist students in formulating a plan of care based on the patient/client management model. Students participate in simulated patient learning experiences culminating in a comprehensive practical examination. This course integrates effective communication strategies, develops physical examination skills, enhances evaluative judgment, and guides intervention design.
PHTH 762	Clinical Education II	This course is a clinical practicum learning experience that takes place in a community-based physical therapy setting.
PHTH 764	Clinical Education III	This course is a clinical practicum learning experience that takes place in a community-based physical therapy setting.
PHTH 772	Clinical Education IV	This course is a clinical practicum learning experience that takes place in a community-based physical therapy setting.
PHTH 774	Clinical Education V	This course is a clinical practicum learning experience that takes place in a community-based physical therapy setting.
PHTH 780	Basic Research Design and Statistics	This physical therapy course introduces students to research design, statistical analysis, and qualitative and quantitative research critique related to clinical practice.
PHTH 781	Evidenced Based Practice	This physical therapy course introduces students to the five step process of evidence based practice (ask, acquire, appraise, apply and audit). The course challenges students to apply and disseminate current literature findings into clinical practice.
PHTH 783	Qualitative and Quantitative Data Analysis	This physical therapy course emphasizes the analysis and application of qualitative and quantitative data.
PHTH 786	Research Proposal Course in Health Sciences	This physical therapy research course emphasizes the development of a research proposal.
PHTH 787	Research Project in Health Sciences	This physical therapy research course emphasizes the completion of a research project and the development of a dissemination-ready research product.
PHTH 790	Seminar	This course is a seminar experience for the physical therapist student.

1.8 Terms Used in Clinical Education

The following list of terms and abbreviations are used throughout the USD Physical Therapy *Clinical Education Handbook*, in the forms and contracts used for the clinical education experiences and in the program of study/curriculum.

A. Affiliation Agreement—A contractual agreement between the educational institution and the clinical education center. The affiliation "agreement" describes the purpose, the relationship that exists between the parties, the respective obligations and responsibilities of the parties and the terms of agreement, modification and termination.
B. Center Coordinator of Clinical Education (CCCE)—The Center Coordinator of Clinical Education is the person at each clinical education center who arranges for the clinical education experience of the physical therapist student. The CCCE also communicates with the DCE and other faculty at the educational institution. The CCCE may or may not have other responsibilities at the clinical education center.
C. Clinical Education—The portion of a physical therapist student's professional education that involves the practice and application of classroom knowledge and skills to on-the-job responsibilities is called clinical education. These educational opportunities occur at a variety of centers and include experiences in evaluation and patient care, administration, research, teaching and supervision. This is a participatory experience with limited time spent in observation.
D. Clinical Education Center/Facility—A health care agency, or other setting, where learning opportunities and guidance in clinical education are provided for physical therapist students is called a clinical education center or facility. A clinical education center/facility may be a hospital, agency, clinic, office, school or home that is affiliated with one or more educational programs through a contractual agreement.
E. Clinical Education Experience/Clinical Rotation/Clinical Internship—A specific unit within the total clinical education portion of the physical therapy curriculum is called a clinical education experience/rotation/assignment/experience. It is provided in a clinical education center/facility. The student is evaluated on his/her performance during this experience.
F. Clinical Instructor (CI)/Preceptor—A person who is responsible for the direct instruction and supervision of the physical therapist student in the clinical education setting is called a clinical instructor.
G. Consortium—Any association, partnership, union or group which has banded together under mutual agreement.
H. Director of Clinical Education (DCE)—An individual, employed by the educational institution, whose primary concern is related to the student's clinical education in the Physical Therapy Program's curriculum. The DCE administers the clinical education program and, in association with the academic and clinical faculty, plans and coordinates each student's program of clinical experiences taking into consideration his/her academic preparation. The DCE also evaluates the student's progress. The DCE is assisted by the Assistant DCE.
I. Educational Institution/The University of South Dakota—The academic setting in which the Physical Therapy Program is located.
J. Educational Program/Physical Therapy Department—The academic entity responsible for the education of the physical therapist students at USD is called the Department of Physical Therapy.

References

1. American Physical Therapy Association. *Guide to Physical Therapy Practice 3.0.* American Physical Therapy Association Web site. http://iweb.apta.org/Purchase/ProductDetail.aspx?product_code=P-170. Published 2014. Accessed June 7, 2017.
2. American Physical Therapy Association. Professionalism in Physical Therapy: Core Values. American Physical Therapy Association Web site. http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Judicial_Legal/ProfessionalismCoreValues.pdf. Updated July 27, 2012. Accessed June 7, 2017.

SECTION 2: RIGHTS AND RESPONSIBILITIES IN CLINICAL EDUCATION

2.1 Introduction to Rights and Responsibilities

The sections that follow will delineate the rights and responsibilities of the physical therapist student, the clinical education site, the clinical education faculty and the DCE for the clinical education experiences that are required by the USD Department of Physical Therapy.

2.1.1 Affiliation Agreement between USD and the Facility

The *USD Health Affairs Affiliation Agreement* between the University and the facilities that participate in clinical education delineates the rights and responsibilities of the University, the facility, and the physical therapist student.

Health Affairs (Sanford School of Medicine and School of Health Sciences) has designated staff to manage all aspects of the *USD Health Affairs Affiliation Agreement,* in conjunction with the USD Legal Advisors. Facilities that use the *USD Health Affairs Affiliation Agreement* will receive an updated affiliation agreement every 5 years or as major changes are made in the affiliation agreement. Facilities that use their own affiliation agreements will be updated as required by the facilities. The DCE has access to the database that houses the affiliation agreements and works with the designated staff to ensure that affiliation agreements are in place prior to each clinical education experience.

A sample of the *USD Health Affairs Affiliation Agreement* can be found in Appendix A. Policy and Procedure 1.7.3.2 "Clinical Education Affiliation Agreements" can be found in Appendix F.

2.2 Physical Therapist Student Rights and Responsibilities in Clinical Education

2.2.1 Immunizations, Certifications and Health Risks

Physical therapist students are required to provide current proof of immunization prior to participating in any clinical education experience. The USD Student Health Services can provide these immunizations at the physical therapist student's expense. Physical therapist students are responsible for investigating those immunizations required by the site in which they are placed for clinical internships. Physical therapist students are required to check the immunization and any other additional requirements for each clinical site. It is the physical therapist student's responsibility to obtain any immunizations beyond those required by USD.

Documentation of the following immunizations must be provided upon entrance into the USDPT Program, as per the USD Health Affairs Immunization Policy (see also Appendix B):

Sanford School of Medicine Student Immunization Policy
This policy applies to all SSOM Medical Students as well as visiting Medical Students
(Updated 3-4-2017)

For the protection of the health of our students and because of the risks of exposure to infectious diseases to which students are subjected in the course of clinical work, certain tests and immunizations are required. Entering and visiting students are required to provide documentation of all required immunizations to the program prior to matriculation or visit. As these immunizations are a part of the Schools on-going affiliation agreements with our clinical sites, students will not be allowed to register or participate in any clinical activities until documentation is provided.

Health Affairs Requirements:
Students are required to follow the Immunization Compliance Policy of their specific program (MD; Nursing; PT; OT, etc).

For students in programs requiring full compliance with the USD Health Affairs Immunization Policy, the immunization form must be completed with the appropriate signatures. Include copies of titer reports and other medical records when applicable.

1. Measles (Rubeola), Mumps, Rubella: One of the following is required:
   a. All students born after December 31, 1956 are required to have medically signed proof of TWO properly administered immunizations.
   OR
   b. Immune titers for measles (rubeola), mumps, and rubella.

2. Hepatitis B immunization: ALL students are required to receive HBV vaccination (3 doses at 0, 1 and 6 months). *The first two doses of the three dose series are required prior to the start of classes.* A positive HEP B titer without proof of vaccine dates is accepted if unable to obtain immunization dates.
   AND
   Hepatitis B titer:
   a. Test for anti-HBs or HbsAB (HBV surface antibodies). Recommended 1-2 months after completion of the vaccination series.
   b. Students admitted with *documented* prior vaccination history must also provide immune status documentation. If that is not available, current immune status will be determined by the titer.
   c. A copy of the titer report must accompany the immunization form or be provided as soon as it is available.
   d. Those who do not seroconvert when the titer is done 1-2 months following the series should be revaccinated with a full series with the titer repeated 1-2 months after the last immunization.
   e. Those who do not seroconvert when the titer has been delayed greater than 12 months since the initial series may choose to obtain one additional booster dose of the vaccine with the titer repeated 1-2 months after the last immunization. If the second titer remains below 10mIU/mL, the person will complete the series followed by another titer.
   f. If after a second series, titers remain below 10mlU/mL, the person is considered at risk for acquiring HBV.
      i. Students should be counseled about the occupational risk and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to HBsAg-positive blood. No further vaccine series are recommended. However, the student should be tested for HBsAg to make sure that chronic HBV infection is not the reason for vaccine non-response (assuming the 2nd negative HbsAb titer was performed 1-2 months following the last hepatitis B vaccine of the second series).

3. Varicella/Chicken Pox immunity: One of the following is required.
   a. Varicella Titer if the student has had the chicken pox that indicates immunity (copy of titer report must accompany immunization form);
   OR
   b. Two doses of varicella immunization is indicated if there is no history of the disease of if the varicella titer is negative. Recommended interval is 4-8 weeks between doses.

4. Tdap (tetanus, diphtheria, adult pertussis): One dose of Tdap (tetanus, diphtheria, adult pertussis) is required. Tdap vaccine can be administered to healthcare workers without concern for the length of time since the most recent Td vaccine. If it has been longer than 10 years since the Tdap, a Td or Tdap booster is required.

5. TB Skin Tests or Interferon Gamma Release Assay (IGRA):
   Upon admission:

a. Initial Two-Step TB Skin Test: Documentation of two TB skin tests is required. If the first is negative, a second TB skin test will be given in 1-3 weeks. The second negative will confirm lack of infection (any two documented TB skin tests completed within a 12 month period can meet this requirement.)

OR

b. Interferon Gamma Release Assay (IGRA):

Note: History of BCG vaccine is NOT a contraindication for tuberculin testing. TB skin test reactivity caused by BCG vaccine generally wanes with time. If more than 5 years have elapsed since administration of BCG vaccine, a positive reaction is most likely a result of *M. tuberculosis* infection.

During enrollment:

a. Annual TB Skin Test:

OR

b. IGRA

OR

c. Annual symptom checklist if history of latent TB

Note: If there is a lapse greater than 13 months between annual TB skin tests, the two-step TB skin test will be repeated.

Note: Students with a positive TB skin test or IGRA are required to provide documentation from their health care provider including the following:

a. Result of the positive TB skin test (date placed, read, measurement in mm, signed by a health care provider) or IGRA report.
b. Chest x-ray report.
c. Determination by the health care provider if this is a latent TB infection or active TB disease.
d. Treatment; including what it was, when started, when completed, etc.

Note: Students who have active TB disease will be restricted from school and patient contact until they have provided documentation that satisfies the infection prevention policies of the health care facilities where the student trains.

Note: Students with a known history of a positive TB skin test/latent disease will complete a symptom checklist annually (see last page of Infection Control Policies and Procedures Manual in medical student portal.

6. Influenza vaccination:
   a. The influenza vaccine is required by December 1st annually.

Recommended Immunizations:

Meningococcal (meningitis) vaccine. Recommended for students living in college dormitories who have not been immunized previously or for college students under 25 years of age who wish to reduce their risk.

All 11 to 12 year olds should be vaccinated with a meningococcal conjugate vaccine (Menactra® or Menveo®). A booster dose is recommended at age 16 years. Teens and young adults also may be vaccinated with a serogroup B meningococcal vaccine. In certain situations, other children and adults could be recommended to get any of the three kinds of meningococcal vaccines. Students should consult with their physician about the appropriate vaccine for their specific risk.

Childhood DTP/DTaP/DPT and polio vaccines.

While enrolled in the USD Department of Physical Therapy Program, all physical therapist students must maintain their certification in BLS for Healthcare Providers (CPR & AED). A BLS

for Healthcare Providers certification/re-certification course is offered for the physical therapist students each year. The American Heart Association guidelines state that once a person is certified, it is valid for two years. It is the physical therapist student's responsibility to make sure that his/her certification is valid prior to attending each clinical education experience. Physical therapist students sign a consent form with the USD PT program authorizing the release of both immunization and BLS for Healthcare Providers training information to their clinical education placement sites.

All physical therapist students must complete OSHA-regulated bloodborne pathogen exposure training upon entrance into the program. A certification of successful completion of the aforementioned training is sent in the student information packet that each CI receives prior to each clinical education experience. Copies of The University of South Dakota School of Medicine and School of Health Sciences policies and procedures for reporting exposure to bloodborne pathogens can be found in Appendix B. The physical therapist student is responsible for any costs associated with bloodborne pathogen exposure.

During orientation procedures at the full-time clinical education experiences, the physical therapist students have an opportunity to participate in infection control and safety procedures provided by the center/facility. During their curricular course of study, physical therapist students are required to participate in HIPAA training and testing. A certification of successful completion of HIPAA training testing is sent in the physical therapist student information packet that each CI receives prior to each clinical education experience.

It is the physical therapist student's responsibility to review the document entitled "Health Risks Associated with Being a Physical Therapist Student" (Appendix C). After reading the information, each physical therapist student must determine if he/she is willing to proceed in the Physical Therapy Program based upon the health risks. Upon entrance to the USD PT program, physical therapist students agree that they are able to comply with both the "USD PT Department Essential Functions and Technical Standards." A copy of both of these documents can be found in Appendix C.

For additional information, see Appendix F, Policy and Procedure 1.7.1.6 "Disclosure of Student Information with Clinical Education Placement Sites."

2.2.2 Criminal Background Check and Drug Testing

Physical therapist students are required to demonstrate Criminal Background Clearance prior to their initial enrollment into any USD School of Health Sciences program. Physical therapist student clearance is completed through Verified Credentials, Inc. Criminal Background Check includes: (1) Criminal Search – Federal; (2) Criminal Search – Statewide; (3) Criminal Search – County; (4) Driving Record; (5) FACIS Level 1 Individual; (6) National Criminal Database; and (7) National Sex Offender Public Registry. It is the physical therapist students' responsibility to share the results of their criminal background checks with their clinical sites when requested. Physical therapist students are responsible for updating their criminal background check annually during the summers following the first and second years of didactic work. Certain clinical site may require additional criminal background checks; it is the responsibility of the physical therapist students to pay for these additional clearances.

Drug tests are not required prior to admission to the USD PT program. It is the physical therapist student's responsibility to know whether drug testing is a requirement of the clinical education placement site and to follow up with a drug test in compliance with the expectations of those sites requiring a drug test. It is the responsibility of the physical therapist students to pay for drug testing if required.

2.2.2.1 USD Health Affairs Programs Substance Use Disorder Policy

I. INTRODUCTION

The USD School of Health Sciences and Sanford School of Medicine, hereinafter referred to as the "Health Affairs Programs", recognize their responsibility to provide a healthy environment where students may learn to prepare themselves to become members of the healthcare profession. However, students seeking to work within a healthcare profession are held to a higher standard of conduct as a result of their decision to become a healthcare professional.

Health Affairs Programs are committed to protecting the safety, health and welfare of their faculty, staff, students and those with whom they have contact during scheduled learning experiences in the classroom, on campus and outside University property. In furtherance of this commitment, the Health Affairs Programs strictly prohibit the illegal use, possession, sale, conveyance, distribution and manufacture of the following which are not being used by the student pursuant to a valid prescription:

- Illegal drugs as defined by state and/or federal law
- Intoxicants
- Controlled substances as defined under state and/or federal law

In addition, Health Affairs Programs strictly prohibit inappropriate substance use or addiction to the following:

- Non-prescription drugs
- Prescription drugs
- Alcohol

In furtherance of its objective to assist the students in attaining their career goals and protecting the public, who will ultimately be served by the students, the Health Affairs Programs seek to utilize the services of the South Dakota Health Professionals Assistance Program (HPAP). HPAP is a multi-disciplinary diversion program for chemically impaired health professionals. HPAP provides a non-disciplinary option to confidentially and professionally monitor treatment and continuing care of health professionals who may be unable to practice with reasonable skill and safety if their illness is not appropriately managed. The intent of this policy is to assist the student in the return to a condition which will allow them to competently and safely achieve their goal of becoming a healthcare professional with an emphasis being placed on deterrence, education and reintegration. All aspects of this policy are to be applied in good faith with compassion, dignity and to the extent permitted by law, confidentiality.

This Health Affairs Programs Substance Use Disorder Policy is in addition to policies of USD, the South Dakota Board of Regents and the program of which the student is a participant. The students enrolled in any of the Health Affairs Programs and to whom this policy applies are obligated to adhere to this policy.

II. REFERRAL TO HPAP

Upon the occurrence of an event deemed by the Departmental Chair or appropriate Dean to warrant a referral to HPAP, the student may be referred to HPAP for testing, treatment recommendations and/or monitoring. Events which may lead to a referral must be supported by credible evidence and may consist of the following:

- Report of a possible violation by another student, faculty member or other person with whom the student interacts during scheduled learning experiences both inside and outside of the classroom, on or off USD property;
- Observable phenomena, such as direct observation of an inappropriate use of alcohol, drug use and/or physical symptoms during scheduled learning experiences both inside and outside of the classroom, on or off USD property;
- Manifestations of being under the influence of a substance of abuse, such as erratic behavior, slurred speech, staggered gait, flushed face, dilated/pinpoint pupils, wide mood swings, and/or deterioration of performance during scheduled learning experiences both inside and outside of the classroom, on or off USD property;
- Credible information that a student has caused or contributed to an accident as a result of inappropriate substance use;
- Credible information that a student has been charged with an offense associated with the inappropriate use of alcohol or illegal substances;
- Conviction by a court for an offense related to the inappropriate use of alcohol or illegal substances. This shall include any charged offense for which the student received a suspended imposition of sentence, deferred prosecution or other treatment by the Court which resulted in the student's criminal record in the matter being expunged.

III. TESTING BY HPAP

Upon referral, HPAP may determine that testing of the student is necessary. If HPAP determines that testing results are positive due to substance levels meeting or exceeding HPAP established threshold values for both screening and confirmation studies, that information will be reviewed by a Medical Review Officer (MRO). Refusal by the student to comply with the referral to HPAP may result in disciplinary action as set forth herein.

IV. TREATMENT AND REFERRAL

Upon non-compliance with HPAP, the following actions may be taken by the Health Affairs Programs Chair or appropriate Dean:

- Warning issued to the student;

- Development of a learning agreement between the student and the Health Affairs Programs for behavioral change establishing conditions, if any, for retention of the student in the Health Affairs Programs;
- Referral of the student for further medical evaluation and/or treatment;
- Disciplinary action as set forth in this policy; and/or
- Any other action deemed appropriate by the Health Affairs Programs Chair or appropriate Dean provided the same is not in conflict with other policies of USD or the South Dakota Board of Regents.

V. DISCIPLINE AND DUE PROCESS

Students may be subject to discipline for conduct which is in violation of this policy or in violation of other rules and policies of USD, the South Dakota Board of Regents or the Health Affairs Programs in which they are enrolled. Students considered for disciplinary action shall be notified of the proposed discipline in accordance with the policies of USD, the South Dakota Board of Regents or the Health Affairs Programs in which the student is enrolled, whichever is applicable. In the event that the conduct which serves as the basis for proposed discipline involves a student who poses a risk to the safety, health or well-being of the student or a member of the public for whom the student is performing services as part of his/her educational program, the program Chair or Dean may suspend the student's access to others pending any final decision on proposed disciplinary action. Any such suspension of access shall be deemed a suspension from the Health Affairs Programs until the disciplinary process is complete.

VI. ADMISSION AND READMISSION

Any student who seeks admission to any USD Health Affairs Program and has a substance abuse disorder or has been removed from the Health Affairs Programs, for cause, and such cause is either directly or indirectly related to conduct which is associated with a substance abuse disorder, shall be required to meet the following criteria to be considered for admission or readmission to the same or another Health Affairs Program:

A. The student must demonstrate compliance with any treatment program and/or aftercare recommended by a credentialed substance abuse professional. Evidence of participation and compliance must be submitted as a part of the application for readmission.
B. Demonstration of a minimum of two (2) years of abstinence from alcohol, illegal drugs or non-prescribed drugs prior to application. Evidence may be in the form of letters of reference from prior employers or those in a supervisory position. A minimum of four (4) letters is required. If four letters of reference cannot be obtained, reasonable alternatives can be arranged by the program Chair or Dean. However, if reasonable alternatives cannot be agreed upon then the final determination will be that the student does not have proper documentation to apply. All documentation of abstinence shall be subject to approval by the Chair, Department Head or Dean of the program for which the student seeks admission.

C. As a condition of admission or readmission to any of the Health Affairs Programs, the student must sign an agreement to participation monitoring by random screening for use of alcohol, illegal drugs or non-prescribed drugs. The student shall be responsible for all costs associated with such testing. The student will further be required to agree that the results of any testing may be used as a basis for disciplinary action, including removal from the Health Affairs Programs.

D. As a condition of readmission to any USD Health Affairs Program, the student must agree to abstain at all times from use on any alcohol, illegal drugs or non-prescribed drugs. If the student requires medical attention and/or prescription medications, the student agrees that he/she shall inform his/her medical provider(s) of his/her substance abuse history. The student shall further cause his/her medical provider to submit to the USD Health Affairs Program MRO, in writing, a report identifying the medication, dosage and date of prescription if the prescribed drug is one which has potential for addiction.

VII. CONFIDENTIALITY

All information which is obtained as a result of the referral, testing and/or treatment completed by HPAP or a HPAP recommended facility shall remain confidential. The student will be asked to sign a release of information following the standards set forth in 42 CFR §2.31. Any information received as a result of the disclosures about a student may be used only for such purposes as allowable under 42 CFR §2.33.

2.2.3 Health and Professional Liability Insurance

Physical therapist students enrolled in the Health Affairs professional programs <u>are required</u> to carry health insurance coverage that meets or exceeds the minimum standards outlined below. Physical therapist students must provide proof of credible coverage meeting minimum coverage standards at the beginning of each academic year. Health insurance coverage is a requirement of the Affordable Care Act, each academic programs accreditation standards, and through affiliation agreements with clinical rotation sites. *Physical therapist students who are unable to or have not provided sufficient proof of credible coverage meeting minimum standards* ***will not*** *be allowed to participate in clinical rotations or experiences.*

If required by the physical therapist student's specific academic program, other insurances (ie. Life, disability and malpractice) will continue to be purchased as a part of the physical therapist student tuition and fees.

<u>Minimum coverage requirements are:</u>

- Nationwide coverage
- Insurance must contain provisions for mental health or chemical dependency coverage.
- Insurance not have a deductible higher than $7500 or out of pocket maximum of $7500.

  NOTE: Exceptions may be made to the deductible and out of pocket maximum requirements if the physical therapist student is a dependent on a parent or spouse's insurance. The student must provide a written statement from the primary insurance holder that they are accepting financial responsibility for the higher deductible.

Examples of acceptable coverage may include but are not limited to:

- Group plans where student is a dependent of a parent or spouse.
- Tricare
- Medicaid
- Coverage through the HealthCare.gov marketplace. South Dakota companies participating in the marketplace include Avera Health Plans and Sanford Health Plan
- Various Wellmark Bluecross/Blueshield plans

Physical therapist students are required to purchase liability insurance prior to any clinical education experience. The Physical Therapy Department will secure the insurance policy. Physical therapist students will be assessed a Physical Therapy Fee that will be charged on their tuition and fee statement. Physical therapist students are expected to pay the insurance premium at the time of registration.

The physical therapist student's liability insurance policy provides for general liability limits of $1,000,000 for each incident and maximum coverage of $2,000,000 in the aggregate, as well as professional liability limits of $1,000,000 for each incident and maximum coverage of $5,000,000 in the aggregate. Coverage begins in July of Year I for physical therapist students enrolled in the Physical Therapy Program and must be purchased annually while the student remains enrolled in the Program. Copies of the insurance policies are available upon request.

2.2.4 Disability Services

Disability Services is an integral part of USD and is committed to ensuring that physical therapist students with disabilities have equal access to all the programs, services and activities USD offers in accordance with Sections 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. In order to receive academic accommodations, physical therapist students must contact and register with Disability Services as soon as possible after admittance to USD. Following registration with Disability Services, physical therapist students are required to submit medical or other diagnostic documentation of their disability and their functional limitations. The physical therapist student may also be asked to obtain additional evaluations prior to receiving requested accommodations. Physical therapist students are responsible for making timely and appropriate disclosures, making timely and appropriate requests for accommodation, for keeping Disability Services informed about the implementation of accommodations, and for actively participating in the securing of his/her accommodations and auxiliary aids (including, when appropriate, applying for funding for specialized support services from vocational rehabilitation agencies). Delay on the part of the physical therapist student in registering with Disability Services, seeking accommodations, or in meeting required conditions, may result in limiting the ability of USD to provide reasonable accommodations.

Physical therapist students who have or suspect they may have a disability should contact Disability Services as soon as possible to see if they qualify for academic accommodations. Disability Services can refer students to the appropriate agency or organization for evaluation.

Disability Services is located in the Service Center North, Room 119B. Disability Services can be reached at 677-6389 or http://www.usd.edu/disabilityservices.

The Physical Therapy Department faculty will make the necessary accommodations for physical therapist students with disabilities only after they have registered with the Center for Disabilities and complied with the policy on accommodation (see Appendix D).

If a physical therapist student has disclosed a disability, the physical therapist student and the DCE will discuss any accommodations that may need to be made in the clinic. It will be the responsibility of the physical therapist student to disclose their disability to the clinic facility so that accommodations can be made. All clinical education facilities have agreed to make reasonable accommodations according to the Agreement between USD and the center/facility.

2.2.5 Learning Objectives and Biographical Information

The physical therapist student is responsible for creating three to five learning objectives for each clinical education experience. The learning objectives should be based upon areas that the physical therapist student feels he/she needs improvement or further exposure based upon didactic or previous clinical education experiences. The physical therapist student also will provide a short biography for each clinical experience. The physical therapist student prepares this information on a Student Biographical Information and Objectives Form for each clinical education experience/site. By completing the Student Biographical Information and Objectives Form and giving it to the DCE/Assistant DCE, the physical therapist student is giving his/her consent to release the information to the facility/center where the full-time clinical education experience will occur. (A sample of the Student Biographical Information and Objectives Form can be found in Appendix E. Also refer to Appendix F, Policy and Procedure 1.7.1.6 "Disclosure of Student Information with Clinical Education Placement Sites").

The DCE/Assistant DCE will meet with the physical therapist student prior to the clinical education experience as needed to provide feedback and guidance on the physical therapist student's objectives. The physical therapist student is responsible for meeting with his/her clinical instructor during the first two days of that particular rotation to discuss the learning objectives.

2.2.6 Professional Conduct and Expectations

The American Physical Therapy Association (APTA) Code of Ethics has been adopted as the Code of Ethics for the USD Department of Physical Therapy. Therefore, all physical therapist students are required to abide by this Code. Breaches of either the Code of Ethics or confidentiality are considered grounds for academic misconduct and will constitute convening the Committee on Student Progress and Conduct to evaluate the physical therapist student's continuation or progression in the program as outlined in the *USD Department of Physical Therapy Student Handbook.* Clinicians and physical therapist students may refer to The APTA Web site for the newly revised Code of Ethics for physical therapists effective July 1, 2010. (http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/CodeofEthics.pdf#search=%22Code of Ethics%22). Students may also reference their *USD Department of Physical Therapy Student Handbook* to find the Code of Ethics.

The USD Department of Physical Therapy faculty has the following expectations for each of the physical therapist students.

A. The physical therapist student is responsible for making each clinical experience a success.

B. Remember a physical therapist student can always learn something even if it wasn't what was expected.
C. Different physical therapist students will have different personal and educational experiences at the same facility.
D. Physical therapist students are expected to apply their academic knowledge to the best of their individual abilities.
E. The physical therapist student is not expected to know everything; ask many questions! Physical therapist students should not ask their CI's general questions, such as, "What do I do with this patient?" The physical therapist student should develop ideas on his/her own and talk with the CI about whether or not these ideas offer the best course of treatment.
F. A physical therapist student should talk to his/her CI about each patient's plan of care so that the physical therapist student and CI are clear about what treatment is being considered, what has been done and what is planned for the future. It is usually best to discuss the patient's treatment in advance.
G. It is the physical therapist student's responsibility to ask for his/her performance feedback if it is not given routinely by the CI.
H. No one is perfect; there is always room for improvement.
I. The physical therapist student is expected to take advantage of "free" time by observing, assisting other therapists and "picking their brains" for additional information.
J. A physical therapist student should remember that his/her conduct in these clinical settings will be noted when recommendations are sought for employment.
K. Physical therapist students should give constructive feedback to their CI regarding the CI's ability/ assistance in meeting the educational goals of the student.
L. It is the physical therapist student's responsibility to contact the DCE/Assistant DCE if there are any issues that cannot be discussed or resolved with the CI after getting the CCCE to intervene on his/her behalf.
M. The physical therapist student's behavior is a reflection of the USD Department of Physical Therapy. As a future graduate, it is hoped that the physical therapist student would not want to tarnish his/her reputation or that of the USD Department of Physical Therapy.

2.2.7 Attendance

All absences must be reported to the DCE/Assistant DCE. Notification must be made by completing the "Request for Leave from Clinical Education" form. This form can be found on the D2L web site and at the end of each syllabus. This form must be completed in the event of ANY absence, whether *prior to a planned absence* or *after an absence due to illness or inclement weather.* The USD physical therapist student will present this form, complete with a plan for making up missed clinical time, to the CI for approval. The form with CI's signature is then faxed to the DCE/Assistant DCE at (605) 677-6745. Planned absences must receive approval from ***both*** CI AND the DCE/Assistant DCE before the physical therapist student may take planned leave. *The physical therapist student is reminded that a request for planned absence is not a guarantee that the absence will be approved.*

Additional planning between the clinical faculty and DCE/Assistant DCE will be required for all absences of greater than 2 full days during a full-time clinical education experience.

Any unexcused absences or cumulative absences over the course of all clinical education experiences will be reviewed by the DCE/Assistant DCE and the entire Physical Therapy Department faculty. Absences of this type may result in failing a clinical education experience of the Program. Failure of a clinical education experience is equivalent to failure of a physical therapy course. Further information about course failure can be found in the *USD Department of Physical Therapy Student Handbook.*

Physical therapist students are expected to attend clinical experiences as arranged by the DCE/Assistant DCE. Physical therapist students on clinical assignments will be expected to be present at the facility during evening hours, weekends and holidays if scheduled to do so by the facility. Physical therapist students should plan to work the holidays unless notified otherwise by their CI. Physical therapist students will not ask for holidays or personal days off. Physical therapist students will schedule their time around clinic hours, not vice versa.

Attendance during clinical education is mandatory; full-time clinical education experiences are scheduled to end on a Wednesday of the final week of the full-time experience. Depending upon the facility and at the discretion of the clinical faculty *and the DCE/Assistant DCE*, this end date is subject to change. ***However, it is expected that the full-time clinical education experiences will not end prior to this designated Wednesday of the final week. If the Wednesday of the final week is otherwise a day off for the CI and physical therapist student, the physical therapist student is expected to work Thursday of the final week.*** The Thursday and/or Friday of the final week are designated make-up days for absences up to two full days. Clinical faculty have the discretion to schedule make-up time during the full-time clinical education experience (i.e., on a weekend) rather than on the Thursday and/or Friday of the final week. It is assumed that in some settings physical therapist students will work more than 40 hours per week, which would be considered "normal" clinical hours***. Physical therapist students are not allowed to use "comp time" (anything over 40 hours per week) as make-up time for absences during the full-time clinical education experience.*** Physical therapist students who are completing a full-time school-based pediatric clinical education experiences are expected to finish the clinical on Friday of the final week because these clinicals often require shorter days and students are frequently given school holidays off.

2.2.7.1 Notifying Clinical & Academic Faculty of an Unplanned Event

To obtain an excused absence for illness or an immediate emergency during a full-time clinical, the physical therapist student must contact his/her CI prior to the start of the working day. The physical therapist student must inform the USD Department of Physical Therapy in the same working day. As follow-up, the "Request for Leave from Clinical Education" form must be completed using the protocol described above in 2.2.7.

To obtain an excused absence for a funeral, the physical therapist student must notify both the CI and the DCE/Assistant DCE as soon as possible and must fill out the "Request for Leave from Clinical Education" form using the protocol described above in 2.2.7.

2.2.7.2 Notifying Academic & Clinical Faculty of a Planned Event

To obtain approval for an excused absence for a special circumstance during a full-time clinical, the physical therapist student must complete the "Request for Leave from Clinical Education" form using the protocol described above in 2.2.7. The physical therapist student

must allow enough time for CI and DCE/Assistant DCE approval. The completion of the "Request for Leave from Clinical Education" form does NOT guarantee approval of a planned absence. Approval is at the discretion of clinic and program faculty. For this reason, all physical therapist students are strongly encouraged to initiate the request process as soon as they are aware of a planned event. The DCE/Assistant DCE may assist with this planning and approval process if the event is known well in advance of the clinical education experience start date.

2.2.7.3 Required Clinical Make-up Time for Inclement Weather

If a physical therapist student misses clinical days or other amounts of time during a full-time clinical education experience due to inclement weather, the physical therapist student must inform the DCE/Assistant DCE on the day of the absence. The "Request for Leave from Clinical Education" form must be completed using the protocol described above in 2.2.7 as soon as possible following the absence.

The physical therapist student is required to make up the clinical hours. The only exception is if the clinical site is "closed" due to weather. The physical therapist student should have a back-up plan for staying in the town if the clinical facility during the winter months in case the weather changes unexpectedly.

2.2.8 Absence from Integrated Clinical Education

If a physical therapist student misses an integrated clinical education experience for illness or weather related reasons, it is the physical therapist student's responsibility to contact both the clinical site and the USDPT Department. Physical therapist students will leave a message with the School of Health Sciences personnel (605-658-5999) or the DCE/Assistant DCE in the morning, as well as the course directors and/or course instructors, *prior to their expected arrival at the ICE experience*. The DCE/Assistant DCE will ultimately assist the physical therapist student and course directors/course instructors with alternative arrangements. The physical therapist student must also complete the "Request for Leave From Class" form. Each course director/course instructor will decide on the "make-up" policy for these experiences.

For any other types of planned absences during the integrated clinical education experiences, the physical therapist student must complete the "Request for Leave from Class" form and follow the attendance policy outlined in the course syllabus and in the *USD Department of Physical Therapy Student Handbook*.

2.2.9 Professional Image Policy - Clinical Dress

The USD physical therapist student should be dressed in a professional and conservative manner for clinical experiences. Attire should be nonrestrictive, allowing for ease of movement. ***Physical therapist students are reminded that they are representing themselves, the profession, and the USD Department of Physical Therapy.*** The following chart should be used as a dress code guideline for physical therapist student clinical education experiences. Physical therapist students will follow department guidelines during clinic placement; however, in the event that department and clinic specific guidelines conflict, the student should modify his/her attire to match clinic guidelines. Additional Professional Image Policy information can be found in the *USD Department of Physical Therapy Student Handbook* (Section 3.8).

CLINICAL EDUCATION EXPERIENCES DRESS CODE

Pants, Skirts, or Dresses

Acceptable:

Pants:

- Khakis
- Chinos
- Wool Blend
- Linen
- Cotton
- Twill
- Corduroy
- Knit
- Polyester

Skirts/Dresses:

May not be appropriate for environments with more movement and physical patient contact (ie: high patient transfer environments such as rehab and inpatient environments). If skirts or dresses are worn, the hem must be at knee length. If a dress is worn, it must have a modest neckline.

Unacceptable:

Fabrics:

- Leather

Pants:

- Denim of any type/ "skinny jeans"
- Spandex/ stretch/ yoga pants
- Sweat or jogging
- Bib overalls
- Shorts
- Clam diggers/pedal pushers/Capri
- Carpenter pants
- Pants that are too loose at the waist/too low riding at the hips and reveal undergarments or skin when squatting down

Skirts/Dresses:

- Spaghetti straps
- Shorter than knee length

Foot Attire

Acceptable:

- Socks or Stockings required
- Clean
- Leather/leather-like shoes or boots (Clogs, Casual dress shoes, Flats)
- Closed toed
- Athletic shoes may be appropriate, depending upon environment.

Unacceptable:

- Canvas Tennis Shoes
- Heels
- Hiking boots

Shirts, Blouses, or Sweaters

Acceptable

- Long-or short-sleeved blouses
- Dress shirts with or without ties
- Long or short sleeved sweaters, cardigans, vests
- Long or short sleeved shirts (such as Polo shirts, Henley, Turtlenecks)
- Appropriate, modest neckline with midriff and back coverage.
- Neat, clean, conservative, practical, dignified, safe, and appropriate for duties.

Unacceptable

Fabrics:

- Lace
- Sheer
- Leather

Shirts:

- T-shirts with logos and designs
- Tank tops alone without cover
- Camisoles alone without cover
- Sweatshirts
- Spaghetti Straps
- Shirts that reveal back, midriff, or cleavage when reaching or bending
- Form fitting/immodest shirts

Under Garments

Acceptable:

- Discrete and modest

Unacceptable:

- Bright and/or noticeable colors, patterns or lines
- Undergarments should not be visible when bending or reaching (please check)

Accessories

Acceptable:	Unacceptable:
• Watch • Appropriate and conservative jewelry	• Visible body piercing (tongue, nose, eyebrow, etc.), with exception of ear piercing. Earrings should not extend beyond border of ear. No more than 1 set of earrings per ear in most environments. • Tattoos must be covered during clinic hours.

Grooming

Acceptable:	Unacceptable:
• Clean and Neat • Hair neatly cut, styled, worn safely (pulled back) during patient care. • Facial hair should be neatly trimmed. • No perfumes or colognes (patient allergies, potential for patient seizures, patient heightened olfactory senses when ill). • Nails – trimmed, clean, and well groomed; conservative nail polish.	• Artificial nails • Discernable body odor

Swim Wear

Acceptable:	Unacceptable:
• One-piece swim suit; may choose "board" or other shorts and/or tasteful, plain t-shirt to wear over the swim suit for added professionalism (females) • Boxer-type swim suit; may choose tasteful, plain, t-shirt for added professionalism (males)	• Immodest swimwear

Name tags

Acceptable:	Unacceptable:
• Worn at all times • Worn on upper torso or on lanyard	• Damaged or peeling

2.2.10 Inservice Presentations or Projects

The physical therapist student is responsible for completing an inservice presentation or project on a given topic pertinent to the practice setting during Clinical Education experiences I, II, III, IV & V. The physical therapist student should meet with his/her CI at the start of the clinical education experience to discuss the inservice or project and receive approval on the topic, purpose and audience.

- The inservice needs to incorporate a minimum of three published studies relevant to the topic. The physical therapist student is required to develop a purpose, goals/objectives, and a tool to measure the outcomes/success of the project. The inservice presentation will be reviewed by the CI based on an *Inservice Assessment Form* supplied by the USD Department of Physical Therapy. A sample of this form can be found in Section V: Evaluation of Full-time Clinical Education Experiences.
- The project should be of similar scope to the inservice. The physical therapist student is required to develop a purpose, goals/objectives, and a tool to measure the outcomes/success of the project. The physical therapist student is expected to use current literature and pertinent background information to prove the need for the project. The project will be reviewed by the CI based on the *Project Assessment Form* supplied by the USD Department of Physical Therapy. A sample of this form can be found in Section 5: Evaluation of Full-time Clinical Education Experiences.

2.2.11 Physical Therapist Student Self-Assessment and Appraisal of the CI/Clinical Education Site (Full-time Clinical Education Experiences)

Physical therapist students are required to self-assess and complete the *Clinical Performance Instrument (CPI)* prior to the midterm and final evaluation meetings with their CI. The self-assessment is a way to promote professional growth and development for the physical therapist student and communication skills between the physical therapist student and the CI. Students are required to complete online training to use the online version of the CPI (PT CPI Web). This training is available through the APTA Web site. Online training is provided at no cost to students and only needs to be completed once.

If a formal midterm evaluation with the CI is not completed, it is the responsibility of the physical therapist student to request one. After making the request, if a formal midterm evaluation still is not completed, it is the responsibility of the physical therapist student to contact the DCE/Assistant DCE.

Physical therapist students are required to fill out the *Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction* form for each of their full-time experiences. The physical therapist students should review the form with the CI at the midterm and final evaluation meetings and both should sign and date the form.

Physical therapist students are required to submit responses to established questions on D2L during each full-time experience.

The CI and/or physical therapist student will send (mail/email/fax) or upload into the course drop box in D2L the following items to the DCE/Assistant DCE immediately following the end of a clinical rotation. These items must be received within one week. If the physical therapist student is returning to the school immediately after the end of the clinical rotation, the forms can be sent with the physical therapist student in a sealed envelope with the CI's signature across the seal. Grades cannot be assigned for the clinical experience until the items listed below are received. The forms may also be uploaded into the course drop box in D2L.

A. The *Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction* form, with both CI and physical therapist student signatures and dates, is required. The signature page of the form needs to be signed with an ink pen and sent to the DCE/Assistant DCE via mail/email/fax, uploaded into the course drop box in D2L, or returned in person with the physical therapist student. The remainder of the form (Sections I & II) can be returned via mail/email/fax/D2L drop box, or in person with the physical therapist student. The facility and the physical therapist student can photocopy the original and keep the copies.
B. The *Inservice Assessment Form/Project Assessment Form* is required. This form may be mailed, faxed, emailed, submitted in the course drop box in D2L, or brought back to the DCE/Assistant DCE within a week of the last scheduled day of the full-time clinical education experience. After completion of the inservice or project, the physical therapist student is required to place a copy of the actual inservice or project in the D2L drop box. If the inservice or project is not in a word, PowerPoint or PDF format that can be submitted in D2L.
C. The CPI is completed online. After the CI and physical therapist student have "signed off" on this assessment (both the CI CPI and the Physical Therapist Student CPI), the

DCE/Assistant DCE will be able to access the records for grading purposes. It is no longer necessary for CIs using the online CPI to send a paper copy to the DCE/Assistant DCE.

D. The physical therapist student will be responsible for additional post-clinical evaluations/surveys as determined by the DCE/Assistant DCE.

2.2.12 Situations that Require Physical Therapist Student Action

If a problem develops during a clinical rotation, the physical therapist student is to discuss the situation with his/her CI first. If the problem is not resolved and the CI is unable to help, the physical therapist student should then discuss the situation with the CCCE. The DCE/Assistant DCE may be contacted once the situation has been discussed with the CCCE. If the CCCE is the CI, the physical therapist student may contact the DCE/Assistant DCE directly. However, for concerns related to Equal Opportunity/Discrimination/Sexual Harassment, the physical therapist student should refer to the USD Equal Opportunity website and section 4.2 Equal Opportunity/Discrimination/Sexual Harassment in the *USD Department of Physical Therapy Student Handbook*.

Physical therapist students and clinical instructors can contact the DCE/Assistant DCE at USD at (605) 658-5999 (School of Health Sciences office), (605) 658-6367 (DCE office), or (605) 658-6371 (Assistant DCE office). The home phone number of the DCE/Assistant DCE is given to the physical therapist students as a courtesy, should the matter of concern require a private conversation. In such an event, physical therapist students can make a collect call to the DCE/Assistant DCE; the call needs to be made before 10 p.m. In the event that the DCE/Assistant DCE is away doing site visits, a message can be left at the Physical Therapy Department with another faculty member, and the DCE/Assistant will return the call within 24 hours.

The Policy and Procedure pertaining to physical therapist student action can be found in Appendix F (1.7.1.2).

2.2.13 Supervision

Physical therapist students must be supervised by a licensed physical therapist, and a supervising licensed physical therapist must be physically on the premises (on-site) at all times when a USD physical therapist student is providing patient care. Direct supervision, as defined by the American Physical Therapy Association (HOD 06-00-18-30), is the preferred type of supervision for USD physical therapist students. Direct supervision is defined by the physical therapist being physically present and immediately available for direction and supervision. The direction and supervision does not have to be continuous throughout the time the physical therapist student is with the patient. The PT has direct contact with the patient during each visit. Telecommunications does not meet the requirement of direct supervision. Supervision must be aligned with federal and/or state regulations, insurance regulations for reimbursement, state practice acts, and facility policies.

Licensed physical therapist assistants cannot provide supervision while USD physical therapist students are providing patient care if there are no licensed physical therapists on site. However, the student physical therapists can “observe” under licensed physical therapist assistants or other health care providers as long as the student physical therapists are not providing direct patient care. Physical therapist students will be updated on the supervision requirements based

on the type of setting/facility prior to completing their experiences. It is the physical therapist students' responsibility to discuss supervision with the CIs and to request clarification on a designated supervisor when the CIs have planned absences.

2.2.14 Consent

Physical therapist students are required to allow patients/clients to give informed consent regarding examination procedures and interventions that would be completed by the physical therapist students. This consent does not need to be written. Physical therapist students should introduce themselves and "interns" or "students" from the USD Department of Physical Therapy. Patients/clients must be allowed to refuse to be seen by a physical therapist student. The Policy and Procedure pertaining to consent and confidentiality can be found in Appendix F (1.7.1.4).

2.2.15 Travel Arrangements and Expenses

Physical therapist students are responsible for finding and paying for their own transportation to the various clinical education sites for their integrated and full-time clinical education experiences. Physical therapist students are also responsible for finding and paying for their housing during all clinical education experiences.

2.3 Site and Clinical Education Faculty Rights and Responsibilities in Clinical Education

2.3.1 Evaluation of Full-time Clinical Education Experience

For the evaluation procedures for full-time clinical education experiences, see Section 5: Evaluation of Full-time Clinical Education Experiences. Clinical Instructors and CCCEs are required to complete online training to use the online version of the CPI (PT CPI Web). This training is available through the APTA Web site. Continuing education credits are offered for the completion of this training. Online training is provided at no cost to CIs/CCCEs and only needs to be completed once.

2.3.2 Evaluation of Inservice Presentations or Projects

Physical therapist students are responsible for completing an inservice presentation or project on a given topic pertinent to the practice setting during Clinical Education experiences I, II, III, IV & V. The CI should meet with the physical therapist student at the start of the clinical education experience to discuss the inservice or project and provide approval of the topic, purpose, and audience.

- The inservice needs to incorporate a minimum of three published studies relevant to the topic. The physical therapist student is required to develop a purpose, goals/objectives, and a tool to measure the outcomes/success of the project. The CI will evaluate the inservice by completing the *Inservice Assessment Form* supplied by the USD Department of Physical Therapy. A sample of this form can be found in Section V: Evaluation of Full-time Clinical Education Experiences.
- The project should be of similar scope to the inservice. The physical therapist student is required to develop a purpose, goals/objectives, and a tool to measure the outcomes/success of the project. The physical therapist student is expected to use current literature and pertinent background information to prove the need for the project. The CI will evaluate the project by completing the *Project Assessment Form* supplied by the USD Department of Physical Therapy. A sample of this form can be found in Section 5: Evaluation of Full-time Clinical Education Experiences.

2.3.3 Evaluation of Integrated Clinical Education Experience

For the evaluation procedures for integrated clinical education experiences, see Section 3: Integrated Clinical Education.

2.3.4 Situations that Require CI or CCCE Action

If a red flag item or a significant concern box is checked on the *Clinical Performance Instrument*, it is the responsibility of the CI/CCCE to contact the DCE/Assistant DCE.

If a problem or concern develops during a clinical rotation, it is the responsibility of the CI to inform the physical therapist student in a timely manner, both verbally and in writing, about areas improvement and objectives which facilitate improvement. The physical therapist student will be given appropriate timelines to meet levels of expectation. The CI should document how the situation is resolved. Should the objectives for improvement not be met in the specified time frame, the CI should document this with specific examples and contact the DCE/Assistant DCE immediately. If the DCE/Assistant DCE is not available, the CI should speak with the physical therapist student's faculty advisor. Should the DCE/Assistant DCE or the faculty advisor be unavailable, the call will be directed to the Physical Therapy Department chairperson. Any call relating to this type of situation will be returned within 24 hours, and a site visit will be scheduled.

For concerns related to Equal Opportunity/Discrimination/Sexual Harassment, the CI/CCCE and/or student should refer to the USD Equal Opportunity website and section 4.2 Equal Opportunity/Discrimination/Sexual Harassment in the *USD Department of Physical Therapy Student Handbook.*

The Policy and Procedures pertaining to student performance concerns can be found in Appendix F (1.7.2.2).

2.3.5 Supervision of Physical Therapist Students

Physical therapist students may not practice in the capacity of a licensed physical therapist. Physical therapist students must have on-site supervision available by a licensed physical therapist *with at least one year of clinical experience* at all times during clinical education experiences when the students are providing patient care. Direct supervision, as defined by the American Physical Therapy Association (HOD 06-00-18-30), is the preferred type of supervision for USD physical therapist students. Direct supervision is defined by the physical therapist being physically present and immediately available for direction and supervision. The direction and supervision does not have to be continuous throughout the time the physical therapist student is with the patient. The PT has direct contact with the patient during each visit. Telecommunications does not meet the requirement of direct supervision. Supervision must be aligned with federal and/or state regulations, insurance regulations for reimbursement, state practice acts, and facility policies.

It is the CI's responsibility to ensure that adequate supervision is available for the physical therapist student at all times during the clinical education affiliation. Clear delineation of supervision is necessary when a primary CI is unavailable.

Licensed physical therapist assistants cannot provide supervision to USD physical therapist students. However, the student physical therapists can "observe" licensed physical therapist assistants or other health care providers as long as the student physical therapists are not providing direct patient care.

2.3.6 Attendance

Physical therapist student attendance during clinical education is mandatory. Physical therapist students who work weekends with their CIs should plan to take any compensatory days off in agreement with their CI's schedule, rather than accumulating or banking these days for early termination of the clinical education experience. Similarly, physical therapist students who work the same long days as their CIs should not perceive these hours as compensatory. It is expected that physical therapist students will work similar length days as their CI, as this provides the physical therapist student with a realistic understanding of the demands of clinic employment.

Full-time clinical education experiences are scheduled to end on the Wednesday of the final week of the full-time experience. ***It is expected that the full-time clinical education experiences will not end prior to this designated Wednesday of the final week***; however, depending upon the facility and at the discretion of the clinical faculty *and the DCE/Assistant DCE*, this end date is subject to change. ***If the Wednesday of the final week is otherwise a day off for the CI and physical therapist student, the student is expected to work Thursday of the final week.*** The Thursday and/or Friday of the final week are designated make-up days for absences up to two full days. Clinical faculty have the discretion to schedule make-up time during the full-time clinical education experience (i.e., on a weekend) rather than on the Thursday and/or Friday of the final week. Physical therapist students who are completing a full-time school-based pediatric clinical education experiences are expected to finish the clinical on Friday of the final week because these clinicals often require shorter days and students are frequently given school holidays off.

It is assumed that in some settings physical therapist students will work more than 40 hours per week, which would be considered "normal" clinical hours. ***Physical therapist students are not allowed to use "comp time" (anything over 40 hours per week) as make-up time for absences during the full-time clinical education experience.*** Clinical faculty and/or the DCE/Assistant DCE may make an exception to the mandatory make-up time for absences due to a death in the immediate family. ***All physical therapist student absences*** must be reported to the DCE/Assistant DCE.

A physical therapist student who has been or plans to be absent from the clinic must complete the "Request for Leave from Clinical Education" form. Physical therapist students will find this form either as a separate document on D2L or at the end of the syllabus. This form must be completed in the event of ANY absence, whether prior to a planned absence or after an absence due to illness or inclement weather. The USD physical therapist student will present this form, complete with a plan for making up missed clinical time, to the CI for approval. The form with CI's signature is then faxed to the DCE/Assistant DCE at (605) 677-6745. ***Planned absences must receive approval from both CI AND the DCE/Assistant DCE before the physical therapist student may take planned leave.*** Additional planning between the clinical faculty and DCE/Assistant DCE will be required for all absences of greater than 2 full days during a full-time clinical education experience. *The physical therapist student is reminded that a*

request for planned absence is not a guarantee that the absence will be approved. Please refer to Section 2.2.7 for additional details on physical therapist student attendance policies as well as specific communication requirements for planned or unplanned absences.

2.3.7 Weekend or Holiday Assignment

It is the responsibility of the CI to create assignments involving the physical therapist student's clinical education experience while the physical therapist student is at the center/facility. Should the CI feel that it is educationally beneficial for the physical therapist student to be assigned to work on a weekend or during a holiday, the CI must notify the physical therapist student in advance.

2.3.8 Surgical Observation

The observation of any surgical procedure that may be available and that would be beneficial to the physical therapist student's professional development is encouraged. If possible, at least one day should be set aside for such an observation during the clinical rotation.

2.3.9 Communication Prior to the Clinical Education Experience

The names of the physical therapist students are sent to the center/facility prior to the clinical education experience. Physical therapist students are responsible for creating three to five learning objectives for each of their clinical rotations and have the opportunity to meet with the DCE/Assistant DCE individually prior to the clinical education experience for feedback on the objectives. The physical therapist students provide the DCE/Assistant DCE with a copy of their learning objectives as well as other biographical information, which is sent to the facilities prior to the arrival of the students.

CIs also are provided with the physical therapist student performance evaluation tool (see Section 5) prior to the physical therapist students' arrival and the midterm telephone/site visit schedule one to two weeks in advance.

2.3.10 Communication During the Clinical Education Experience

The CI is encouraged to give the physical therapist student frequent feedback about his/her performance throughout the clinical education experience. This type of communication can be verbal or written, and it should be given in a timely manner when problem situations arise. The CI is encouraged to meet with the physical therapist student within the first two days, to discuss the learning objectives created by the physical therapist student and any other expectations the CI might have.

The CI is responsible for providing formal feedback, both verbally and in writing, based upon the *Clinical Performance Instrument (CPI)* at midterm and final evaluation periods. The physical therapist student fills out the CPI prior to meeting with their CI. The CI and physical therapist student should discuss the goals of the experience, physical therapist student strengths, areas of improvement and areas that need further improvement. The DCE/Assistant DCE will have access to midterm evaluations after both student and CI have "signed off" on the assessment.

Should a problem or concern arise, the CI should follow the procedures outlined in 2.3.4 (Situations That Require CI or DCE Action) and in Section 5: Evaluation of Full-time Clinical Education Experiences.

2.3.11 Communication After the Clinical Education Experience

The CI and/or physical therapist student will send (mail/email/fax) the following items to the DCE/Assistant DCE immediately following the end of a clinical rotation. These items must be received within one week. If the physical therapist student is returning to the school immediately after the end of the clinical rotation, the forms can be sent with the physical therapist student in a sealed envelope with the CI's signature across the seal. Grades cannot be assigned for the clinical experience until the items listed below are received. The forms may also be uploaded into the course drop box in D2L.

A. The *Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction* form, with both CI and physical therapist student signatures and dates, is required. The signature page of the form needs to be signed with an ink pen and sent to the DCE/Assistant DCE via mail/email/fax, uploaded into the course drop box in D2L, or returned in person with the physical therapist student. The remainder of the form (Sections I & II) can be returned via mail/email/fax/D2L drop box, or in person with the physical therapist student. The facility and the physical therapist student can photocopy the original and keep the copies.
B. The *Inservice Assessment Form/Project Assessment Form* is required. This form may be mailed, faxed, emailed, submitted in the course drop box in D2L, or brought back to the DCE/Assistant DCE within a week of the last scheduled day of the full-time clinical education experience. After completion of the inservice or project, the physical therapist student is required to place a copy of the actual inservice or project in the D2L drop box. If the inservice or project is not in a word, PowerPoint or PDF format that can be submitted in D2L.
C. The CPI is completed online. After the CI and physical therapist student have "signed off" on this assessment (both the CI CPI and the Student CPI), the DCE/Assistant DCE will be able to access the records for grading purposes. It is no longer necessary for CIs using the online CPI to send a paper copy to the DCE/Assistant DCE.

2.3.12 Journal Article Requests/Library Privileges

The CCCEs/CIs are encouraged to discuss the evidence for physical therapy practice with the physical therapist students. The CCCEs/CIs can ask for help from the physical therapist students to search various databases for evidence and request journal article delivery through the USD Lommen Library. The CCCEs/CIs will have access to the USD Lommen Library with a Clinical Faculty Appointment through the USD School of Health Sciences.

2.3.13 Self-Assessment

The *Guidelines and Self-Assessments for Clinical Education* document is available for APTA members at the following website: http://www.apta.org/Educators/Clinical/SiteDevelopment/. Included in the document are guidelines for clinical education specific to sites, CIs and CCCEs. This document also provides the materials necessary for the site, CI, and CCCE to complete a self-assessment for the purpose of enhancing the development and growth of the site, the clinical education, and the physical therapist student's clinical education experiences. It is strongly recommended that each facility use this document; however, the completed forms are not required to be submitted to the DCE/Assistant DCE.

Following the clinical internship, the DCE/Assistant DCE will send a self-assessment to clinical instructors. CIs are asked to return this self-assessment to the USD Department of Physical Therapy.

2.3.14 Clinical Faculty Appointment

The CCCEs will have the opportunity to have a Clinical Faculty Appointment through the USD School of Health Sciences. The CIs are required to have a Clinical Faculty Appointment through the USD School of Health Sciences. The DCE/Assistant DCE will provide designated staff with the names and email addresses of CCCEs and CIs for full-time clinical education experiences. The designated staff member will contact the CCCEs/CIs to complete the required paperwork for the Clinical Faculty Appointment. The designated staff member will renew Clinical Faculty status every 3 years as indicated by the DCE/Assistant DCE.

2.4 DCE/Assistant DCE Rights and Responsibilities for Clinical Education

If the USD Department of Physical Therapy's DCE/Assistant DCE is, at any time, unable to fulfill the obligations of the DCE/Assistant DCE, an alternate faculty member will be assigned to act, temporarily, in matters regarding clinical education.

2.4.1 Communication Prior to the Clinical Education Experience

It is the responsibility of the DCE/Assistant DCE to make sure that the Affiliation Agreement with the clinical education center/facility is current, that it is signed properly and that copies are forwarded to the facilities with the original on file in the Physical Therapy Department. Throughout the year, it is the DCE's/Assistant DCE's responsibility to develop new center or facility relationships.

In March the DCE/Assistant DCE must send out commitment forms to the clinical education centers/facilities so that preparations can be made for the clinical rotation schedules that will be completed in the following calendar year.

Approximately four to six weeks before the start of the clinical experience, the DCE/Assistant DCE must give each selected site the following materials (released with consent by the students):

A. The name(s) of the physical therapist student(s) who will be assigned to their center/facility;
B. The biographical sketch/objectives for physical therapist each student assigned to their center/facility;
C. The immunization and other records required by the center/facility, and
D. The *USD Physical Therapy Clinical Education Handbook* which contains the policies and procedures, evaluation forms and course syllabi with goals and objectives for the clinical experiences.

It is the responsibility of the DCE/Assistant DCE to be available to meet with each physical therapist student prior to the start of each clinical rotation in order to discuss and develop individual educational objectives. In addition, the DCE/Assistant DCE will meet with the physical therapist students in a group setting to discuss the objectives and expectations of the clinical education experience as outlined in the course syllabus.

Approximately two weeks before the start of the clinical experience or during the first two weeks of the experience, the DCE/Assistant DCE or assigned faculty must schedule a site/phone visit with each selected center/facility. However, it is the responsibility of the CI or CCCE to let the DCE/Assistant DCE/faculty know, as soon as possible, if the site/phone visit needs to be rescheduled. Although the DCE/Assistant DCE/faculty makes many site/phone visits during each clinical experience, every effort will be made to reschedule the appointment if possible.

In addition, it is the responsibility of the DCE/Assistant DCE to inform each physical therapist student of the center/facility site/phone visit.

2.4.2 Communication During the Clinical Education Experience

It is the responsibility of the DCE/Assistant DCE or another assigned faculty member to conduct a site or telephone visit with each clinical education center/facility while the physical therapist student is doing their rotation. A typical site visit includes:

A. An opportunity to meet together with the physical therapist student, the CI and the CCCE to discuss the physical therapist student's progress,
B. An opportunity to meet separately with the physical therapist student, the CI and the CCCE to discuss the physical therapist student's progress, problems or other issues,
C. An opportunity to tour the center/facility if the DCE/Assistant DCE/faculty member has not seen it before, and
D. An opportunity to meet with the department director.

A typical phone visit includes an opportunity to talk individually with the physical therapist student, the CI and the CCCE. If possible, the environment for the phone visit should be private.

2.4.3 DCE/Assistant DCE Responsibilities for Evaluation of the Clinical Education Process

It is the responsibility of the DCE, with assistance from the Assistant DCE, to analyze the quality and quantity of clinical education sites and experiences annually. This is done by reviewing the documentation collected during the site/telephone visits, the *Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction* form, the *Clinical Performance Instrument* (*CPI*), and other assessments completed after the clinical education experiences. Additional policies related to clinical education assessment can be found the *USD Physical Therapy Department Policies and Procedures Manual*.

To promote clinical educator professional development, the USD Department of Physical Therapy DCE implements a Clinical Education Workshop at least every two years. Frequently, this workshop is given in coordination with the Lake Area Technical Institute Physical Therapist Assistant Program in Watertown, SD.

2.5 Overview of Communication Expectations between the DCE/Assistant DCE, Clinical Faculty, Academic Faculty and Physical Therapist Students

2.5.1 Clinical Education Internship Scheduling and Communication Prior to the Clinical Experience

A. The DCE/Assistant DCE mails commitment forms to the facilities in March as recommended by the APTA. The Commitment Form specifies rotation times for the upcoming calendar year.
B. The CCCE returns the Commitment Form within two months indicating the availability of the facility to accommodate physical therapist students.
C. Site placement occurs in September for the Year I students for PHTH 724 Clinical Education I which occurs in the summer of the following calendar year.
D. Site placement occurs in September or October for the Year II physical therapist students for PHTH 762 Clinical Education II and PHTH 764 Clinical Education III which occur during the following calendar year in the fall semester of the third year of the program.
E. Site placement occurs in June for the Year III students for PHTH 772 Clinical Education IV and PHTH 774 Clinical Education V, which occur during the following calendar year in the spring semester of the third year of the program.
F. The physical therapist students acknowledge their clinical education site selections by signing a Placement Agreement Form that is returned to the DCE/Assistant DCE prior to notifying the center/facility.
G. The facilities that will host Year II students for PHTH 724 Clinical Education I are notified by the end of the Fall Semester by letter. Facilities that offered to take physical therapist students but were not selected as a site are notified prior to the potential rotation.
H. Facilities that will host Year III students for PHTH 762 Clinical Education II and PHTH 764 Clinical Education III are notified by the end of the Fall Semester. Facilities that offered to take physical therapist students but were not selected as a site are notified as indicated.
I. Facilities that will host Year III physical therapist students for PHTH 772 Clinical Education IV and PHTH 774 Clinical Education V are notified by letter by the end of the Summer Semester. Facilities that offered to take physical therapist students but were not selected as a site are notified as indicated.
J. Facilities assigned students acknowledge the assignment of the physical therapist student by returning a signed placement agreement form to the DCE/Assistant DCE indicating acceptance.
K. Facilities are encouraged to contact the DCE/Assistant DCE at any time should changes in its personnel, operations or policies affect clinical education assignments and operations.
L. The physical therapist student will be responsible for completing a biographical information form that will be forwarded to the facility by the DCE/Assistant DCE with consent of the student. This information form contains the learning objectives created by the student. The Student Biographical Information and Objectives Form is found in Appendix E.
M. The DCE/Assistant DCE will be available to meet with the students individually prior to the clinical education experience to discuss the students' individual learning objectives. The DCE/Assistant DCE will also meet with the students as a group to discuss the objectives and expectations of clinical education experiences as outlined in the syllabi.
N. The DCE/Assistant DCE will send the clinical education forms and other pertinent information out to the sites a minimum of four to six weeks prior to the scheduled clinical education experiences.

O. Physical therapist students are encouraged to contact the CCCE at their assigned clinical sites prior to the start of the scheduled clinical education experience.

2.5.2 Communication During Clinical Experiences

A. The DCE/Assistant DCE/assigned faculty will plan either a site visit or phone call during the clinical experience. The physical therapist student and clinical education site will be notified of this date and time prior to or during the clinical experience.
B. CIs and physical therapist students should communicate goals, expectations and feedback on a frequent basis.
C. In the event that a concern develops during a clinical experience, the CI is expected to discuss the concern with the physical therapist student on a timely basis. If the concern is not resolved after the CI provided sufficient feedback and methods of improvement, the CI should contact the DCE/Assistant DCE immediately. If the DCE/Assistant DCE is not available, the CI should ask to speak to the physical therapist student's faculty advisor. Should the DCE/Assistant DCE or the faculty advisor be unavailable, the call will be directed to the PT Department chairperson. All calls will be responded to within 24 hours. For further information, refer to Section 2.3.4.
D. In the event that a physical therapist student has a concern during a clinical experience, he/she should discuss the concern with the CI. If the concern is not resolved after discussion with the CI, the physical therapist student should contact the CCCE. If the concern is still not resolved after discussion with the CCCE, the physical therapist student should contact the DCE/Assistant DCE at that time. For further information, refer to Section 2.2.12.
E. Generally, the evaluation data from previous clinical education experiences is confidential. However, if a physical therapist student has failed an experience or habitually received red flags on the *CPI*, the DCE/Assistant DCE, if appropriate, may choose to reveal this information to future CI's through direct learning objectives for the physical therapist student and his/her clinical education experience (see Appendix F, 1.7.1.6, Disclosure of Student Information with Clinical Education Placement Sites)

2.5.3 Communication Following Clinical Experiences

A. Within one week from the end of a clinical experience, the physical therapist student or CI must fax, mail, email to the DCE/Assistant DCE or upload into D2L the *Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction* form and the *Inservice Assessment Form/Project Assessment Form.* If the physical therapist student is returning to the school immediately after the end of the clinical rotation, the forms can be sent with the student in a sealed envelope with the CI's signature across the seal.
B. The CPI will be available to the DCE/Assistant DCE when both student and CI "sign off" on the assessment.
C. The *Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction* signature page should be completed with an ink pen by both the CI and the physical therapist student must be sent to the DCE/Assistant DCE. The facility and the physical therapist student may keep a copy.
D. The clinical education experience will not be considered complete and grades cannot be assigned until these forms are received by the DCE/Assistant DCE.

SECTION 3: INTEGRATED CLINICAL EXPERIENCE

3.1 Integrated Clinical Education Experiences

The physical therapist students enrolled in the USD Department of Physical Therapy curriculum participate in clinical education experiences that occur as part of the didactic class work and are referred to as integrated clinical education (ICE) experiences. Students may have ICE experiences associated with these courses.

Integrated Clinical Education Outline

Year	Term in which Experience is Offered	Course	Course Title
II	Fall	PHTH 730	Musculoskeletal Physical Therapy I
II	Fall	PHTH 732	Musculoskeletal Physical Therapy II
II	Fall	PHTH 734	Neuromuscular Physical Therapy I
II	Fall	PHTH 736	Cardiovascular/Pulmonary Physical Therapy
II	Spring	PHTH 740	Musculoskeletal Physical Therapy III
II	Spring	PHTH 742	Geriatric Physical Therapy
II	Spring	PHTH 744	Neuromuscular Physical Therapy II
II	Spring	PHTH 746	Orthotics and Prosthetics
II	Spring	PHTH 748	Pediatric Physical Therapy
II	Fall or Spring	PHTH 754	Integumentary Physical Therapy II

The course directors and/or course instructors directly associated with the individual classes utilizing integrated experiences are responsible for giving assignments, grading assignments and evaluating the integrated experiences.

The DCE/Assistant DCE is responsible for the assignment of physical therapist students to each facility during the integrated clinical education experiences.

If a physical therapist student misses an integrated clinical education experience for illness or weather related reasons, it is the student's responsibility to contact both the clinical site and USDPT. Physical therapist students will leave a message with the School of Health Sciences personnel (605-658-5999) or the DCE/Assistant DCE in the morning, as well as the course directors and/or course instructors, *prior to their expected arrival at the ICE experience*. The DCE/Assistant DCE will ultimately assist the physical therapist student and course directors/course instructors with alternative arrangements. The physical therapist student must also complete the "Request for Leave From Class" form. Each course director/course instructor will decide on the "make-up" policy for these experiences.

The physical therapist students are responsible for arranging their own transportation to the various sites utilized during the ICE experiences.

SECTION 4: FULL-TIME CLINICAL EDUCATION EXPERIENCES

4.1 Purpose

The purpose of clinical education is to provide clinical experiences that allow for the application of physical therapy theories and techniques acquired during lecture and laboratory instruction. As an integral part of the overall curriculum, it is imperative that clinical education opportunities reflect the mission and philosophy of the USD Department of Physical Therapy. Although each physical therapist student will have a variety of clinical education experiences, the overall emphasis will be directed toward the development of a graduate who is prepared as a clinical generalist and able to practice within rural and medically underserved practice environments.

4.2 Readiness for Entry into Full-Time Clinical Education Experiences

USDPT is responsible for ensuring that physical therapist students are prepared to provide safe and competent skilled care to patients before entry into full-time clinical education experiences. Physical therapist students are directed to the *USD Department of Physical Therapy Student Handbook* as well as Policy 1.7.1.7 ("Student Performance Prerequisite for Advancement during Clinical Education") in Appendix F of this Handbook for details related to advancement into full-time clinical experiences.

4.3 Curriculum

The physical therapist students enrolled also participate in five full-time clinical education experiences during the three-year curriculum. Several requirements pertaining to the mission of the program must be adhered to:

A. Physical therapist students must participate in a minimum of one "rural general" clinical education experience in a rural location. (Rural is defined by USDPT as a community with a population of less than 50,000; "Rural General" means that the clinical site does not have just one type of practice setting, such as all outpatient orthopedic, all pediatric, all inpatient, etc. "Rural General" practice must cover two or more practice settings.)
B. Physical therapist students must participate in at least one additional clinical in a rural location or a clinical in a location considered "Medically Underserved" as defined by Health Resources and Services (HRSA) which may be in a rural or urban location.
C. Physical therapist students must complete one specialty rotation in inpatient acute care or inpatient rehabilitation/sub-acute care.
D. Physical therapist students must complete one specialty rotation in outpatient orthopedics during Clinical Education II, Clinical Education III, Clinical Education IV, or Clinical Education V.
E. Physical therapist students may not select to participate in rotations of the same type (orthopedic/sports medicine, pediatric, rehabilitation, rural general, etc.) for more than two of the five full-time clinical education courses.
F. The DCE may determine that a physical therapist student needs to participate in a full-time specialty rotation more than once based on feedback from clinical courses and faculty.

At the University of South Dakota, the Physical Therapy Department's full-time clinical education curriculum is comprised for the following courses, credit hours and contact hours:

Summary of Full-time Clinical Education Experience Hours

	Term	Course	Course Title	Credit Hours	Contact Hours
II	Summer	PHTH 724	Clinical Education I	6	240
III	Fall	PHTH 762	Clinical Education II	8	320
III	Fall	PHTH 764	Clinical Education III	8	320
III	Spring	PHTH 772	Clinical Education IV	8	320
III	Spring	PHTH 774	Clinical Education V	8	320
			Totals	38	1520

4.4 Clinical Education Syllabi

Prior to the clinical education experiences, the DCE meets with the student to review the course syllabi. The course syllabi for PHTH 724 Clinical Education I, PHTH 762 Clinical Education II, PHTH 764 Clinical Education III, PHTH 772 Clinical Education IV, and PHTH 774 Clinical Education V include the objectives, requirements, expectations and grading procedures for each experience. Current copies of these syllabi are provided to students, CI's, and CCCE's in advance of the clinical experiences.

SECTION 5: EVALUATION OF FULL-TIME CLINICAL EDUCATION EXPERIENCES

5.1 Introduction to *Physical Therapist Clinical Performance Instrument (CPI)*

The *Physical Therapist Clinical Performance Instrument (CPI)* was developed by the Task Force on Student Clinical Performance Instruments as charged by the American Physical Therapy Association (APTA) Board of Directors in March, 1994. The *CPI* was approved for use in January 1998 and the USD Department of Physical Therapy adopted the *CPI* in May 1998 as the evaluation tool to be used during the clinical education experiences. In June 2008, a revised version of the *CPI* was made available for online use.

All CIs, CCCEs, DCEs, and physical therapist students must complete online training prior to using the online *CPI.* Licensed Physical Therapists will receive continuing education credit for this training, which is provided at no expense to the CI or CCCE. Instructions for accessing the training site will be made available to clinical faculty prior to the clinical experience start date. The physical therapist student is assessed based upon 18 performance criteria. In the aggregate, these items describe all essential aspects of professional practice for a PT clinician performing at entry-level and beyond. The physical therapist student and clinical instructor (CI) should be familiar with the use of the *CPI*. If the CI has any questions on the use of the *Clinical Performance Instrument*, he/she can contact the DCE at (605) 658-5999, the Assistant DCE at (605) 658-6371, or both at (605) 658-6367. The student is to assess his/her own performance for discussion at the midterm and final meetings with the CI. The self-assessment by the physical therapist student is a means of promoting professional growth and development. CIs need to assess the student's performance, complete the *CPI* at midterm and final evaluation periods, and meet with the student at given times to discuss the student's assessment and progress. *CPI* scores and comments (both CI assessment of physical therapist student and physical therapist student self-assessment) will be accessible to the DCE/Assistant DCE at midterm and final after the CI and the physical therapist student have "signed off" on the assessment. It is not necessary to provide a paper copy of a *CPI* completed online. Results from the *CPI* will be used by the DCE/Assistant DCE in determining the overall grade for the physical therapist student in the clinical education experience.

5.2 Physical Therapist Student Performance Evaluations

Physical therapist student performance evaluations will be completed by the CI at midterm and, again, at the completion of each full-time experience. The tool used to evaluate the performance of the physical therapist student is the *CPI*. Refer to Section 5.1 on the use of the *CPI*. If any red flag items or significant concerns boxes are checked on the *CPI*, it is the responsibility of the CI/CCCE to contact the DCE/Assistant DCE (refer to Section 2.3.4).

Performance evaluations can provide crucial information to the academic faculty. The evaluations will be used as a basis for physical therapist student counseling and guidance, for evaluating physical therapist student progress and for providing a mechanism for valuable feedback regarding the academic curriculum content and teaching effectiveness.

The CI assumes responsibility for conducting the physical therapist student performance evaluations in a manner that is educational and constructive. The approach should promote physical therapist student self-assessment as part of the performance evaluation process. In order to provide a valuable evaluation, the CI should:

A. Become familiar with the *CPI* and guidelines (complete online training);
B. Be aware that the CI and the physical therapist student both need to "sign off" on both the CI's and physical therapist student's *CPI*;
C. Sign all handwritten/paper evaluation forms as an indication that the review was completed;
D. Use the "comments" section to augment clarification of physical therapist student performance;
E. Know that the physical therapist student fills out his/her own *CPI* and brings it to the midterm and final evaluation meetings to see how his/her self-assessment compares to the CI's;
F. Review with the physical therapist student his/her performance on a regular basis, especially at midterm and at the end of the clinical experience;
G. Notify the DCE/Assistant DCE if the physical therapist student is not meeting the expectations or guidelines of the CI or the *CPI*, so that a site visit can be arranged (see Sections 2.3.4 and 2.5.2);
H. Know that the physical therapist student is responsible for contacting the DCE/Assistant DCE if any special concerns arise; and
I. Provide feedback to the academic faculty on the total curriculum or any aspect of physical therapist student preparation.

5.3 Physical Therapist Student Evaluation of Clinical Education Experience

The physical therapist student is required to do self-assessments by completing the *CPI* prior to their midterm and final evaluation meetings with his/her CI. The self-assessment is a way to promote professional growth and development and communication skills between the physical therapist student and the CI. A formal midterm evaluation meeting with both physical therapist student and CI should be completed. Physical therapist students who have not received formal feedback by means of reviewing the *CPI* at midterm should request a meeting with the CI. If the formal midterm evaluation is not completed after the physical therapist student made the request, it is the responsibility of the physical therapist student to contact the DCE/Assistant DCE. The physical therapist student also is responsible for contacting the DCE/Assistant DCE in the event that any special needs or concerns arise during the clinical education experience (see Section 2.2.12); the DCE/Assistant DCE or other faculty member will do a site visit if indicated.

The physical therapist student is required to complete the *Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction* form for each of his/her full-time experiences at midterm (Section II) and at the end of the clinical education experience (Cover sheet, Section I, Section II). The physical therapist student should review the form with the CI, and both should sign and date it using an ink pen. The *Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction* form should be returned to the DCE/Assistant DCE after it is completed. (Please see Section 2.2.11 and 2.3.11 for additional details regarding important post-clinical education communication specific to the contents of this form). A sample of the *Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction* form is available for clinical facilities prior to full-time clinical education experiences and is available upon request.

5.4 Inservice or Project Evaluation

Physical therapist students are responsible for completing an inservice presentation or project on a given topic pertinent to the practice setting during Clinical Education experiences I, II, III, IV & V. The CI should meet with the physical therapist student at the start of the clinical education experience to discuss the inservice or project and provide approval of the topic, purpose, and audience.

- The ***inservice*** needs to incorporate a minimum of three published studies relevant to the topic. The physical therapist student is required to develop a purpose, goals/objectives, and a tool to measure the outcomes/success of the project. The CI will evaluate the inservice by completing the *Inservice Assessment Form* supplied by the USD Physical Therapy Program. A sample of this form can be found at the end of this Section.
- The ***project*** should be of similar scope to the inservice. The physical therapist student is required to develop a purpose, goals/objectives, and a tool to measure the outcomes/success of the project. The physical therapist student is expected to use current literature and pertinent background information to prove the need for the project. The CI will evaluate the project by completing the *Project Assessment Form* supplied by the USD Physical Therapy Program. A sample of this form can be found at the end of this Section. (Please see Section 2.2.11 and 2.3.11 for additional details regarding important post-clinical education communication specific to this project/inservice evaluation).

5.5 Grading of Clinical Education Experiences

The grading policy for the five full-time clinical education experiences is based upon the physical therapist student's performance in the clinical setting and the educational objectives established by the DCE/Assistant DCE at the USD Department of Physical Therapy. The final grade will be assigned by the DCE/Assistant DCE. See Section 4 and the syllabi provided to physical therapist students, CI's, and CCCE's in advance of clinical experiences for additional details.

Failure to successfully complete a Clinical Education Experience will result in a formal review by the USDPT Committee on Student Progress and Conduct. Academic Standards and Performance Expectations can be found in the *USD Department of Physical Therapy Student Handbook.*

5.6 Inservice and Project Assessment Forms

The assessment forms for the inservice or project are provided starting on the next page.

INSERVICE ASSESSMENT FORM (for Clinical Education I, II, III, IV, V)
The University of South Dakota - Department of Physical Therapy

INSTRUCTIONS: The clinical instructor should complete this evaluation for the student's inservice presentation made at the center/facility. After completion, this form should be returned to the USDPT DCE/Assistant DCE with the student's final clinical evaluation. Please attach a copy of the outline and/or any handouts.

STUDENT'S NAME:

TITLE/TOPIC:

1. In what way(s) did the student tailor the presentation to the type and needs of the audience?
   _____
   _____

2. Did the student determine a purpose (inform, convince, persuade) for the presentation?
   _____
   _____

3. Did the student identify the goals and objectives of the presentation, and were they appropriate?
   _____
   _____

4. For the presentation, did the student incorporate at least three research articles, and were they appropriate?
   _____
   _____

5. What methods did the student use to teach the content of his/her presentation material?
   _____
   _____

6. If the student used an outline, was it effective?
   _____
   _____

7. If the student used audiovisuals, demonstrations, group interactions, etc., how were they appropriate/effective?
   _____
   _____

8. Did the student discuss with you how he/she would evaluate this learning experience?
   _____
   _____

9. Overall percentage rating of the student's inservice from 0% to 100% is _____%.

Comments
_____
_____

_____ _____
Signature of Clinical Instructor Date

PROJECT ASSESSMENT FORM (for Clinical Education I, II, III, IV, V)
The University of South Dakota - Department of Physical Therapy

INSTRUCTIONS: The clinical instructor should complete this evaluation for the student's project completed for the department/facility. After completion, this form should be returned to the USDPT DCE/Assistant DCE with the student's final clinical evaluation. Please attach a copy of the outline, project, or any other pertinent information.

STUDENT'S NAME:

PROJECT TITLE/TOPIC:

1. In what way(s) did the student tailor the project to the needs of the department/facility?
   _____
   _____

2. Did the student determine a purpose for the project?
   _____
   _____

3. Did the student identify the goals and objectives of the project, and were they appropriate?
   _____
   _____

4. For the project, did the student review and incorporate current literature, research and background information, and was this appropriate?
   _____
   _____

5. What methods did the student use to complete the project?
   _____
   _____

6. Was the project well organized? Please explain.
   _____
   _____

7. Did the outcomes of the project meet the goals/objectives and/or purpose? Please explain.
   _____
   _____

8. Did the student discuss with you how he/she would evaluate this learning experience? Please explain.
   _____
   _____

9. Overall percentage rating of the student's inservice from 0% to 100% is _____%.

Comments
_____
_____

_____ _____
Signature of Clinical Instructor Date

SECTION 6: FULL-TIME CLINICAL EDUCATION SITE PLACEMENT

6.1 Policies and Procedures for Full-Time Clinical Education Site Placement

The physical therapist student is given a *USD Physical Therapy Clinical Education Handbook* during clinical education orientation, which is held within the first two months of starting the professional program. The physical therapist student will meet with the DCE/Assistant DCE to identify interests, learning and communication styles and to discuss previous experiences that the physical therapist student has had in the field of physical therapy.

Prior to the clinical education placement, the DCE/Assistant DCE contacts all clinical education sites to secure which sites can accommodate which physical therapist students during each clinical education experience. The DCE then discusses and reviews the list of sites that are available for each clinical education experience. This list is provided to the physical therapist students. The DCE/Assistant DCE encourages physical therapist students to also gather information about each site from the Clinical Site Information Forms (CSIF), which are found in the APTA PT *CPI* Web Site (https://cpi2.amsapps.com/user_session/new) and the Section I of the *Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction* form which is made available to the physical therapist students via Dropbox (www.dropbox.com).

The CSIF is a form designed to collect information from clinical education sites. It is used to determine the learning experiences and opportunities available for clinical education to provide information on the CCCE/CI's and to provide general information about the facility for physical therapist students. See Section 5.3 for additional information regarding the *Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction* form. Section I is the only section shared from the aforementioned form as Section I contains information about the site and experience in general that is helpful for all physical therapist students.

The physical therapist students meet individually with the DCE/Assistant DCE to discuss possible matches with facilities based on information obtained during the orientation time and the clinical education experience requirements found in Section 6.2.

6.2 Site Placement

The purpose of clinical education is to provide clinical experiences that allow for the application of physical therapy theories and techniques acquired during lecture and laboratory instruction. As an integral part of the overall curriculum, it is imperative that clinical education opportunities reflect the mission and philosophy of the USD Department of Physical Therapy. Although each physical therapist student will have a variety of clinical education experiences, the overall emphasis will be directed toward the development of a graduate who is prepared as a clinician generalist and able to practice in rural and medically under-served areas.

The DCE/Assistant DCE is responsible for placement of physical therapist students in the clinical education experiences. The physical therapist student placement in clinical education is based on the academic and clinical needs of the individual student. Whenever possible the DCE/Assistant DCE will take into consideration the personal needs of the individual physical therapist student. Each physical therapist student cohort works with the DCE/Assistant DCE to finalize specific details related

to the site placement process. The DCE/Assistant DCE gives final approval in all aspects of site placement. Following this meeting, facility/center is notified of the placement.

During the site selection process, in addition to the academic considerations, several requirements pertaining to the mission of the program must be adhered to:

A. Physical therapist students must participate in a minimum of one "rural general" clinical education experience in a rural location. (Rural is defined by USDPT as a community with a population of less than 50,000; "Rural General" means that the clinical site does not have just one type of practice setting, such as all outpatient orthopedic, all pediatric, all inpatient, etc. "Rural General" practice must cover two or more practice settings.)
B. Physical therapist students must participate in at least one additional clinical in a rural location or a clinical in a location considered "Medically Underserved" as defined by Health Resources and Services Administration (HRSA) which may be in a rural or urban location.
C. Physical therapist students must complete one specialty rotation in inpatient acute care or inpatient rehabilitation/sub-acute care.
D. Physical therapist students must complete one specialty rotation in outpatient orthopedics during Clinical Education II, Clinical Education III, Clinical Education IV, or Clinical Education V.
E. Physical therapist students may not select to participate in rotations of the same type (orthopedic/sports medicine, pediatric, rehabilitation, rural general, etc.) for more than two of the five full-time clinical education courses.
F. The DCE may determine that a physical therapist student needs to participate in a full-time specialty rotation more than once based on feedback from clinical courses and faculty.

The physical therapist student is also expected to adhere to the following policies and procedures regarding changing sites for full-time clinical education experiences:

A. After physical therapist students have been assigned to the various facilities for full-time clinical education experiences, the students sign *Clinical Education Placement Agreement* forms agreeing to their specific rotations. When an extenuating circumstance arises and a physical therapist student is unable to adhere to the clinical education placement agreement, the physical therapist student must notify the DCE/Assistant DCE immediately in writing (*Clinical Site Placement Change Request Form – Appendix G*). The DCE/Assistant DCE will present this form to the Clinical Education Committee (consisting of the DCE/Assistant DCE and up to four additional core faculty members). The DCE/Assistant DCE and Clinical Education Committee approval must be granted for those changes submitted by physical therapist students. The DCE/Assistant DCE and Clinical Education Committee are not obligated to change a clinical rotation after the *Clinical Education Placement Agreement* has been submitted to the participating sites. The responsibility is on the physical therapist student to honor his/her agreement.
B. The DCE/Assistant DCE can change any clinical education assignments based on academic and clinical performance at any time during the clinical education process. Changes may also occur based on clinical education site cancellations and on availability of clinical education experiences. Clinical sites have cancelled the full-time clinical education experiences from six months to one day prior to the physical therapist student's arrival. Having a signed *Clinical Education Placement Agreement* form from a facility does not guarantee a full-time rotation at that facility. The DCE/Assistant DCE will reassign the student to another facility if this type of cancellation occurs.

For additional information, see Appendix F, 1.7.1.3, "Mechanism for Clinical Education Placement Changes."

6.3 Guidelines for Establishing New Clinical Education Sites

In order to assure the high quality of full-time clinical internships, the USD Department of Physical Therapy has adopted the policy of regularly utilizing those clinical sites that consistently provide physical therapist students with optimal learning experiences. The USD Department of Physical Therapy believes that when the USD physical therapist students regularly use clinical sites, the CIs at those sites become and remain familiar with the USD Physical Therapy curriculum.

Physical therapist students are permitted to investigate the possibility of initiating affiliations between facilities and the University where current contracts do not exist. The procedure is as follows:

A. For any calendar year, physical therapist students are allowed to complete up to three petitions for new sites. Exceptions are made at the discretion of the DCE/Assistant DCE. Prior to submitting petitions, it is recommended that physical therapist students arrange a time to meet with the DCE/Assistant DCE for advisement since physical therapist students are not always aware of the history of the program, the types of clinical sites the program is interested in developing, and the current affiliation agreements already in place.
B. To request the addition of a new clinical internship site, physical therapist students must submit a "New Clinical Site Request Form" (*Appendix H*) to the DCE/Assistant DCE. Petitions are due by February 1 of Year 1 for full-time Clinical Education Experiences II and III and by February 1 of Year 2 for full-time Clinical Education Experiences IV and V. Forms can be submitted sooner than the deadline. Forms may be accepted after the deadline at the discretion of the DCE/Assistant DCE. To initiate a new clinical internship site set-up, the Clinical Education Committee must approve the request. For requests to be considered by the committee, the following condition must be met:
    - The site provides unique and desirable learning experiences that are not readily available within existing contracted sites for current and future physical therapist students.
C. If the Clinical Education Committee approves the request, reasonable efforts will be made to establish a clinical affiliation agreement (contract) with that site. However, contract requirements and site availability may limit the program's ability to comply with such a special request.
D. Internships requests that are approved by the committee ***must be chosen by the physical therapist student making the request*** if the internship opportunity is available during site placement.
E. Physical therapist students are NOT to contact clinical sites or clinical faculty directly to inquire about a potential internship contracts or make changes to existing internships since this process is a protected legal agreement between USD and the clinical site. These processes can only be initiated by the DCE/Assistant DCE.
F. Until the affiliation agreement has been signed by both the clinical facility and USD, the physical therapist student will not be able to start an internship at that site. If the affiliation agreement is not being routed for signatures 30 days prior to the start of the internship, the DCE/Assistant DCE will work with the physical therapist student to develop an alternate clinical experience.
G. The following criteria may be used by the Clinical Education Committee in the process of approving a new clinical site request:
    - Location of the facility;
    - Type of experience offered;

- Ownership of the facility;
- Willingness to continue the affiliation on a year-to-year basis;
- Desire to have physical therapist students;
- Affiliations already existing with other physical therapy programs;
- Feedback from other physical therapy programs affiliated with the site;
- Existing physical therapist student program in place with objectives;
- Clinical staff possessing the expertise necessary for quality patient care;
- Clinical staff that maintains ethical standards;
- Clinical staff that will allow open exchanges of ideas with physical therapist students;
- Adequate treatment space for physical therapist students;
- Adequate work space for physical therapist students; and
- CCCE should have at least two years of clinical experience.

USD Health Affairs
Affiliation Agreement

This Agreement, entered into this _____ day of _____, _____ between _____, located in _____ (hereinafter referred to as the "Facility"), and the University of South Dakota Division of Health Affairs (hereinafter referred to as the "School"). The Facility and the School are individually referred to herein as "Party" and collectively referred to herein as "Parties".

WHEREAS, the purpose of this AGREEMENT is to guide and direct the Parties respecting their affiliation, working arrangements, and agreements to provide high-quality clinical learning experiences for students in healthcare professions and allow them, through their participation in health care delivery at rural, small community, and urban sites, to become familiar with medical practice; and

WHEREAS, the School has established (an) approved clinical and/or fieldwork experience(s) for students within health care professions as designated by the specific academic program (as defined in Addendum A) covered by this Agreement (hereinafter referred to as the "Program"); and

WHEREAS, the School is ultimately responsible for the academic program, academic affairs, education/assessment of students, and appointment/assignment of faculty with responsibility for teaching; and

WHEREAS, the Program's and the School's administration(s) including department heads have authority to ensure faculty and student access to appropriate resources for student education; and

WHEREAS, the Program requires facilities where students can obtain the clinical learning experience required in its curriculum; and

WHEREAS, the Facility has the clinical setting(s) and equipment needed by Program's students as part of their practical learning experience and agrees to share responsibility with the School for creating and maintaining an appropriate learning environment;

NOW, THEREFORE, in consideration of the foregoing and of the mutual promises set forth herein, the School and the Facility agree as follows:

1. RESPONSIBILITIES OF THE FACILITY

1.1 The Facility will provide clinical experience situations and access to appropriate associated resources as required by the Program's curriculum and in accordance with the objectives to be provided by the School.

1.2 The Facility will designate appropriate personnel to coordinate the students' clinical learning experience in the Program. The Facility will provide orientation to students as to the Facility's rules and policies that are applicable.

1.3 The Facility's staff will, upon request, assist the Program in the assessment of student performance and complete the student assessments in a timely fashion.

1.4 The Facility shall retain the right to remove from and deny access to its facility to (a) any student whose achievement, progress or adjustment does not warrant continuation of study at the Facility, (b) any student or faculty member who fails to conform to the applicable rules, regulations or code of conduct of the Facility, or (c) any student or faculty member whose professional or social conduct is, in the opinion of Facility personnel, disruptive or otherwise destructive to the established practices or philosophy of the Facility or its standing in the community. Such action shall be reported immediately to the Program Clinical Coordinator and the Program Director.

1.5 The Facility shall provide emergency care for the Program's students in the event of emergencies occurring while students are on duty, including exposure to an infectious or environmental hazard or other occupational injury. Exposure evaluation, treatment, and follow-up will follow procedures established for employees of the Facility. The Facility shall make these procedures available to the Program upon request.

1.6 The Facility assumes no financial responsibility for the medical care and treatment of students.

2. SHARED RESPONSIBILITIES OF THE FACILITY AND THE SCHOOL

The Facility and the School share responsibility for creating and maintaining a professional learning environment that promotes the development of appropriate professional attributes in students.

3. RESPONSIBILITIES OF THE SCHOOL

3.1 The School will retain ultimate responsibility for the education and assessment of its students. The School's representative for this Agreement shall be a department head or faculty member appointed by the School, who will be responsible for student teaching and assessment provided pursuant to this Agreement.

3.2 Upon request by the Facility, the School shall provide the Facility with the clinical learning experience(s) and objectives for the Program. The School will plan the schedules and assignments. This shall include the number of students assigned to a clinical area and the nature and extent of the clinical experiences.

3.3 The School shall provide faculty appointments and assignments for the purposes of student teaching.

3.4 The School will require all students and faculty members to abide by the rules, regulations, policies and procedures, standards of conduct and competency requirements of the Facility and to conduct themselves in a professional manner. All students and faculty shall wear the appropriate uniform or attire and display proper identification at all times while on Facility premises.

3.5 The School will require its students and faculty to comply with the policies and procedures of the Facility, including those governing the use and disclosure of individually identifiable health information under federal law, specifically 45 CFR parts 160 and 164. All information obtained from patients, their records or computerized data is to be held in confidence and no copies of patient records shall be made. The School shall require that students and supervising faculty do not identify patients in papers, reports or case studies without first obtaining permission of the Facility and the patient, utilizing the patient confidentiality policies and procedures of the Facility. School policy shall require that each student or faculty member abides by the Facility's policies regarding confidentiality and the use of computer systems.

3.6 Solely for the purpose of defining the student's role in relation to the use and disclosure of the Facility's protected health information, the trainees are defined as members of the Facility's workforce, as that term is defined by 45 CFR 150.103, when engaged in activities pursuant to this Agreement. Nevertheless, the students are not and shall not be considered to be employees of the Facility.

3.7 The School requires that all students are covered by health and malpractice insurance as set forth in paragraph 4.1 below.

3.8 The School will assign to the Facility only those students who have satisfactorily completed all prerequisites in the Program's curriculum.

3.9 The School will ensure each student has a national background check and criminal screening, covering a period back to the age of majority or at least seven (7) years, prior to the student's educational experience. The background screening shall include a minimum of social security trace, county, statewide and federal criminal record histories, and a national sex offender public registry search.

3.10 The School will ensure that, prior to clinical placement, each student has had instruction in occupational exposure to bloodborne pathogens and tuberculosis, protective practices to avoid contamination, and procedures for decontamination in case of exposure, or potential exposure, to infectious materials or potentially infectious materials in accordance with the federal guidelines "Occupational Exposure to

Bloodborne Pathogens". No student will be allowed into a clinical area until the training program has been completed.

3.11 The School shall ensure that each student has evidence of appropriate immunization status for, or has provided the School with an exemption form completed by a medical professional that verifies the student has a medical condition that contraindicates receiving any of, to include but not limited to, the following: Measles (Rubeola), Mumps, Rubella; Hepatitis B Immunization and Hepatitis B Titer; Varicella/Chicken Pox Immunity; DTP (diphtheria, tetanus, pertussis)/Tdap (tetanus, diphtheria, adult pertussis); Polio; TB Skin Tests or QFT-G Blood Test; Annual TB Skin Test; and annual influenza vaccination. In addition, the School recommends that its students receive the following vaccinations: Meningococcal (meningitis) Vaccination.

3.12 The School acknowledges that all students shall be responsible for their own transportation to and from the Facility and shall abide by all parking rules and regulations while on Facility property.

4. INSURANCE AND INDEMNIFICATION

4.1 The School agrees that all students will be covered for activities in connection with this Agreement by maintaining in force during the term of this Agreement general liability insurance with coverage limits of One Million Dollars ($1,000,000) per occurrence and Two Million Dollars ($2,000,000) annual aggregate and professional liability insurance with coverage limits of One Million Dollars ($1,000,000) per medical incident and Five Million Dollars ($5,000,000) annual aggregate.

4.2 The coverage shall be written as primary coverage and not contributing with or in excess of any coverage that the Facility may have. The insurance policies shall be issued by insurance companies reasonably acceptable to the Facility.

4.3 Upon request, the School shall furnish the Facility with certificates evidencing compliance with these insurance requirements. Certificates shall further provide for thirty (30) day advance written notice to the Facility of any cancellation of the above coverage.

4.4 Facility agrees to hold harmless and indemnify the State of South Dakota, the South Dakota Board of Regents, the University of South Dakota, their officers, agents or employees from and against any and all actions, suits, damages, liability or other proceedings that may arise as a result of its performance of this contract. Nothing herein requires Facility to be responsible for any action, suit, damage, liability or other proceeding that may arise as a result of the negligence, misconduct, error or omission of the State of South Dakota, the South Dakota Board of Regents, the University of South Dakota, their officers, agents or employees.

4.5 The Facility agrees, at its own expense, to provide coverage for its activities in connection with this Agreement by maintaining in force during the term of this Agreement general liability insurance with coverage limits of One Million Dollars ($1,000,000) per occurrence and Two Million Dollars ($2,000,000) annual aggregate and professional liability insurance with coverage limits of One Million Dollars ($1,000,000) per medical incident and Three Million Dollars ($3,000,000) annual aggregate.

4.6 It is hereby stipulated and agreed between the Facility and the School that with respect to any claim or action arising out of the activities described in this contract, each Party shall only be liable for payment of that portion of any and all liability, costs, expenses, demands, settlements, or judgments resulting from the negligence, actions, or omissions of its own agents, officers, and employees.

4.7 The Facility agrees to provide prompt written notification to the Program and School if a legal claim arises involving a student.

5. PLACEMENT

The Facility reserves the right to withhold placement of Program's students depending upon the availability of facilities and personnel to adequately provide a satisfactory experience.

6. NONDISCRIMINATION

The Facility and the School agree that neither will discriminate in the performance of this Agreement against any individual on the basis of age, sex, race, color, creed, marital status, sexual orientation, religious belief, national origin, disability, veteran status, or any other legally protected class.

7. TERM

The term of this Agreement shall be one (1) year commencing on _____ and terminating on _____. This Agreement shall automatically renew for additional terms of one year unless terminated by either Party in accordance with this Agreement.

8. TERMINATION

Either Party may terminate this Agreement upon thirty (30) day written notice to the other Party.

This Agreement depends upon the continued availability of appropriated funds and expenditure authority from the South Dakota Legislature for this purpose. If for any reason the South Dakota Legislature fails to appropriate or grant expenditure authority

or funds become unavailable by operation of law or federal funds reductions, this Agreement will be terminated by the State and the University of South Dakota. Termination for any of these reasons is not a default by the State, nor does it give rise to a claim against the State.

9. INDEPENDENT CONTRACTOR STATUS

The Parties hereby acknowledge that they are independent contractors. In no event shall this agreement be construed as establishing a partnership, joint venture or similar relationship between the Parties hereto, and nothing herein contained shall be construed to authorize either Party to act as agent for the other. The Facility and the School shall be liable for their own debts, obligations, acts and omissions, including the payment of all required withholding, social security and other taxes or benefits. No student shall look to Facility for any salaries, insurance or other benefits.

10. CONFIDENTIALITY

The students and faculty agree to abide by the limitations set forth in the Health Insurance Portability and Accountability Act (HIPAA) as described in 3.5 of this document.

The Facility and School agree to abide by the limitations set forth in the Family Educational Rights and Privacy Act (FERPA) and regulations at 34 CFR 99.33 regarding the protection of educational data. Both Parties acknowledge that this agreement allows access to educational data, and agree to hold that information in strict confidence. Both Parties agree not to use or disclose educational data received from or on behalf of either institution except as permitted or required by this agreement, as otherwise required by law, or as authorized in writing by the student.

11. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the State of South Dakota. Any lawsuit pertaining to or affecting this agreement shall be venued in Circuit Court, Sixth Judicial Circuit, Hughes County, South Dakota.

12. NOTICES

Notices required under this Agreement shall be mailed to the Parties at the following addresses:

THE SCHOOL: Division of Health Affairs
Attn: Brenda Canfield, Contract and Project Coordinator
University of South Dakota
1400 West 22nd Street

Sioux Falls, SD 57105

THE FACILITY: _____

_____

_____

_____

IN WITNESS WHEREOF, the Parties have duly executed this Agreement as of date first written above.

Facility

By: _____
Administrator
Title: CEO/Administrator

University of South Dakota

By: _____
James W. Abbott
Title: President, University of South Dakota

By: _____
Mary D. Nettleman, MD, MS, MACP
Title: Dean, USD Sanford School of Medicine
VPHA, University of South Dakota

Please indicate USD Originating Department: AS, DH, Med, MLS, Nursing, OT, PA, PH, PT, SW, HSM

Revised 12/1/16 bc

Addendum A

Clinical and/or Fieldwork Experiences may include the following educational programs with consent from the Program and Facility.

Division of Health Affairs
- Sanford School of Medicine
- School of Health Sciences
  - Addiction Studies
  - Dental Hygiene
  - Medical Laboratory Science
  - Nursing
  - Occupational Therapy
  - Physical Therapy
  - Physician Assistant
  - Public Health
  - Social Work
  - Undergraduate Health Sciences Major

APPENDIX B

UNIVERSITY OF
SOUTH DAKOTA

DIVISION OF HEALTH AFFAIRS

INFECTION CONTROL POLICIES & PROCEDURES MANUAL

Revised January 2017

I. PURPOSE:

For the protection of the health of our students and because of the risks of exposure to infectious diseases to which students are subjected in the course of clinical work, certain tests and immunizations are required. This manual outlines those tests and immunizations and other infection control practices for a student within the Sanford School of Medicine and USD School of Health Sciences programs of physician's assistant studies, occupational therapy, physical therapy, dental hygiene, addiction studies, medical laboratory science, social work, and nursing. Because of the individual nature of each program and its clinical experiences, the specifics of this policy may vary slightly. This manual is reviewed and updated on an annual basis by an appointed *ad hoc* committee including the Sanford School of Medicine Chief of Infectious Diseases, and other representatives from both the Sanford School of Medicine and the USD School of Health Sciences.

Students are also responsible for being familiar with the policies and practices of the facility at which they are training.

II. General Student Safety Guidelines (Infection Control/Student Safety)

The scope of the term "Infection Control" is all encompassing and includes, but is not limited to prevention, treatment, infection control, microbiology, pharmacology and epidemiology. The purpose of this section of the student manual is to provide guidelines for the *prevention of acquisition* of an infectious disease by the student from the patient or environment and the *prevention of transmission* of an infectious disease from student to the patient (or patient to patient via the student). The safety techniques (i.e. HAND HYGIENE #1) presented here will serve to prevent *both* acquisition and transmission of infections and therefore are called STANDARD PRECAUTIONS.

Additional precautions may be necessary and are called TRANSMISSION-BASED PRECAUTIONS.

Students will be given instruction in precautionary and infection control measures for blood borne pathogens and communicable diseases prior to students' first contact with patients and first contact with human tissue, blood products, and body fluids. Specific training will be given on hand hygiene, use of personal protective equipment, handling of sharps, and specific isolation precautions to ensure students are aware of how to prevent acquisition and transmission of infectious diseases. In addition, students will be instructed on what constitutes an exposure and the protocol to follow in the event of an exposure. Follow-up training will be provided on an annual basis.

However, no matter how careful one is and no matter how carefully one adheres to STANDARD PRECAUTIONS and TRANSMISSION-BASED PRECAUTIONS, accidents and exposures can happen – accidents/conditions that may expose you to an infectious agent. It is important for students to be aware of the process of reporting accidents in pursuit of treatment and/or prophylaxis where appropriate. In case of an accidental exposure to bloodborne pathogens or other infectious agents, following the SPECIFIC, organism-based guidelines may save your life!

In addition to policies from the programs regulating professional dress, the following policies are in place to prevent the acquisition and transmission of infections:

- Fingernails:

Keep natural nail tips less than ¼ inch in length.
Artificial nails, add-ons or extenders are not to be worn by staff or students who provide direct patient care.

- Footwear:

Employees and students must wear shoes that are appropriate to their job role/function and area. Shoes must be clean and well-kept. Socks or hosiery must be worn by all individuals who have patient contact. For those employees and students that provide patient care or whose job or training involves potential contact with blood and body substances or that use patient care supplies and equipment, footwear must completely cover the entire top of the foot and have no holes.

A. *STANDARD PRECAUTIONS*

a. Must be used in the care of all patients, regardless of diagnosis.
b. Requires the use of appropriate barriers (Personal protective equipment – PPE, (gloves, eye protection, masks, gowns, face shields) as needed to prevent contact with blood, body fluids, secretions excretions and contaminated items. Gloves are single use and disposable.
c. Requires hand hygiene:
d. Handwashing (15 seconds with antimicrobial soap and warm water) or use of an appropriate antiseptic hand cleanser, before donning gloves, after glove removal and before and after patient contact.
e. Hand hygiene may be required between tasks or procedures on the *same* patient to prevent cross contamination of different body sites.
f. Other times hand hygiene is important: when coming on duty, after use of toilet facilities, after blowing or wiping nose or coughing, before and after eating, before going off duty. When hands are visibly soiled, wash with antimicrobial soap and water instead of hand antiseptic cleanser.
g. Disposable sharps with engineered safety features will be used at all times in compliance with OSHA Standards to reduce risk of occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps. These will have safety features that are activated after use and prior to disposal. Sharps must be disposed of in an appropriate sharps disposal puncture-proof container immediately after use. Needles will not be recapped, broken or disassembled before disposal.
h. Laboratory specimens from all patients are collected in designated containers and placed for transport in bags labeled with the biohazard symbol.
i. Special measures may be indicated for hospitalized patients in addition to the routine practices of Standard Precautions. When these types of precautions are discontinued, Standard Precautions will be maintained. Standard Precautions are used in ambulatory settings including those with a history of drug resistant organisms.

B. *TRANSMISSION BASED PRECAUTIONS:*

Don appropriate PPE prior to entering the room and doff PPE prior to exiting the room.

a. Airborne Precautions:

- To be used for patients known or suspected to have microorganisms transmitted by small airborne droplet nuclei (e.g. tuberculosis, measles, varicella).
- Requires a private room for the patient with negative air pressure to surrounding areas, and 6-12 air exchanges per hour.
- Requires respiratory protection (usually a disposable, particulate respirator) when entering the room if the patient is known or suspected to have tuberculosis or other airborne pathogens.
- Fit testing is required if N95 or greater mask is indicated.
- Susceptible individuals should not enter the room of patients known or suspected to have measles or varicella. If susceptible persons must enter the room they should wear respiratory protection.

b. Droplet Precautions:

- Used for patients known or suspected to have microorganisms transmitted by large particle aerosols generated by coughing, sneezing or talking (e.g. *Haemophilus influenza, Neisseria meningitidis*, Group A Streptococcus, pertussis, rubella, adenovirus, influenza, mumps, parvovirus).
- Private room for patient if possible. If a private room is not available, patients should be cohorted (grouped with similar disease), if possible, or require special separation of at least three feet between patients. Special air handling and ventilation are not required.
- Requires the uses of disposable masks when within three feet of the patient.

c. Contact Precautions:

- Used in caring for patients known or suspected to have epidemiologically important microorganisms that can be transmitted by direct contact with patient and/or contaminated environmental surfaces (e.g. MRSA, multidrug resistant bacteria, *Clostridium difficile* and other agents that cause diarrhea, respiratory syncytial virus (RSV) parainfluenza, herpes simplex varicella zoster, agents causing wound, skin or conjunctival infections, scabies and lice.
- A private room should be used, if possible. Cohorting or consultation with infection control personnel should be accomplished if a private room is not available.
- Requires the use of gloves when entering the room. Gloves should be changed after contact with infective material and removed after leaving the patient environment. Hand hygiene should be performed immediately after glove removal.
- Usually requires the use of gowns and masks if contact with patient or patient's environment is anticipated. For patients with diarrhea, a private room with a private bathroom is preferable. If possible, a private commode should be available at bedside.

III. OCCUPATIONAL EXPOSURE TO INFECTIOUS AND ENVIRONMENTAL HAZARDS

This section provides details related to student safety guidelines for prevention, prophylaxis and the interventions available to USD Health Affairs students who have the potential for exposure to blood, other body fluids, or other potentially infectious materials during the normal course of their student educational activities.

A. Definition:

An occupational exposure incident shall be defined as eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from the performance of a health professions' student duty or assignment.

B. Exposure Incidents Requiring Follow-up:

Exposure incidents requiring follow-up include, but are not limited to: a percutaneous injury with contaminated sharp/instrument, or exposures to eye, mouth, other mucous membrane, or non-intact skin with blood, body fluids or tissue, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, or amniotic fluid; respiratory resuscitation without a resuscitation device; bites resulting in blood exposure to either person involved.

1. **Protocol:**
   - **a. Decontamination:** Follow good **first aid** techniques including thorough flushing of mucous membranes and eyes, wound care if appropriate and thorough handwashing. There is no benefit from expressing blood at the site of the injury or application of caustic agents such as bleach.
   - **b. Notification and Immediate Medical Treatment: It is the student's responsibility to report all suspected exposure incidents and seek medical treatment**:
     1. **Immediately report to Faculty Member/Supervisor.**
     2. **Immediately report to Employee Health/Infection Control Personnel** in the clinical site where the exposure occurred. If the clinical site does not provide post-exposure evaluation for students you need to seek treatment at the nearest ER.
     3. Next, report to the Campus Dean for SSOM and Site Coordinator for all other program departments.
     4. After initial management, return report form to the appropriate contact person within your program department as soon as possible.
   - **c. Documentation:** The student is required to report the following essential information to Employee Health/Infection Control Personnel ***and*** complete the University of South Dakota Health Affairs Occupational Exposure Report Form.
     1. Procedure being performed, including where and how the exposure occurred.
     2. Type of exposure: puncture, scratch, bite, mucous membrane of the eye, nose, or mouth, or other.
     3. Extent of exposure: type and amount of blood/body fluid/material, severity of exposure including depth and whether fluid was injected, etc.
     4. PPE (personal protective equipment) worn at the time of exposure: gloves, gown, mask, protective eyewear, face shield, etc.
     5. If related to a sharp device, description of the sharp including the brand name.

6. Decontamination: handwashing, flushing mucous membrane of eye, nose, mouth, etc.
7. First aid administered
8. Student's hepatitis B immunity status, last tetanus booster, etc.
9. Source patient: known or unknown.
10. Is it possible the patient was exposed to your blood?

d. University of South Dakota Health Affairs Occupational Exposure Form: This form may be downloaded from the portal. **Do not delay seeking post-exposure evaluation and treatment for the purpose of retrieving the report form.** However, it is the student's responsibility to complete the student section of the form (first page). Students are responsible for seeing that the medical professional doing the evaluation completes and signs the second page of the form and/or brings a copy of the post-exposure evaluation and follow-up written opinion from the facility where this occurred. The student is required to bring the form to the contact person for his/her program as soon as possible. Note this form is in addition to any forms required by the facility where the incident occurred.

e. Questions/Concerns: Contact your supervising faculty and program/course director as indicated. Medical students have access to the Sanford Medical Center 24/7 Exposure Hotline, **regardless of clinical site where the exposure occurred: call 605-366-5251 during office hours or call 605-333-1000 and ask operator to connect you to the Infection Control Nurse.** All other students should contact their Site Coordinator. If post-exposure prophylaxis is indicated please be aware there is the PEPline (The National Clinician's Post-Exposure Prophylaxis Hotline): http://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/

f. Billing for Testing: Responsibility for payment of immediate wound care, post-exposure testing or initial post-exposure prophylaxis (if recommended by the medical professional providing the consultation and based on current CDC guidelines) differs by program; check with your program for details. USD SSOM pays for initial post-exposure testing and follow-up testing for medical students involved in required clinical activities. Students assume the costs for any exposures that occur during volunteer/non-required activities.

C. Other Occupational Exposures

The primary routes of infectious disease transmission in US healthcare settings are contact, droplet, and airborne. Students may protect themselves by having their immunizations up to date and through the adherence to standard precautions and transmission-based precautions as applicable. However, no matter how careful one adheres to standard precautions and transmission based precautions, accidents and exposures can happen.

Students are responsible for following the organism specific (ie. tuberculosis, measles, mumps, pertussis, etc.) guidelines and follow-up as outlined on pages 9 - 12 of this Manual.

D. Policy:

Students will be given instruction in precautionary and infection control measures for blood borne pathogens and other communicable diseases prior to students' first contact with patients and first contact with human tissue, blood products, and body fluids. Specific training will be given on hand hygiene, use of personal protective equipment, handling of sharps, and specific isolation precautions to ensure students are aware of how to prevent acquisition and transmission of infectious diseases. In addition, students will be instructed on what constitutes an exposure and the protocol to follow in the event of an exposure. Follow-up training will be provided on an annual basis.

The facility providing the student's post-exposure management will be responsible for contacting the student with the results of the testing and the post-exposure evaluation and written opinion from the medical provider within 15 days of the completion of the initial evaluation or as soon as it is available. Students are responsible for completing and returning the Occupational Exposure to Infectious and Environmental Hazards form to the program chairs/education coordinators within 15 days of exposure.

(See Appendix for the Occupational Exposure Report Form).

Responsibility for payment of immediate wound care, post-exposure testing or initial post-exposure prophylaxis (if recommended by the medical professional providing the consultation and based on current CDC guidelines) differs by program; check with your program for details. USD SSOM pays for initial post-exposure testing and follow-up testing for medical students involved in required clinical activities. Students assume the costs for any exposures that occur during volunteer/non-required activities.

E. Educational Accommodations:

- The USD Division of Health Affairs fulfills its obligation to educate future healthcare personnel while adhering to procedures that maintain the health and safety of patients and that protect the personal rights of students with infectious diseases or immunocompromised conditions. Students who are infected with potentially communicable agents (e.g. hepatitis B, hepatitis C, or HIV) and/or are immunocompromised are expected to discuss this with their personal physician and if the physician believes that a modification of the usual clinical activities of the student is required as a result of infection with a communicable agent, the student is responsible for sharing the documentation with the Dean of Student Affairs and/or Department Chair/Dean who then shares with the appropriate faculty involved in the student's clinical activities.

- The Dean of Student Affairs and/or when appropriate, discipline-specific Chairs or Deans will work together to modify the clinical activities of immunocompromised students for whom patients may pose unwarranted risks or infected students who may pose unwarranted risks to patients.

- All reasonable accommodations will be made to assist the student in achieving the requirements of the educational program. The Dean for Student Affairs/Department Chair/Dean may convene a faculty panel to assist in the process.
- A student, when provided reasonable accommodations, must be able to perform the routine duties and minimum requirements for each course/clinical assignment, and meet the technical standards for enrollment at their specific program.
- Likewise, accommodations will be made for students in quarantine to monitor for signs and symptoms of communicable illnesses such as mumps, measles, varicella, etc.
- Decisions regarding return to educational activities will be made on an individual basis, and depend on the input from Infection Prevention at the clinical site, Student Affairs and the student's personal healthcare provider.

IV. SPECIFIC STUDENT SAFETY GUIDELINES

(General information, Prevention, Prophylaxis/Treatment)

This section of your manual briefly summarizes the specific exposures you might have, the prevention strategies that must be followed and the treatment/prophylaxis available. In care of accidental needle sticks or injury with other contaminated sharp object (scalpel) or exposure to an infectious agent where treatment or prophylaxis is available, it may be a specific hospital Infection Control Program or Emergency Room or Clinic nurse that will walk you through the reporting and treatment/prophylaxis process for that institution. Use this information to be your own advocate in ensuring your proper follow-up.

ANY exposure to patient blood and body fluids – percutaneous, splash into eyes, mucous membranes or onto already injured skin – may carry with it organisms that can kill and/or severely compromise your life (e.g.HIV). There are NO exposures minor enough to ignore; all exposures must be reported – for your safety.

A. HEPATITIS B VIRUS (HBV)

Prevention/Prophylaxis/Treatment/Follow-up:

ALL students are required to receive HBV vaccination (3 doses at 0, 1 and 6 months). The first two doses of the three dose series are required prior to the start of classes. A positive HEP B titer without proof of vaccine dates is accepted if unable to obtain immunization dates.

AND

Hepatitis B Titer

- Test for anti-HBs or HbsAB (HBV surface antibodies). Recommended 1-2 months after completion of the vaccination series.
- Students admitted with *documented* prior vaccination history must also provide immune status documentation. If that is not available, current immune status will be determined by the titer.
- A copy of the titer report must accompany immunization form or be provided as soon as it is available.
- Those who do not seroconvert when the titer is done 1-2 months following the series should be revaccinated with a full series with the titer repeated 1-2 months after the last immunization.

- Those who do not seroconvert when the titer has been delayed greater than 12 months since the initial series may choose to obtain one additional booster dose of the vaccine with the titer repeated 1-2 months after the last immunization. If the second titer remains below 10mIU/mL, the person will complete the series followed by another titer.
- If after two complete series, titers remain below 10mIU/mL, the person is considered at risk for acquiring HBV. Students should be counseled about the occupational risk and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to HBsAg-positive blood or body fluids. No further vaccine series are recommended. However, the student should be tested for HBsAg to make sure that chronic HBV infection is not the reason for vaccine non-response (assuming the 2nd negative HbsAb titer was performed 1-2 months following the last hepatitis B vaccine of the second series).

Additional information:

- CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Post exposure Management: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6210a1.htm
- CDC Epidemiology and Prevention of Vaccine-Preventable Diseases; Pink Book (2015): http://www.cdc.gov/vaccines/pubs/pinkbook/hepb.html

B. *HEPATITIS C VIRUS (HCV)*

Prevention/Prophylaxis/Treatment/Follow-up:

Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis.
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm
Bloodborne Exposures Algorithm (see Appendix)

C. *HUMAN IMMUNODEFICIENCY VIRUS (HIV):*

Prevention/Prophylaxis/Treatment/Follow-up:

Please refer to the Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Post exposure Prophylaxis (Sept. 2013): http://www.jstor.org/stable/10.1086/672271

The decision to take anti-retroviral drugs may be difficult. Free consultation is available through the PEPline (The National Clinician's Post-Exposure Prophylaxis Hotline):
http://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/

Follow the procedure as outlined in the Occupational Exposure to Infectious and Environmental Hazards protocol.

1. Exposure decontamination: Good first aid
2. Documentation and Follow-up
3. Notification
4. Completing Report Forms

D. *TUBERCULOSIS:*

Prevention/Prophylaxis/Treatment/Follow-up:

TB Skin Tests or Interferon Gamma Release Assay (IGRA)

- Initial Two-Step TB Skin Test: Documentation of a two TB skin test is required. If the first is negative, a second TB skin test will be given in 1-3 weeks. The second negative will confirm lack of infection (any two documented TB skin tests completed within a 12 month period can meet this requirement.)

OR

- Interferon Gamma Release Assay (IGRA)
- History of BCG vaccine is NOT a contraindication for tuberculin testing. TB skin test reactivity caused by BCG vaccine generally wanes with time. If more than 5 years have elapsed since administration of BCG vaccine, a positive reaction is most likely a result of *M. tuberculosis* infection.

Students with a positive TB skin test or IGRA: Are required to provide documentation from their health care provider including the following:

1. Result of the positive TB skin test (date placed, read, measurement in mm, signed by a health care provider) or IGRA report.
2. Chest x-ray report.
3. Determination by the health care provider if this a latent TB infection or active TB disease.
4. Treatment; including what it was, when started, when completed, etc.

Students who have active TB disease will be restricted from school and patient contact until they have provided documentation that satisfies the infection prevention policies of the health care facilities where the student trains.

Students with a known history of a positive TB skin test/latent disease will complete a symptom checklist annually (see Appendix for form).

Additional information: https://www.cdc.gov/tb/default.htm

E. MENINGOCOCCAL DISEASE:

Prevention/Prophylaxis/Treatment/Follow-up:

This is a recommended vaccine for any students in a health related program at USD. Please refer to the CDC's Epidemiology and Prevention of Vaccine-Preventable Diseases; The Pink Book 13th Ed (2015): http://www.cdc.gov/vaccines/pubs/pinkbook/mening.html

All 11 to 12 year olds should be vaccinated with a meningococcal conjugate vaccine (Menactra® or Menveo®). A booster dose is recommended at age 16 years. Teens and young adults also may be vaccinated with a serogroup B meningococcal vaccine. In certain situations, other children and adults could be recommended to get any of the three kinds of meningococcal vaccines. Students should consult with their physician about the appropriate vaccine for their specific risk.

F. INFLUENZA:

All Health Affairs students are required to have the flu vaccine by December 1st annually.
http://www.immunize.org/catg.d/p2017.pdf
http://www.cdc.gov/flu/healthcareworkers.htm

G. VARICELLA ZOSTER VIRUS (VZV) (Chicken Pox/Shingles):

Prevention/Prophylaxis/Treatment/Follow-up:

One of the following is required:

1. Varicella Titer if the student has had the chicken pox that indicates immunity (copy of titer report must accompany immunization form);

OR

2. Two doses of varicella immunization is indicated if there is no history of the disease or if the varicella titer is negative. Recommended interval is 4-8 weeks between doses.

Additional information: http://www.cdc.gov/vaccines/pubs/pinkbook/varicella.html

H. MEASLES (RUBEOLA), MUMPS, RUBELLA:

Prevention/Prophylaxis/Treatment/Follow-up:

One of the following is required:

1. All students born after December 31, 1956 are required to have medically signed proof of TWO properly administered immunizations.

OR

2. Immune titers for measles (rubeola), mumps, and rubella.

Additional information: http://www.immunize.org/catg.d/p2017.pdf

I. PERTUSSIS:

Prevention/Prophylaxis/Treatment/Follow-up:

One time dose of Tdap (tetanus, diphtheria, adult pertussis) is required. Tdap vaccine can be administered to healthcare workers without concern for the length of time since the most recent Td vaccine. If it has been longer than 10 years since the Tdap, a Td or Tdap booster is required.

Additional information: http://www.cdc.gov/vaccines/pubs/pinkbook/pert.html

III. ENTERING AND VISITING STUDENT IMMUNIZATION POLICY

For the protection of the health of our students and because of the risks of exposure to infectious diseases to which students are subjected in the course of clinical work, certain tests and immunizations are required. Entering and visiting students are required to provide documentation of all required immunizations to the program prior to matriculation or visit. As these immunizations are part of the School(s) on-going affiliation agreements with our clinical sites. Students will not be allowed to register or participate in any clinical activities until documentation is provided.

Health Affairs Requirements:

- Students are required to follow the Immunization Compliance Policy of their specific program.
- For students in programs requiring full compliance with the USD Health Affairs Immunization Policy, the immunization form must be completed with the appropriate signatures. Include copies of titer reports and other medical records when applicable.

1. **Measles (Rubeola), Mumps, Rubella.** One of the following is required:
   - All students born after December 31, 1956 are required to have medically signed proof of TWO properly administered immunizations.

   OR
   - Immune titers for measles (rubeola), mumps, and rubella.

2. **Hepatitis B immunization.** ALL students are required to receive HBV vaccination (3 doses at 0, 1 and 6 months). *The first two doses of the three dose series are required prior to the start of classes.* A positive HEP B titer without proof of vaccine dates is accepted if unable to obtain immunization dates.

   AND

   Hepatitis B titer.
   - Test for anti-HBs or HbsAB (HBV surface antibodies). Recommended 1-2 months after completion of the vaccination series.
   - Students admitted with *documented* prior vaccination history must also provide immune status documentation. If that is not available, current immune status will be determined by the titer.
   - A copy of the titer report must accompany immunization form or be provided as soon as it is available.
   - Those who do not seroconvert when the titer is done 1-2 months following the series should be revaccinated with a full series with the titer repeated 1-2 months after the last immunization.
   - Those who do not seroconvert when the titer has been delayed greater than 12 months since the initial series may choose to obtain one additional booster dose of the vaccine with the titer repeated 1-2 months after the last immunization. If the second titer remains below 10mIU/mL, the person will complete the series followed by another titer.
   - If after a second series, titers remain below 10mlU/mL, the person is considered at risk for acquiring HBV.

3. **Varicella/Chicken Pox immunity.** One of the following is required.
   - Varicella Titer if the student has had the chicken pox that indicates immunity (copy of titer report must accompany immunization form);
     OR
   - Two doses of varicella immunization is indicated if there is no history of the disease of if the varicella titer is negative. Recommended interval is 4-8 weeks between doses.

4. **Tdap (tetanus, diphtheria, adult pertussis).** One life time time dose of Tdap (tetanus, diphtheria, adult pertussis) is required. Tdap vaccine can be administered to healthcare workers without concern for the length of time since the most recent Td vaccine. If it has been longer than 10 years since the Tdap, a Td or Tdap booster is required.

5. **Upon admission: TB Skin Tests or Interferon Gamma Release Assay (IGRA)**
   - **Initial Two-Step TB Skin Test:** Documentation of two TB skin tests is required. If the first is negative, a second TB skin test will be given in 1-3 weeks. The second negative will confirm lack of infection (any two documented TB skin tests completed within a 12 month period can meet this requirement.)
     OR
   - **Interferon Gamma Release Assay (IGRA)**
   - History of BCG vaccine is NOT a contraindication for tuberculin testing. TB skin test reactivity caused by BCG vaccine generally wanes with time. If more than 5 years have elapsed since administration of BCG vaccine, a positive reaction is most likely a result of *M. tuberculosis* infection.

During enrollment:

6. **Annual TB Skin Test:**
   - Students are required to have an annual TB Skin Test

   OR
   - IGRA

   OR
   - Annual symptom checklist if history of latent TB.

If there is a lapse greater than 13 months between annual TB skin tests, the two-step TB skin test will be repeated.

Students with a positive TB skin test or IGRA:
Are required to provide documentation from their health care provider including the following:

- Result of the positive TB skin test (date placed, read, measurement in mm, signed by a health care provider) or IGRA report.
- Chest x-ray report.
- Determination by the health care provider if this a latent TB infection or active TB disease.
- Treatment; including what it was, when started, when completed, etc.

Students who have active TB disease will be restricted from school and patient contact until they have provided documentation that satisfies the infection prevention policies of the health care facilities where the student trains.

Students with a known history of a positive TB skin test/latent disease will complete a symptom checklist annually (see Appendix for form).

7. **Annual Influenza vaccination:**
   The influenza vaccine is required by December 1st annually.

Recommended Immunizations:

- **Meningococcal (meningitis) vaccine.** Recommended for students living in college dormitories who have not been immunized previously or for college students under 25 years of age who wish to reduce their risk.
- All 11 to 12 year olds should be vaccinated with a meningococcal conjugate vaccine (Menactra® or Menveo®). A booster dose is recommended at age 16 years. Teens and young adults also may be vaccinated with a serogroup B meningococcal vaccine. In certain situations, other children and adults could be recommended to get any of the three kinds of meningococcal vaccines. Students should consult with their physician about the appropriate vaccine for their specific risk.
- **Childhood DTP/DTaP/DPT and polio vaccines.**

SPECIAL CONSIDERATIONS:

1. **STUDENTS WITH SKIN INFECTIONS, DIARRHEA OR CONTAGIOUS DISEASES SHOULD CONSULT THEIR PHYSICIAN AND THE HOSPITAL/CLINIC INFECTION CONTROL PROGRAMS PRIOR TO PATIENT CONTACT.**

2. **HIV, HBV, HCV-INFECTED Student**

There are two concerns: safety of patients and safety of the student. CDC has recommended that HIV, HBV, HCV positive health care workers:

- Use standard precautions – prevention of transmission of HIV, HBV, HCV from student to patient; prevention of transmission of infections to the student who may be immune compromised.
- Currently available data provide no basis for recommendations to restrict the practice of HCW's infected with HIV, HBV, HCV who perform invasive procedures not identified as exposure-prone.
- Exposure-prone procedures will be identified by an expert review panel composed of representation from USD Sanford Health Affairs and institutions at which the procedures are performed. The CDC recommendations from July 2012 will serve as a guide for identifying exposure prone procedures: http://www.cdc.gov/mmwr/preview/mmwhtml/rr6103a1.htm. Health care workers/students who perform exposure-prone procedures should know their HIV, HBsAg and antibody status. If HBsAg is positive, students should know their HBeAg status and may be counseled to obtain their HBV DNA status.
- Students infected with HIV, HBV, or HCV will be excluded from "exposure-prone" procedures unless they have sought counsel from an expert review panel and been advised under what circumstances, if any, they may perform these procedures.
- The facilities where students who are HIV, HBV, or HCV infected are training need to be notified.
- Mandatory testing of students for HIV or HBsAg (or HBeAg) is not recommended.

These recommendations are controversial. "Providers have an ethical and professional obligation to know their HBV status and to act on such knowledge accordingly (CDC Public Health Ethics Committee, personal communication, 2001)."

3. **The Pregnant Student**

Pregnancy does not preclude a health affairs student from any activities related to health care responsibilities. Prior to pregnancy, the student should ensure all immunizations are up to date and know serologic status for measles, mumps, rubella, varicella, and hepatitis B. During pregnancy, the student should receive influenza vaccine at the right time, maintain routine tuberculosis screening, adhere to proper infection control practices (Standard Precautions) and have prompt evaluation and treatment of any illness.

4. **Health Insurance**

All students enrolled in a health affairs program are required to have major medical health insurance.

5. Required Vaccine Declination

Declination of any of the required immunizations for medical or religious reasons will be considered on a case by case basis. The student must provide documentation from their health care provider to their Program Chair/Dean of Student Affairs that he/she was counseled regarding the efficacy, safety, method of administration, and benefits of vaccination, the risks of acquiring any of these serious diseases without vaccination, as well as potential life-threatening consequences to the patients they come in contact with. Since affiliation agreements between the University of South Dakota and the various health care systems students rotate through specifically state students will be immunized (as specified in the Immunization Policy), consultation will also be required with Employee Health of those facilities to determine if students are able to train at that site.

University of South Dakota Health Affairs

OCCUPATIONAL EXPOSURE TO PATHOGENS OF EPIDEMIOLOGICAL IMPORTANCE REPORT FORM

Student_____ Course & Campus _____

Student's phone number _____

Program: Addiction Studies ☐; Dental Hygiene ☐; Health Science ☐; Medical Laboratory Science ☐; Medicine ☐; Nursing ☐; Physical Therapy ☐; Physician Assistant ☐; Occupational Therapy ☐; Social Work ☐; Master of Social Work ☐; Master of Public Health ☐

Date of report _____ Date of exposure _____ Time of exposure _____

Hospital/Clinic site where exposure occurred _____

City _____ Supervisor/Faculty _____

Details of Exposure: To be Completed by the <u>Student</u>

Details of the occurrence/procedure being performed; including where and how the exposure occurred _____
_____
_____

Type of exposure: puncture- ☐; scratch-☐; bite-☐; nonintact skin-☐; mucous membrane of: eye- ☐; nose- ☐; mouth-☐; other type of exposure (describe)_____

Extent of exposure (type and amount of blood/body fluid/material, severity of exposure including depth and whether fluid was injected, etc.) _____
_____
_____

PPE (personal protective equipment) worn: gloves- ☐; gown- ☐; mask- ☐; protective eyewear-☐; face shield☐; other PPE (describe):_____

If related to a sharp device: needle type: suture ☐ injection ☐ IV needle ☐ scalpel ☐ instrument ☐
brand name of device: _____
other sharp device (describe): _____

Decontamination (i.e. hand washing, flushing mucous membrane eye, nose, mouth, etc.) _____
_____

Description of first aid administered _____
_____

Is it possible the patient was exposed to your blood? YES NO (circle one)

Who was the exposure incident reported to at the facility? _____

Date Reported: _____ Contact information _____

I consent to the release of information such as immunization and immunity status and serology test results both to and from the clinical site providing my post-exposure counseling and management.

Student's signature: _____ Date: _____

Post Exposure Management

Student's Information

Student name _____ **Date of exposure** _____

Medical person completing post exposure management_____

Date of last tetanus booster: _____

Hepatitis B immunity status:
Series completed: yes ☐ no ☐
Post immunization titer (HBsAb): positive ☐ negative ☐ unknown ☐

Post exposure testing of student completed:
HIV yes ☐ no ☐ student drawn but declined HIV testing; blood will be stored for 90 days from incident ☐
HCV Ab yes ☐ no ☐
HBsAb yes ☐ no ☐ not tested (known immunity) ☐

Source Patient's Information

Was the source patient identifiable? Yes ☐ No ☐

***Source patient was tested for**:*

HIV (30 min) date drawn_____ not tested ☐ written copy of results given to student ☐ date received_____
HCV Ab date drawn_____ not tested ☐ written copy of results given to student ☐ date received_____
HBsAg date drawn_____ not tested ☐ written copy of results given to student ☐ date received_____

Other tests performed: _____

☐ HIV Prophylaxis offered to the student; date started _____ ☐ HBIG indicated; date given _____

Post Exposure Health Evaluation and Written Opinion

The above named student has reported an occupational exposure incident to blood or other potentially infectious material to: Facility name _____

Address _____ Phone # _____

☐ Student was informed of the results of the post exposure evaluation,

☐ Counseling was provided regarding the mode & risk of transmission of blood borne pathogens relative to the exposure incident. Follow up evaluation & treatment indications, including prophylaxis, for the student were discussed.

☐ Student has been informed of any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

☐ HIV & Hepatitis C Ab recommended at baseline ☐ Follow up lab work is recommended on _____

Hepatitis B vaccination: ☐ is indicated ☐ is not indicated ☐ Other lab work (specifify) is recommended on _____

☐ Follow-up health appointment is recommended on _____

☐ Precautions to prevent transmission of a blood borne illness were recommended to the student during the follow-up period.

☐ The importance of maintaining confidentiality of the source patient's identity and test results was discussed with the student.

Date of Health Evaluation_____ ☐ Copy of written opinion given to student; date_____
(provide within *15 days* of completing health evaluation)

Name/title of Medical Provider _____
Signature

_____
Printed name

Please return a copy of the exposure report, post exposure management, evaluation and written opinion to the Education Coordinator in your program

University of South Dakota Health Affairs
REQUIRED IMMUNIZATION FORM

Name **DOB** USD ID#

Program: Addiction Studies [ ] Dental Hygiene [ ] Health Science [ ] Medical Laboratory Science [ ] Medicine [ ] N ursing [ ]
Occupational Therapy [ ] Physical Therapy [ ] Physician Assistant [ ] Public Health [ ] Social Work [ ] Master of Social Work [ ]

Health Affairs Requirements: For students in programs requiring full compliance with the USD Health Affairs Immunization Policy, this form must be completed with the appropriate signatures.
Include copies of titer reports and other medical records when applicable.

REQUIRED IMMUNIZATIONS:

A. **MMR (Measles, Mumps, Rubella) Vaccine.** Two doses required for all students born after 12/31/56.

Dates: 1.____/____/_____ 2._____/_____/_____

OR individual vaccine/proof of immunity as noted below.

1 **Measles** (Rubeola)
Vaccine Dates: 1.____/_____/_____2._____/_____/_____
OR
Has report of positive immune titer. Date:____/_____/_____ **ATTACH LAB REPORT**

2 **Rubella** (German Measles)
Vaccine Dates: 1.____/_____/_____2._____/_____/_____
OR
Has report of positive immune titer. Date:____/_____/_____ **ATTACH LAB REPORT**

3 **Mumps**
Vaccine Dates: 1.____/_____/_____2._____/_____/_____
OR
Has report of positive immune titer. Date:_____/_____/_____ **ATTACH LAB REPORT**

B. **Date of Tdap (tetanus, diphtheria, adult pertussis):** Date:_____/_____/_____
If longer than 10 years; date of latest booster Date:_____/_____/_____***Td or Tdap (circle one)***

C. **Varicella** (Chicken Pox) One of the following is required:

Documentation of positive varicella titer. Date:_____/_____/_____ **ATTACH LAB REPORT**

OR

Vaccine: Two doses are required for those without evidence of immunity. Recommended interval is 4-8 weeks between doses.

Dates: 1._____/_____/_____ 2._____/_____/_____

D. **Hepatitis B Vaccine** - Three doses and positive titer required.*(If unable to obtain dates of immunizations a positive titer is acceptable)*

1st dose Date:_____/_____/_____
2nd dose Date:_____/_____/_____(1 month after 1st dose)
3rd dose Date:_____/_____/_____(6 months after 1st dose)

AND

Hepatitis B Titer (HbsAB or Anti-HBs – hepatitis B surface antibodies)
Immunity demonstrated by hepatitis B titer - **ATTACH LAB REPORT**

Date:_____/_____/_____ Positive/Reactive_____ Negative/Nonreactive_____
(if neg. see immunization policy)

Updated 12/20/2016

University of South Dakota Health Affairs
REQUIRED IMMUNIZATION FORM

Name **DOB** USD ID#

E. **Tuberculosis Skin Test** - PPD (Mantoux) – Two-step TB skin test required initially or Interferon Gamma Release Assay

Two-Step TB Skin Test; recommended 1-3 weeks apart.***Note** *any two documented TB skin tests completed within a 12 month period shall be considered a two-step.*

Step 1 (Date placed)____/____/____Step 1 (Date read)_____/____/____Results:_____mm

Step 2 (Date placed)____/____/____Step 2 (Date read)_____/____/____Results:_____mm

If two-step was completed more than 12 months prior to start of classes, an annual TB skin test is required

Date placed _____/_____/_____Date read_____/_____/_____Results:_____mm

Date placed _____/_____/_____Date read_____/_____/_____Results:_____mm

Interferon Gamma Release Assay (IGRA): Date:_____/_____/_____Positive_____Negative_____

ATTACH LAB REPORT

History of Positive TB Skin Test:

Date placed_____/_____/_____Date read_____/_____/_____Results:_____mm

ATTACH COPY OF CHEST X-RAY REPORT AND DOCUMENTATION FROM HEALTHCARE PROVIDER.

See immunization policy.

History of BCG vaccination: Date_____/_____/_____(TB skin test required regardless of prior BCG vaccination)

F. **Influenza vaccine.** Required by Dec. 1st annually Date:_____/_____/_____

Not required prior to admission if starting in the summer or fall

RECOMMENDED IMMUNIZATIONS:

G. **Meningococcal Vaccine (Meningitis vaccine)**. Refer to immunization policy. Students should consult with their physician about their specific risk:

Vaccine:_____Date:_____/_____/_____ Vaccine:_____Date:_____/_____/_____

H. **Childhood DTP/TDaP/DPT immunizations:**

Dates of Primary Series: 1.____/_____/_____2._____/_____/_____3._____/_____/_____

4.____/_____/_____5._____/_____/_____

I. **Polio immunizations:**

Dates of Primary Series: 1.____/_____/_____2._____/_____/_____3._____/_____/_____

4.____/_____/_____5._____/_____/_____Type of vaccine: Oral (OPV)_____Inactivated (IPV)_____

SIGNATURE X_____ **Date**_____**/**_____**/**_____

Must be signed by Healthcare Provider (Physician, PA, NP, Nurse)

PRINT NAME _____

Hospital/Clinic Address of physician or nurse verifying this information: Hospital/Clinic Phone #_____

A copy of titer/lab reports must be provided with this form as indicated above. *Updated 12/20/2016*

University of South Dakota Health Affairs
ANNUAL SYMPTOM CHECKLIST FOR TUBERCULOSIS

Student's Name:_____ Date:_____

In the last year have you experienced any of the following symptoms for more than three weeks at a time?

SIGN & SYMPTOM REVIEW:	YES	NO
Persistent cough		
Excessive sweating at night		
Unexplained weight loss		
Coughing up blood		
Excessive fatigue		
Persistent fever		

TB skin test: Date_____ Reading (mm)_____

Quantiferon: Date_____ Results_____

Date of last chest x-ray_____

Chest x-ray results_____

Prophylactic treatment received? If yes; drug, dosage, and duration of treatment.

_____

_____

_____

_____ _____
Student's Signature Date

_____ _____
Nurse's Signature Date

HEALTH RISKS ASSOCIATED WITH BEING A PHYSICAL THERAPY STUDENT

Physical therapy is a health-care profession that has secondary occupational risks such as exposure to physical, chemical, infectious, psychological and radioactive hazards. As a physical therapy student, a major portion of the curriculum is spent in clinical settings in which these risks present themselves. The associated risks of disease transmission from patient contact, as well as radiation exposure used in certain physical modalities, should be reviewed so that a physical therapy student can make informed decisions regarding continuation of the educational/ occupational goals.

The information presented is adapted from *Health Risks*, a Report of the 1992 American Physical Therapy Association House of Delegates. The full report can be found in the *1992 House of Delegates Handbook* (APTA, Alexandria, VA: 179-189*)* or from the USD Physical Therapy Department.

Physical Hazards

A. Certain physical and environmental hazards are present as the physical therapy student is educated in the physical therapy occupation. One of these hazards includes secondary injuries to accidents while transferring patients or equipment. Back injuries, in particular, have the highest rate of occurrence. As a student, proper body mechanics, lifting techniques and patient handling are emphasized during the first semester of the Program to avoid injuries in the clinical setting. Because of the high rate of occurrence, many clinical education centers/sites spend a significant amount of time educating personnel on prevention techniques. When lifting devices are not used properly or when insufficient help is requested in patient transfers, an injury is eminent. When a student believes that he/she should not execute a certain transfer or treatment for safety reasons, the student should notify the clinical instructor.
B. The physical therapy student also is in contact with patients who may have traumatic brain injury or for psychological reasons may be violent. A student must learn that certain diagnoses may prompt such behaviors and must learn how to manage patients with the potential to become violent. If a student encounters a situation with a patient who becomes unpredictable or violent and the student's safety is threatened, the facility's guidelines for dealing with such patients should be followed and the student should notify the clinical instructor.
C. The physical therapist student also may be at risk for a variety of physical hazards when practicing treatments during laboratory sessions. A student must learn the contraindications and precautions for delivering modalities and treatments, and should take personal responsibility to refuse/excuse the treatment in question. Labs are supervised and certain equipment is restricted to supervised checkouts to prevent student injury.

Chemical Hazards

A. The physical therapist student may be at risk for a variety of physical hazards when practicing treatments during laboratory sessions. During the facility's orientation program, the student should become familiar with the proper emergency procedures, safe work practices, hazards and handling of chemicals encountered at the facility. The student must handle and dispose of such chemicals according to each facility's procedural policies.
B. The National Institute of Occupational Safety and Health has prepared criteria for many chemicals, including literature review and suggestions for control. Each facility should have some version of this documentation readily available for reference.

C. The most commonly reported problems encountered by students are contact dermatitis from exposure to chemicals used in whirlpools, soaps used in frequent hand washing and chemicals used in wound care. If a student has allergies to certain soaps or chemicals, impermeable gloves and barrier creams should be used to alleviate the problem. If substitutions are not readily available and it is felt that the problem is intolerable or unsafe, the student should contact the clinical instructor about transferring to another are.

Infectious Hazards

A. There are increasing concerns for health care workers regarding contracting infectious diseases. The HIV epidemic brought about universal recommendations from the Center for Disease Control for prevention of transmission of infectious agents in the health care setting. The Universal Blood and Body Secretion Precautions are taught to all students prior to the clinical education experiences and patient interaction. The physical therapist student may be at risk for contracting a variety of viral, bacterial, fungal and parasitic infections including but not exclusively: HIV, hepatitis (A, B, non-A, non-B), rubella, measles, mumps, haemophilus influenza, respiratory syncytial virus, herpes simplex, cytomegalovirus, tuberculosis, meningococcal disease, salmonella, shigella, campylobacter, pertussis, staphylococcus aureus/MRSA-methicillin resistant staphylococcus aureus, streptococcal infections, clostridium difficile, legionnaires disease and scabies. In these infectious agents, the risk is dependent upon the environmental prevalence of the infections, the outbreaks that may ensue and the degree of exposure to physical therapy personnel. Prevention is specific to the disease itself (1992 APTA HOD Report).
B. Precaution measures are recommended to minimize the risk of contracting infections/diseases.
    1) Immunizations to prevent the spread of certain infections are strongly recommended whenever possible. Documentation of immunity to rubella, rubeola and hepatitis B (or written declination of this vaccine) is required. Tetanus and tuberculosis and polio vaccinations must be up-to-date as well.
    2) Proper hand washing is an important barrier to the spread of infectious agents between patients and health care workers. Instruction in basic hand washing techniques as well as sterile/isolation procedures is covered in the Program curriculum during the first semester. It is the physical therapy student's responsibility to develop and practice proper hand washing practices in the clinical setting. Mandated universal precautions are taught prior to the clinical education experiences and annual reviews are provided. The student is responsible for following these precautions as well as the precautions set forth by the facility regarding isolation and infection control.

Psychological Hazards

A. Psychological problems and stress among students in any professional school is probable. The Physical Therapy Program curriculum is intensive and fast-paced, and a student needs to manage time effectively. If a problem arises, the student is encouraged to seek assistance from his/her faculty advisor for possible referral to the Student Counseling Center on campus or other support interventions.
B. Another commonly reported issue is the difficulty that students have when trying to deal with the pressures of productivity in the clinical environment. As students, the primary focus is on learning. Occasionally, a conflict arises when trying to be conscientious of cost, productivity and the business of physical therapy.

C. Professional boundaries are taught during the clinical education experiences. It is common for students to have difficulty maintaining boundaries between their personal emotions and the professional role of a physical therapy student. When working with severely ill or disabled patients, it can become overwhelming. Students are encouraged to discuss and resolve issues pertaining to therapist-patient interaction with appropriate clinical or academic faculty. These issues are addressed in the Program's curriculum as well.

Radiation Hazards

A. The risk due to radiation exposure remains poorly understood by the average health care worker. The lack of understanding is complicated by controversy over assessment of biological risks from chronic low dose exposure. The major radiation source that the physical therapist student encounters is from ultrasound, microwave, short-wave disthermy, infrared and ultraviolet modality equipment. Information on the teratogenesis, carcinogenesis and genetic effects to exposed personnel who utilize this equipment is "sparse and inconclusive" (1992 APTA HOD Report). Most research has focused on exposure to short wave diathermy. The research is exploratory, and there are very few physical therapists that use short wave diathermy at all.

   A student learns safety precautions, contraindications and application considerations for short wave diathermy and all other modalities. A student who is pregnant should consult their course/clinical instructor for guidance and advisability in using equipment that may pose a potential radiation hazard. The 1992 APTA HOD Report has several citations on past research.

Summary

There is ongoing research on health risks to physical therapists and further information is available for the American Physical Therapy Association and from various governmental agencies. Being a physical therapist student carries with it risks to occupational hazards that can be controlled through responsible application of procedures that are taught to minimize the risks.

Every student is encouraged to consult with academic or clinical faculty members whenever a concern about working with a particular patient or procedure is potentially hazardous.

UNIVERSITY OF SOUTH DAKOTA
PHYSICAL THERAPY DEPARTMENT
TECHNICAL STANDARDS

The USD Physical Therapy Department promotes the board preparation of students for clinical practice. Students must demonstrate competence in those intellectual, physical, and social task that together represent the fundamentals of professional practice. Applicants and students will be judged not only on their scholastic achievement and ability, but also on their intellectual, physical and emotional capacities to meet the full requirements of the curriculum. The Admissions Committee has been instructed to exercise judgment on behalf of the faculty to select the entering class, and in so doing, to consider character, extracurricular achievement, and overall suitability the Physical Therapy profession based upon information in the application, letters of recommendation, and personal interviews.

Our professional accreditation association (CAPTE) requires that the curriculum provide a general professional education, which enables each student to deliver entry-level clinical services. This requires the development of a broad array of basic knowledge, skills, and behaviors, appropriate to enabling self-directed learning to further professional development and delivery of competent health care. The basic and applied science component of the curriculum is designed to establish a core of knowledge necessary for clinical training. The clinical curriculum typically includes diverse experiences in ambulatory and inpatient settings. These rotations develop the ability to practice independently, without regard for any future choice of specialty. Each student is required by the faculty to pass each required course and clinical rotation in order to graduate.

The following technical standards specify those attributes that the faculty considers necessary for completing the Physical Therapy program and enabling each graduate to subsequently enter clinical practice. These standards describe the essential functions students must demonstrate in order to fulfill the requirements of a general professional education, and thus, are prerequisites for entrance, continuation, and graduation. The USD Physical Therapy Department will consider for admission, any applicant who demonstrates the ability to perform or to learn to perform the skills specified in this document. Applicants are not required to disclose the nature of any disability (ies) to the Admissions Committee; however, any applicant with questions about these technical requirements is strongly encouraged to discuss the issue with the Office of Disability Services prior to the interview process. If appropriate, and upon the request of the applicant/student, reasonable accommodations may be provided.

Certain chronic or recurrent illnesses and problems that interfere with patient care or safety may be incompatible with physical therapy training or clinical practice. Other illnesses may lead to a high likelihood of student absenteeism and should be carefully considered. Deficiencies in knowledge, judgment, integrity, character, or professional attitude or demeanor, which may jeopardize patient care may be grounds for course/rotation failure and possible dismissal from the program.

Applicants must possess aptitudes, abilities, and skills in five areas: 1) observation; 2) communication; 3) sensory and motor coordination and function; 4) conceptualization, integration and quantification; and 5) behavioral and social skills, abilities and aptitude. Each of these standards

are described in detail below. Students must be able to independently perform the described functions.

Technical Standards for Physical Therapy

1. Observation
   Students must be able to observe demonstrations and conduct experiments in the basic sciences. A student must be able to observe a patient accurately at a distance and close at hand, noting nonverbal as well as verbal signals. Specific vision-related requirements include, but are not limited to the following abilities: skin integrity; visualizing and discriminating findings on x-rays and other imaging tests; reading written and illustrated material; observing demonstrations in the classroom, including projected slides and overheads; observing and differentiating changes in body movement; observing anatomic structures; discriminating numbers and patterns associated with diagnostic instruments and tests, such as sphygmomanometers and electrocardiograms, and using instruments competently, such as stethoscope, dynomometers, and goniometers.

2. Communication
   Students must be able to relate effectively and sensitively with patients, conveying a sense of compassion and empathy. A student must be able to communicate clearly with and observe patients in order to elicit information, describe accurately changes in mood, activity and posture, and perceive verbal as well an nonverbal communications. Communication includes not only speech but also reading and writing. Physical Therapy education presents exceptional challenges in the volume and breadth of required reading and the necessity to impart information to others. Students must be able to communicate quickly, effectively and efficiently in oral and written English with all members of the health care team. Specific requirements include but are not limited to the following abilities; communicating rapidly and clearly with the medical team on rounds; eliciting a thorough history from patients; and communicating compiled findings in appropriate terms to patients and to various members of the health care team (fellow students, physicians, nurses aides, therapists, social workers, and others). Students must learn to recognize and respond promptly to emotional communications such as sadness, worry, agitation, and lack of comprehension of physician communication. Each student must be able to read and to record observations and plans legibly, efficiently and accurately in documents such as the patient record. Students must be able to prepare and communicate concise but complete summaries of individual encounters and complex, prolonged encounters, including hospitalizations. Students must be able to complete forms according to directions in a complete and timely fashion.

3. Sensory and Motor Coordination or Function
   Students must have sufficient sensory and motor function to perform a physical examination utilizing palpation, auscultation, percussion, and other diagnostic maneuvers. In general, this requires sufficient exteroceptive sense (touch, pain and temperature), proprioceptive sense (position, pressure, movement, stereognosis and vibratory), and motor function. A student should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. They must be able to respond promptly to urgencies within the hospital or clinic, and must not hinder the ability of co-workers to provide prompt care, measure

angles and diameters of various body structures using tape measure and goniometer, measure blood pressure and pulse.

4. Intellectual-Conceptual Integrative and Quantitative Abilities
   These abilities include measurement, calculation, reasoning, analysis, judgment, numerical recognition and synthesis. Problem solving, a critical skill demanded of physical therapists, requires all of these intellectual abilities, and must be performed quickly, especially in emergency situations. Students 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. The ability to incorporate new information from peers, teachers, and the medical literature in formulating treatment and plans is essential. Good judgment in patient assessment, diagnostic and therapeutic planning is essential; students must be able to identify and communicate the limits of their knowledge to others when appropriate. Students must be able to interpret graphs describing biologic relationships and do other similar modes of data.

5. Behavioral Attributes
   Empathy, integrity, honesty, concern for others, good interpersonal skills, interest and motivation are all personal qualities that are required. Students must possess the emotional health required for full use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients. At times, this requires the ability to be aware of and appropriately react to one's own immediate emotional responses. For example, students must maintain a professional demeanor and organization in the face of long hours and personal fatigue, dissatisfied patients, and tired colleagues. Students must be able to develop professional relationships with patients, providing comfort and reassurance when appropriate while protecting patient confidentiality. Students must possess adequate endurance to tolerate physically taxing workloads and to function effectively under stress. All students are, at times, required to work for extended periods, occasionally with rotating shifts. Students must be able to adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of many patients, Students are expected to accept appropriate suggestions and criticism and if necessary, respond by modification of behavior.

If a student requires modifications or accommodation, the student should seek help through the USD Office of Disability Services.

Office of Disability Services
http://www.usd.edu/student-life/disability-services
Director: Ernetta Fox
605-677-6389
Room 119B
Service Center North
disabilityservices@usd.edu

UNIVERSITY OF SOUTH DAKOTA
PHYSICAL THERAPY DEPARTMENT
ESSENTIAL FUNCTIONS

Becoming a physical therapist requires the completion of a professional education program that is both intellectually and physically challenging. The purpose of this document is to articulate the demands of this program in a way that will allow prospective students to compare their own capabilities against these demands.

Matriculated students are asked about their ability to complete these tasks, with or without reasonable accommodation. Reasonable accommodation refers to ways in which the university can assist students with disabilities to accomplish these tasks (for example, providing extra time to complete an examination or enhancing the sound system in a classroom). Reasonable accommodation does not mean that students with disabilities will be exempt from certain tasks; it does mean that we will work with students with disabilities to determine whether there are ways that we can assist the student toward completion of the tasks.

Students who indicate that they can complete these tasks, with or without reasonable accommodation, are not required to disclose the specifics of their disabilities prior to an admission decision. Students who cannot complete these tasks with or without accommodation are ineligible for consideration for admission. Once admitted, a student with a disability who wishes reasonable accommodation must request it through the Office of Disabilities. An offer of admission may be withdrawn if it becomes apparent that the student cannot complete essential tasks even with accommodation, which the accommodations needed are not reasonable and would cause undue hardship to the institution, or that fulfilling the functions would create a significant risk of harm to the health or safety of others.

Students who have questions about this document or who would like to discuss specific accommodations should make an initial inquiry with the Chairperson of the Department of Physical Therapy, who will route the request to the Office of Disability Services.

Essential Tasks

- Students must meet class standards for course completion throughout the curriculum.
- Students must be able to read, write, speak, and understand English at a level consistent with successful course completion and development of positive patient-therapist relationships.
- Students must complete readings, assignments, and other activities outside of class hours.
- Students must gather decision-making pieces of information during patient assessment activities in class or in the clinical setting without the use of an intermediary such as a classmate, a physical therapist assistant, or an aide.
- Students may perform treatment activities in class or in the clinical setting by direct performance or by instruction and supervision of intermediaries.

- Students must apply critical thinking processes to their work in the classroom and the clinic, must exercise sound judgment in class and in the clinic, and must follow safety procedures established for each class and clinic.
- Students must have interpersonal skills as needed for productive classroom discussion, respectful interaction with classmates and faculty, and development of appropriate therapist-patient relationships.
- Students must maintain personal appearance and hygiene conducive to classroom and clinical settings.
- Students must annually pass a cardiopulmonary resuscitation course at the health professional level.
- Students must demonstrate appropriate health status prior to enrollment, with annual updates on some items: no active tuberculosis; rubella (German measles) and rubeola (measles) immunity, tetanus-diphtheria booster within 10 years of anticipated graduation, and hepatitis B vaccine series or written declination.
- Students must annually complete OSHA-regulated Bloodborne Pathogen Exposure Training.
- Students must follow standards and policies specified in the Student Handbook, the Letter of Agreement (contract between university and clinical sites), and the Clinical Education Handbook. The most recent copies of these documents are available for review.

Typical Skills Used to Complete These Essential Tasks

- Students typically attend classes 30 or more hours per week during each academic semester. Classes consist of a combination of lecture, discussion, laboratory, and clinical activities. When on clinical rotation students are typically present at the clinic 40 or more hours per week on a schedule that corresponds to the operating hours of the clinic.
- Students typically sit for two to 10 hours daily, stand for one to two hours daily, and walk or travel for two hours daily.
- Students typically relocate outside of the Vermillion area to complete one or more clinical rotations of four to sixteen weeks, duration each.
- Students frequently lift less than 10 pounds and occasionally lift weights between 10 and 100 pounds.
- Students occasionally carry up to 25 pounds while walking up to 50 feet.
- Students frequently exert 75 pounds of push/pull forces to objects up to 50 feet and occasionally exert 150 pounds of push/pull forces for this distance.
- Students frequently twist, bend and stoop.
- Students occasionally squat, crawl, climb stools, reach above shoulder level, and kneel.

Students frequently move from place to place and position to position and must do so at a speed that permits safe handling of classmates and patients.

- Students frequently stand and walk while providing support to a classmate simulating a disability or while supporting a patient with a disability.
- Students rarely climb stairs or negotiate uneven terrain.

- Students continuously use their hands repetitively with a simple grasp and frequently use a firm grasp and manual dexterity skills.
- Students frequently coordinate verbal and manual activities with gross motor activities.
- Students use auditory, tactile, and visual senses to receive classroom instruction and to evaluate and treat patients.

POLICY ON THE ACCOMMODATION OF DISABILITY SERVICES FOR ENROLLED STUDENTS

Disability Services in an integral part of The University of South Dakota, committed to ensuring that students, faculty, staff and campus visitors with disabilities have equal access to all programs and activities that USD offers in accordance with Section 504 of the Rehabilitation Act of 1973 and with the Americans with Disabilities Act (ADA) of 1990.

Office of Disability Services
Service Center North #119B
605-677-6389

It is the policy of the University of South Dakota in accordance with Section 504 of The Rehabilitation Act of 1973 and the Americans with Disability Act of 1990 to ensure that no qualified person shall, solely by reason of disability, be denied access to educational programs attendance.

The University is not required to lower or affect substantial modifications to academic requirements or to make modifications that would fundamentally alter the nature of the service, program, or activity.

Any physical therapist student who has a disability needs to disclose this information to the Office of Disability Services. It is the student's responsibility to self-identify through established procedures. If a student approaches a faculty or staff member and discloses a disability but does not have documentation from Disability Services, that faculty/staff person has a responsibility to direct the student to Disability Services in compliance with USD Policy. Please refer to the information on the Disabilities Services website.

The physical therapy faculty will make the necessary accommodations for students with disabilities, only after the student has registered with the Office of Disabilities and complied with their policy on accommodations. Following registration, students are required to submit medical or other diagnostic documentation of their disability and their functional limitations. The student may also be asked to obtain additional evaluations prior to receiving requested accommodations. Students are encouraged to read the University of South Dakota Physical Therapy Department Essential Functions & Technical Standards policies. It is the student's responsibility to inform the Chairperson in writing of any accommodations.

Federal Law prohibits discrimination on the basis of disability (Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act). The University has designated Ms. Roberta Ambur, Vice President of Administration & ITS, as the Coordinator to monitor compliance with these statutes. Section 504 obligates USD and Ms. Ambur to provide equal access for all persons with disabilities. Ms. Ambur can be reached at Room 209, Slagle Hall, Phone: 605-677-5661.

SAMPLE BIOGRAPHICAL SKETCH

STUDENT BIOGRAPHICAL INFORMATION AND OBJECTIVES FORM
Clinical Education I
Physical Therapy Department
The University of South Dakota

Upon completion of this form the student will print and return this form to the DCE/Assistant DCE for distribution to the clinical education site. Returning this form to the USD-PT DCE/Assistant DCE indicates the student gives USD permission to share this information with the facility/center clinical instructor.

Student's Name:	Jennifer Larson
Current Address:	123 West Main Street Vermillion, South Dakota 57069
Current Phone Number:	(605) 321-2222
Email Address:	Jennifer.Larson@usd.edu
Permanent Address:	642 South Center Rapid City, South Dakota 57100
Permanent Phone Number:	(605) 321-2222
Emergency Contact Name:	Greg and Sylvia Larson
Emergency Contact Address:	642 South Center Rapid City, South Dakota 57100
Emergency Contact Phone:	(605) 624-7777
Clinical Education Dates:	6/27/16-8/5/16
Facility Name:	Healing Place Hospitals and Clinics
Facility Location:	Notown, South Dakota
Area of Interest (at this facility):	Outpatient orthopedics

Background Information (interests, hobbies, etc):
I enjoy spending time outdoors with family and friends, including hiking and camping, and I am an avid runner. I also enjoy skiing and snowboarding during the winter.

Previous physical therapy work/observation experience (brief description):
As a physical therapy aide in the inpatient area of Benedict Hospital, I worked closely with physical therapists and physical therapist assistants for over 2 years. In February of last year, I completed a week-long clinical education experience in a rural general setting. I was fortunate to gain some exposure to women's health services during this clinical experience.

Preferred learning style and preferred method of receiving feedback:
I am a kinesthetic learner; that is, I learn best when given brief instruction and allowed the opportunity to work "hands on" with patients. I prefer to receive feedback when apart from the patient.

Goals/Learning Objectives for this Clinical Education Rotation:
A. Within 3 weeks, I will demonstrate proficiency with subjective interviews for patients with simple diagnoses as measured by my Clinical Instructor on the midterm CPI.
B. Within 3 weeks, I will select appropriate modalities and accurate modality settings for 100% of all patients as determined by my Clinical Instructor.
C. Within 6 weeks, I will demonstrate proficiency in dictating all new evaluations as measured by my Clinical Instructor.

Kolb's Learning Style Inventory

Accommodator

Strengths:

- Getting things done
- Leadership
- Risk-taking

Too much:

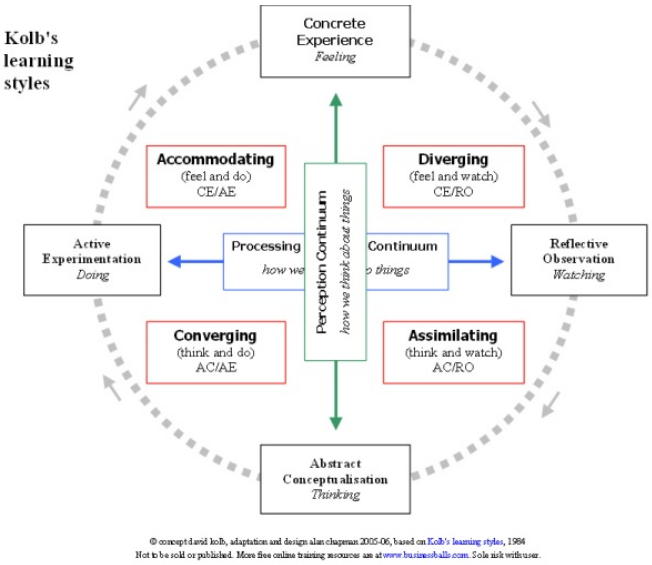
- Trivial improvements
- Meaningless activity

Not enough:

- Work not completed on time
- Impractical plans
- Not directed to goals

To develop Accommodative learning skills, practice:

- Committing yourself to objectives
- Seeking new opportunities
- Influencing and leading others
- Being personally involved
- Dealing with people



People with this learning style have the ability to learn primarily from "hands-on" experience. They often enjoy carrying out plans and involving themselves in new and challenging experiences. They have a tendency to act on "gut" feelings rather than on logical analysis. In solving problems, they may rely more heavily on people for information than their own technical analysis. This learning style is important for effectiveness and action-oriented careers.

Myers-Briggs Personality Descriptions

Key : Introvert (I) / Extrovert (E); Sensing (S) / Intuition (N); Thinking (T) / Feeling (F); Judging (J) / Perceiving (P)

ESTP

Friendly, adaptable, action-oriented. "Doers" who are focused on immediate results. Living in the here-and-now, they're risk-takers who live fast-paced lifestyles. Impatient with long explanations. Extremely loyal to their peers, but not usually respectful of laws and rules if they get in the way of getting things done. Great people skills.

Policies and Procedures Related to Clinical Education

All forms referred to in the below policies and procedures can be found in the USDPT Policy and Procedures Manual.

1.5.3: EVALUATION OF THE TEACHING EFFICACY OF CLINICAL EDUCATION FACULTY

Approved 5/6/08; Reviewed 12/1/09; 12/2/2010; ACCE to DCE change 5/17/2011; 11/29/2011; Approved without changes 11/27/12; Approved without changes 5/2/13; Approved without changes 5/23/2014; Approved without changes 5/21/2015; Approved without changes 6/15/2016; Approved without changes 5/18/2017.

I. Purpose:
   - 1.1 To evaluate Clinical Education Faculty performance for teaching efficacy.
   - 1.2 To evaluate Clinical Education Faculty performance for compliance with Program standards in the areas of professional development and life-long learning.

II. Policy:
   - 2.1 Clinical Education Faculty performance data will be collected and analyzed to examine the extent to which faculty practices are in accordance with Program standards and to assess the need for practice modifications to remain in compliance with established standards.

III. Procedures:
   - 3.1 Clinical Education Faculty performance data will be obtained after each full-time clinical education experience through written student evaluations, Clinical Education Faculty self-assessments, and other appropriate sources of information.
   - 3.2 The Director of Clinical Education (DCE)/Assistant DCE will analyze the data annually and provide a written report of the analysis results. This report will be shared with Core Faculty at the annual Clinical Education Assessment Meeting.
   - 3.3 Results from the assessments and/or the annual report may be shared with the Clinical Education Advisory Committee or individual Clinical Education Faculty on an as needed basis.

1.7.1.1: STUDENT MINIMUM REQUIREMENTS FOR CLINICAL EDUCATION

Approved 5/6/08; Reviewed 12/1/09; 12/2/2010; ACCE to DCE change 5/17/2011; 11/29/2011; Approved without changes 11/27/12; Approved without changes 5/2/13; Approved without changes 5/23/2014; Approved without changes 5/21/2015; Updated 8/4/15; Approved without changes 6/15/2016; Approved with changes 5/18/2017.

I. Purpose:
   - 1.1 To align clinical education expectations with the program mission, philosophy, and goals.
   - 1.2 To ensure students receive clinical education experiences with broad exposure to a variety of clinical environments.

II. Policy:
   - 2.1 The student will participate in a minimum of one “rural general” clinical education experience in a rural location. (Rural is defined by USDPT as a community with a population of less than 50,000; “Rural General” means that the clinical site does not have just one type of practice setting, such as all outpatient orthopedic, all pediatric, all inpatient, etc. “Rural General” practice must cover two or more practice settings.)
   - 2.2 Students must participate in at least one <u>additional</u> clinical in a rural location or a clinical in a location considered “Medically Underserved” as defined by Health Resources and Services Administration (HRSA) which may be in a rural or urban location.
   - 2.3 Students will complete one specialty internship in inpatient acute care or inpatient rehabilitation/sub-acute care.

2.4 Students will complete one specialty internship in outpatient orthopedics during Clinical Education II, Clinical Education III, Clinical Education IV, or Clinical Education V.
2.5 Students will not participate in internships of the same type (orthopedic/ sports medicine, pediatric, rehabilitation, rural general, etc.) for more than two of the five full-time clinical education courses.
2.6 The DCE may determine that a student needs to participate in a full-time specialty rotation more than once based on feedback from clinical courses and faculty.
2.7 Additional details about site placement are available in the USD PT Clinical Education Handbook.

III. Procedures:
3.1 Students will be provided information regarding available clinical education experiences prior to each site placement block (Clinical Education I; Clinical Education II/III; Clinical Education IV/V).
3.2 Students will meet individually with the DCE/Assistant DCE to develop a plan and/or review options for fulfilling clinical education requirements.
3.3 Students and the DCE/Assistant DCE will meet according to the Clinical Education Calendar for site placement.
3.4 The DCE/Assistant DCE have final approval regarding site placement.

1.7.1.2: MECHANISM FOR HANDLING STUDENT COMPLAINTS RELATED TO CLINICAL EDUCATION
Approved 5/6/08; Reviewed 12/1/09; 12/2/2010; ACCE to DCE change 5/17/2011; 11/29/2011; Approved without changes 11/27/12; Changes adding "members of the SPCC" approved 5/2/13; Approved without changes 5/23/2014; Approved without changes 5/21/2015; Approved without changes 6/15/2016; Approved with changes 5/18/2017.

I. Purpose:
1.1 To make certain that the student follows appropriate steps when there are concerns or complaints during a clinical education experience.

II. Policy:
2.1 The student will follow the established procedure for filing a formal concern regarding a clinical education experience.

III. Procedures:
3.1 The student will contact the DCE; however, for concerns related to Equal Opportunity/Discrimination/Sexual Harassment, the student should refer to the USD Equal Opportunity website and section 4.2 Equal Opportunity/Discrimination/Sexual Harassment in the USD Physical Therapy Student Handbook.
3.2 The DCE and the student will establish whether or not the student will need the DCE support or presence to discuss these concerns with the Center Coordinator of Clinical Education (CCCE) and/or Clinical Instructor (CI).
3.3 If it is established that the DCE needs to be present for the meeting, the DCE will make appropriate travel arrangement and contact the CCCE and/or CI to arrange a meeting time.
3.4 The DCE will complete the "Clinical Education Emergency Meeting Form" as a product of meeting (either by phone or on-site) with the student and the CCCE and/or CI.
3.5 Depending on the severity of the situation, the student may be removed from the clinical environment or an agreement may be reached that allows the student to complete the rotation at that clinical education site.
3.6 Following the meeting, the DCE will present the situation and outcomes to the Student Progress and Conduct Committee. Further action may be taken by members of the Student Progress and Conduct Committee assigned to the case, as appropriate.

1.7.1.3: MECHANISM FOR CLINICAL EDUCATION PLACEMENT CHANGE

Approved 6/2/09; Reviewed 12/1/09; 12/2/2010; ACCE to DCE change 5/17/2011; 11/29/2011; Approved without changes 11/27/12; Changes redefining core faculty to Clinical Education Committee approved 5/2/13; Approved without changes 5/23/2014; Approved without changes 5/21/2015; Approved without changes 6/15/2016; Approved without changes 5/18/2017.

I. Purpose:
   1.1 To ensure proper protocol is followed in a clinical education site placement change.
   1.2 To ensure fair and timely notification to all parties involved in a clinical education site placement change.

II. Policy:
   2.1 All involved parties will receive as much advanced notice as possible when a site placement change is necessary.

III. Procedures:
   3.1 If the student requests a placement change:
      a. Under no circumstances should a student initiate the process of a site placement change by contacting an established clinical site directly.
      b. When the students are initially assigned to their full-time clinical education experiences, they sign Clinical Education Placement Agreement forms, agreeing to placement at their specific rotations. This form is also signed by representatives (CCCEs) from each placement site.
      c. When an extenuating circumstance arises and a student is unable to adhere to the clinical education placement agreement, the student must notify the DCE immediately in writing (Clinical Site Placement Change Request Form). The DCE will present this form to the Clinical Education Committee comprised of the DCE and members of the core faculty.
      d. Clinical Education Committee approval must be granted for those changes submitted by students. The Clinical Education Committee is not obligated to change a clinical rotation after the *Clinical Education Placement Agreement* has been submitted to the participating sites. The responsibility is on the student to honor his/her agreement.

   3.2 If the currently assigned clinical education site cancels or requests a change:
      a. The DCE will inform the student as soon as possible after receiving word from the clinical facility.
      b. The DCE and student will communicate with each other to generate alternative placement options which approximate as close as possible the original placement.
      c. The DCE will contact facilities based on decisions made with the student.
      d. If there are no sites available that are similar to the original placement (location/type), the following actions may be taken:
         1. Subsequent clinical education placements may need to be reevaluated to ensure that students meet required program clinical education affiliation types (rural, rural general, inpatient acute or rehabilitation/sub-acute care, and outpatient orthopedics).
         2. Faculty approval waiving one of the required clinical education affiliation types may be used as a last resort.
      e. Once a new placement has been secured, the student will sign the Clinical Education Placement Agreement form for the new site, and the DCE will forward this form to the facility.

3.3 If the DCE or core faculty request a placement change:
   a. The Student Progress and Conduct Committee will meet regarding the student situation.
      1. If it is determined that the student needs remediation in a specified clinical practice area, and this can be accommodated within the regularly scheduled full-time clinical education placements, the DCE will work with the student to make any necessary changes in the clinical education placements to meet the expectations of the Student Progress and Conduct Committee.
      2. If it is determined that the student needs remediation in a specified clinical practice area and this cannot be accommodated within the regularly scheduled full-time clinical education placements, the Student Progress and Conduct Committee will meet with the student to set up a plan for completing the clinical education experiences may potentially extend beyond the expected date of graduation. The DCE will work with the student to make arrangements for any additional full-time clinical education experiences.

1.7.1.4: STUDENT RESPECT FOR PATIENT RIGHTS AND CONFIDENTIALITY IN THE CLINIC

Approved 5/6/08; Reviewed 12/1/09; 12/2/2010; ACCE to DCE change 5/17/2011; 11/29/2011; Approved without changes 11/27/12; Approved without changes 5/2/13; Approved without changes 5/23/2014; Approved without changes 5/21/2015; Approved without changes 6/15/2016; Approved without changes 5/18/2017.

I. Purpose:
   1.1 To ensure students are educated about patient/client rights to privacy and confidentiality of protected health information.
   1.2 To protect patient's/client's choice to receive services from a physical therapist student.

II. Policy:
   2.1 All students will demonstrate verification of HIPAA training.
   2.2 All patient information, including photographs, used for student assignments must be de-identified prior to dissemination.
   2.3 Students will follow Department guidelines for obtaining consent to use information that is not de-identified.
   2.3 All patients or clients are asked consent to be evaluated or treated by a physical therapist student prior to the initiation of the examination or intervention. Patients or clients may refuse any physical therapy services provided by a physical therapist student at any time without penalty.

III. Procedures:
   3.1 Students will complete HIPAA training through The University of South Dakota and will comply with site specific training requirements regarding patient confidentiality.
   3.2 Students will receive verbal or written permission (as appropriate) from the facility to use de-identified information for assignments.
   3.3 Department consent forms must be completed in order for students to use any patient/client information that has not been de-identified, including photographs.
   3.4 Department consent forms will be retained in student files. Copies of this form can be made available to sites upon request from the site.
   3.5 Students will introduce themselves as "students" or "interns" from The University of South Dakota Physical Therapy Department.
   3.6 Patients/clients must be allowed to refuse to be seen by a physical therapist student.

1.7.1.5: PROVISION OF LIABILITY INSURANCE FOR STUDENTS IN THE CLINIC

Approved 5/6/08; Reviewed 12/1/09; 12/2/2010; ACCE to DCE change 5/17/2011; 11/29/2011; Approved without changes 11/27/12; Approved without changes 5/2/13; Approved without changes 5/23/2014; Approved without changes 5/21/2015; Approved without changes 6/15/2016; Approved without changes 5/18/2017.

I. Purpose:
   1.1 To ensure all students are covered by liability insurance while completing their clinical education experience.

II. Policy:
   2.1 The USD PT Program will secure liability insurance policies for all students.
   2.2 Students will be assessed a Physical Therapy Fee that will be charged on their tuition and fee statements. Students are expected to pay the insurance premium at the time of registration.
   2.3 Sites will be provided information about liability insurance.

III. Procedures:
   3.1 Registered students will be charged on tuition and fee statements for liability insurance.
   3.2 The USD PT Program will use student fees specifically designated for liability insurance to secure this insurance for students.
   3.3 The USD PT Program will mail information about liability insurance to sites in preparation for student rotations.

1.7.1.6: DISCLOSURE OF STUDENT INFORMATION WITH CLINICAL EDUCATION PLACEMENT SITES

Approved 5/6/08; Reviewed 12/1/09; 12/2/2010; ACCE to DCE change 5/17/2011; 11/29/2011; Approved without changes 11/27/12; Approved without changes 5/2/13; Approved without changes 5/23/2014; Approved without changes 5/21/2015; Approved without changes 6/15/2016; Approved with changes 5/18/2017.

I. Purpose:
   1.1 To make certain proper protocol is followed when releasing personal student information to the clinical site, including certifications and training information.
   1.2 To make certain proper protocol is followed when releasing student health information to the clinical site.
   1.3 To make certain proper protocol is followed when releasing student criminal background check information to the clinical site.
   1.4 To make certain proper protocol is followed when releasing student academic information to the clinical site.

II. Policy:
   2.1 Student permission to release personal information, including certifications and training information, to the clinical site is required.
   2.2 Student permission to release health information to the clinical site is required.
   2.3 Student permission to release criminal background check information to the clinical site is required.
   2.4 The USD PT Program refers to FERPA Guidelines when sharing academic information with clinical faculty. Clinical Faculty meet the FERPA definition of "School Officials"[1(p5)] for the purposes of exchanging academic information.

III. Procedures:
   3.1 Students will sign a release of information form giving the USD PT Program permission to share personal information (such as contact information) and relevant evidence of training (i.e., BLS Certification, HIPAA, OSHAA/Bloodborne Pathogen Exposure Training) with clinical education facilities as needed when students have full-time or integrated clinical education experiences.

3.2 Students will sign a release of information form giving the USD PT Program permission to share immunization records with clinical education facilities as needed when students have full-time or integrated clinical education experiences.

3.3 Because School Officials (i.e., Clinical Faculty) have a "legitimate educational interest"[1(p4)] in student performance because they "perform a task related to a student's education,"[1(p4)] student written consent is not necessary in the exchange of academic information between Clinical and Core Faculty in the interest of student development and performance related to clinical education.

1.7.1.7: STUDENT PERFORMANCE PREREQUISITE FOR ADVANCEMENT DURING CLINICAL EDUCATION
Approved 5/6/08; Reviewed 12/1/09; 12/2/2010; ACCE to DCE change 5/17/2011; 11/29/2011; Approved without changes 11/27/12; Approved without changes 5/2/13; Approved without changes 5/23/2014; Approved without changes 5/21/2015; Approved without changes 6/15/2016; Approved with changes 5/18/2017.

I. Purpose:
1.1 To ensure student competency and preparedness prior to advancement during clinical education.

II. Policy:
2.1 Students will pass all required course work prior to attending Clinical Education I and Clinical Education II.
2.2 Students on academic probation are not allowed to participate in clinical education courses II, III, IV, and V.
2.3 A student who does not meet the requirements to attend a full-time clinical education experience will meet with the Student Progress and Conduct Committee to determine an individualized course of action.

III. Procedures:
3.1 Core faculty discuss student progress at faculty meetings scheduled prior to the beginning of the full-time clinical education experiences. Core faculty determine that students have passed the required course work and are prepared for the full-time clinical education experiences. If it is determined that a student is not prepared for advancement to a clinical education experience, the student issues will be referred to the Student Progress and Conduct Committee.
3.2 Refer to Policy 1.7.2.2 ("Mechanism for Handling Student Performance Issues During Clinical Education") for policies and procedures for students who have performance issues in the clinic.
3.3 Committee on Student Progress and Conduct will convene as needed regarding a concern during a Clinical Education Experience. The Committee will make decisions regarding the course of action for this student.

1.7.2.1: RIGHTS & RESPONSIBILITIES OF CLINICAL EDUCATION FACULTY
Approved 5/6/08; Reviewed 12/1/09; 12/2/2010; ACCE to DCE change 5/17/2011; 11/29/2011; Approved without changes 11/27/12; Approved without changes 5/2/13; Approved without changes 5/23/2014; Approved without changes 5/21/2015; Approved without changes 6/15/2016; Approved with changes 5/18/2017.

I. Purpose:
1.1 To delineate the rights and responsibilities of the clinical education faculty.

1. The University of South Dakota Student Records Policy. http://www.usd.edu/-/media/files/policies/1014-student-records.ashx?la=en. Revised April 24, 2012. Accessed May 16, 2017.

II. Policy:
- 2.1 The clinical education faculty will be informed of their rights and responsibilities through the USD PT Clinical Education Handbook and the Affiliation Agreement.
- 2.2 CIs will complete a midterm and final performance evaluation of the students with the required instruments.
- 2.3 CCCEs and CIs will have the opportunity to provide formal feedback regarding the DCE/Assistant DCE and general information about the clinical education component of the program on an annual basis.
- 2.4 CCCEs will have the opportunity to have a Clinical Faculty Appointment through the USD School of Health Sciences. CIs are required to have a Clinical Faculty Appointment through the USD School of Health Sciences.

III. Procedures:
- 3.1 CCCEs and CIs are informed of the mission, philosophy, and goals of the academic program.
  - a. The CCCEs/CIs receive a PDF and/ or Web access to a copy of the USD PT Clinical Education Handbook which includes this information.
  - b. The DCE/Assistant DCE is available to discuss and clarify any questions the CCCEs/CIs may have regarding this information.
- 3.2 CIs will complete a midterm and final performance evaluation of the students with the required instruments (i.e., Clinical Performance Instrument [CPI]) provided by the USD Physical Therapy Department.
  - a. The procedures for performance evaluation are outlined in the USD PT Clinical Education Handbook.
- 3.3 CCCEs and CIs will be given an opportunity to provide feedback regarding the DCE/Assistant DCE on an annual basis.
  - a. The DCE/Assistant DCE Performance Assessment (including general questions about the Clinical Education component of the program) to be completed by the CCCEs will be sent out annually at the end of each academic year.
  - b. The DCE/Assistant DCE Performance Assessment (including general questions about the Clinical Education component of the program) to be completed by the CIs will be sent out sent out annually at the end of each academic year.
  - c. Results of the DCE/Assistant DCE Performance Assessment will be shared with the Chair of the USD Physical Therapy Department.
  - d. A summary of the general questions about the Clinical Education component of the program will be shared at the annual Clinical Education Assessment Meeting.
- 3.4 USD School of Health Sciences Clinical Faculty Appointment process:
  - a. The DCE/Assistant DCE will provide designated staff with the names and email addresses of CCCEs and CIs for full-time clinical education experiences.
  - b. The designated staff member will contact the CCCEs/CIs to complete the required paperwork for the Clinical Faculty Appointment.
  - c. The designated staff member will renew Clinical Faculty status every 3 years as indicated by the DCE/Assistant DCE.

1.7.2.2: MECHANISM FOR HANDLING STUDENT PERFORMANCE ISSUES DURING CLINICAL EDUCATION
Approved 5/9/08; Reviewed 12/1/09; 12/2/2010; ACCE to DCE change 5/17/2011; 11/29/2011; Approved without changes 11/27/12; Changes clarifying SPCC subcommittee approved 5/2/13; Approved without changes 5/23/2014; Approved without changes 5/21/2015; Approved without changes 6/15/2016; Approved with changes 5/18/2017.

I. Purpose:
- 1.1 To ensure that the CCCE and/or CI follows appropriate steps when there is a concern about student performance during a clinical education experience.

II. Policy:
2.1 The CCCE and/or CI will follow the established procedures for filing a formal concern regarding student performance.

III. Procedures:
3.1 If the CCCE and/or CI believes that the student issues can be remediated during the clinical education experience:
a. The CCCE and/or CI will contact the DCE regarding the situation in a timely manner. If the DCE is not available the Assistant DCE, student academic advisor, or Program Chair may be contacted.
b. The DCE or indicated faculty member will complete the "Clinical Education Emergency Meeting Form" with information provided by the CCCE and/or CI.
c. With the information provided by the CCCE and/or CI, the DCE will determine the course of appropriate action. Potential actions include, but are not limited to telephone conferences and/or on-site visits.
d. Questionable student performance will be brought to the attention of the Committee on Student Progress and Conduct.
3.2 If the CCCE and/or CI believes that the student issue cannot be remediated during the clinical education experience:
a. The CCCE and/or CI will contact the DCE immediately regarding the situation.
b. The DCE or indicated faculty member will complete the "Clinical Education Emergency Meeting Form" with information provided by the CCCE and/or CI.
c. The DCE will meet with the CCCE and/or CI and student via teleconference or an on-site visit to discuss options for continuing or terminating the clinical education experience.
d. Student performance will be immediately brought to the attention of a Student Progress and Conduct Subcommittee consisting of but not limited to the Program Chair, DCE, Assistant DCE, and student academic advisor.

1.7.2.3: SELECTION OF PHYSICAL THERAPIST CLINICIANS TO SERVE AS CLINICAL INSTRUCTORS
Approved 5/9/08; Reviewed 12/1/09; 12/2/2010; ACCE to DCE change 5/17/2011; 11/29/2011; Approved without changes 11/27/12; Approved without changes 5/2/13; Approved without changes 5/23/2014; Approved without changes 5/21/2015; Approved without changes 6/15/2016; Approved with changes 5/18/2017.

I. Purpose:
1.1 To make certain there is a process for identifying the individual physical therapist clinicians that are qualified to serve as clinical instructors for physical therapist students in the clinical education of the curriculum.

II. Policy:
2.1 The CCCE, with consultation from The University of South Dakota Physical Therapy Department DCE, will select clinical instructors (CIs) who have the qualifications necessary to perform clinical teaching responsibilities.
2.2 CIs must have at least one (1) year of clinical experience as a Physical Therapist.
2.3 CIs will demonstrate competence in the area of clinical practice in which they teach.
2.4 CIs will demonstrate effective teaching and evaluation of students.
2.5 CIs will demonstrate a record of ethical behavior and involvement in professional development opportunities.

2.6 CIs are required to have a USD School of Health Sciences Clinical Faculty Appointment (see *1.7.2.1*).

III. Procedures:

3.1 The DCE will monitor the CIs' self-reported information/resume and student feedback particular to individual CIs to ensure that the quality of the clinical education faculty meets the expectations of the Physical Therapy Department.

3.2 The DCE will provide the CCCEs with the Program's expectations and qualifications required for CIs.

1.7.2.4: CLINICAL EDUCATION FACULTY DEVELOPMENT

Approved 5/6/08; Reviewed 12/1/09; 12/2/2010; ACCE to DCE change 5/17/2011; 11/29/2011; Approved without changes 11/27/12; Approved without changes 5/2/13; Approved without changes 5/23/2014; Approved without changes 5/21/2015; Approved without changes 6/15/2016; Approved without changes 5/18/2017.

I. Purpose:

1.1 To make certain the clinical faculty have the opportunity for continuing education and professional development within the practice of physical therapy and the role of the Clinical Education Faculty.

II. Policy:

2.1 The Physical Therapy Department will provide the opportunity for Clinical Education Faculty development by sponsoring a clinical education workshop at least every two years.

2.2 The Physical Therapy Department will provide the opportunity for Clinical Education Faculty development by providing inservice education opportunities.

2.3 The Physical Therapy Department will provide the opportunity for Clinical Education Faculty development by informing Clinical Education Faculty about ongoing educational opportunities occurring at the University.

III. Procedures:

3.1 At least every two years, the Physical Therapy Department (independently or with partnership) will organize and sponsor a workshop for Clinical Education Faculty. All clinical education facilities affiliated with the USD Physical Therapy Department will receive notification of this workshop. Workshop assessments will be completed at the conclusion of the workshop.

3.2 Throughout the year, as requested by Clinical Education Faculty, the USD Physical Therapy Department will provide inservices which specifically address the facility faculty development needs.

3.3 The USD Physical Therapy Department will disseminate information regarding relevant opportunities for development offered through The University of South Dakota.

1.7.2.5: EVALUATION OF CLINICAL EDUCATION SITES

Approved 5/6/08; Reviewed 12/1/09; 12/2/2010; ACCE to DCE change 5/17/2011; 11/29/2011; Approved without changes 11/27/12; Approved without changes 5/2/13; Approved without changes 5/23/2014; Approved without changes 5/21/2015; Approved without changes 6/15/2016; Approved with changes 5/18/2017.

I. Purpose:

1.2 To make sure the clinical education sites utilized by the Program meet and uphold the standards of the Program for participation in the clinical education component of the curriculum.

II. Policy:

2.1 The USD Physical Therapy Department DCE/Assistant DCE will evaluate the clinical education experiences of the students to ensure that the clinical education experiences are consistent with

the mission (i.e., to develop scholars, practitioners, and life-long learners who provide evidence based physical therapist services throughout the patient lifespan and demonstrate leadership within rural and medically underserved practice environments).

III. Procedures:
- 3.1 After each clinical education experience students and Clinical Faculty will complete written assessments of the clinical experience.
- 3.2 The DCE/Assistant DCE will compile information detailing the clinical education site's ability to meet the Program mission.
- 3.3 At the annual Clinical Education Assessment Meeting, the DCE/Assistant DCE will share with Core Faculty information about those facilities which do not meet expectations and those that demonstrate exceptional alignment with the mission. If a site does not meet Program expectations, the situation will be brought to the Curriculum Committee for discussion and appropriate action.
- 3.4 The DCE, with counsel from core faculty as appropriate, has the right to discontinue placement of students at a site if the site consistently falls short of Program expectations.

1.7.2.6: PROVISIONS FOR PHYSICAL THERAPY CURRICULAR INPUT FROM CLINICAL FACULTY

Approved 5/9/08; Reviewed 12/1/09; 12/2/2010; ACCE to DCE change 5/17/2011; 11/29/2011; Approved without changes 11/27/12; Approved without changes 5/2/13; Approved without changes 5/23/2014; Approved without changes 5/21/2015; Approved without changes 6/15/2016; Approved with changes 5/18/2017.

I. Purpose:
- 1.1 To enable the faculty to obtain the expertise and current practice expectations of the clinical faculty with regard to the physical therapy curriculum

II. Policy:
- 2.1 The clinical faculty are eligible to participate in the Clinical Education Advisory Committee at USD-PT

III. Procedures:
- 3.1 The DCE has a clinical education advisory committee to assist with clinical education curriculum review. This advisory committee meets a minimum of one time yearly to discuss the clinical education program.
- 3.2 Between five and ten clinical education faculty participate in the committee. Clinical Faculty Members will be asked annually if they wish to continue on the committee. As an opening on the committee becomes available, the DCE will invite clinical education faculty with solid credentials and a demonstrated record of interest in the Program to participate in the advisory committee.

1.7.3.1: RESPONSIBILITIES OF THE DCE/ASSISTANT DCE

Approved 5/6/08; Reviewed 12/1/09; 12/2/2010; ACCE to DCE change 5/17/2011; 11/29/2011; Approved without changes 11/27/12; Changes reducing number of required on-site midterm visits approved 5/2/13; Approved without changes 5/23/2014; Approved without changes 5/21/2015; Approved without changes 6/15/2016; Approved without changes 5/18/2017.

I. Purpose:
- 1.1 To delineate the responsibilities of the DCE/Assistant DCE.

II. Policy:
- 2.1 The DCE/Assistant DCE will fulfill responsibilities as defined by their job descriptions and with guidance from the APTA *Model Position Description for the Academic Coordinator/Director of Clinical Education*.

2.2 The DCE/Assistant DCE will ensure that each student receives an on-site or telephone/personal audio-visual conferencing visit during each full-time clinical education experience.
2.3 The DCE/Assistant DCE will ensure that at least one on-site clinical education visits is conducted for each student.
2.4 The DCE/Assistant DCE will ensure an on-site visit prior to or during the time that a student is at a new clinical site for a full-time clinical education experience, as time and budget allow.
2.5 The DCE/Assistant DCE is responsible for assigning a final grade for each full-time clinical education experience.

III. Procedures:
3.1 The DCE/Assistant DCE will follow the communications timeline when planning for on-site and telephone visits.
3.2 The DCE/Assistant DCE will track on-site, telephone, and new sites for each student to ensure an adequate number of on-site and telephone visits.
3.3 The DCE/Assistant DCE will follow the procedures outline in the course syllabi and USD PT Clinical Education Handbook to determine the final grade for each full-time clinical education experience.

1.7.3.2: CLINICAL EDUCATION AFFILIATION AGREEMENTS

Approved 5/6/08; Reviewed 12/1/09; 12/2/2010; ACCE to DCE change 5/17/2011; 11/29/2011; Approved without changes 11/27/12; Changes adding "Health Affairs Agreement" approved 5/2/13; Approved without changes 5/23/2014; Approved without changes 5/21/2015; Approved without changes 6/15/2016. Approved with changes 5/18/2017.

I. Purpose:
1.1 To establish a protocol for review and approval for both USD generated affiliation agreements and facility generated affiliation agreements.

II. Policy:
2.1 The DCE will review affiliation agreements for each clinical site on an annual basis to ensure agreements are current.

III. Procedures:
3.1 Health Affairs (Sanford School of Medicine School of Health Sciences) has designated staff to manage all aspects of the *USD Health Affairs Affiliation Agreement,* in conjunction with the USD Legal Advisors.
3.2 Facilities that use the *USD Health Affairs Affiliation Agreement* will receive an updated affiliation agreement every 5 years or as major changes are made in the affiliation agreement.
3.3 Facilities that use their own affiliation agreements will be updated as required by the facilities.
3.4 The DCE has access to the database that houses the affiliation agreements and works with the designated staff to ensure that affiliation agreements are in place prior to each clinical education experience.

1.9.5: EVALUATION OF THE CLINICAL EDUCATION PROGRAM

Approved 5/6/08; Reviewed 12/1/09; 12/2/2010; ACCE to DCE change 5/17/2011; 11/29/2011; Approved without changes 11/27/12; Approved without changes 5/2/13; Approved without changes 5/23/2014; Fall to Spring change for meeting times. Approved 5/21/2015; Approved without changes 6/15/2016; Approved with changes 5/18/2017.

I. Purpose:
1.1 To evaluate the Clinical Education program for compliance with the Program's mission, philosophy, goals, and national accreditation standards

II. Policy:

2.1 The Clinical Education Program will be reviewed to make certain that the Program's policies and procedures are current and congruent with national, University, and the USD Physical Therapy Program standards.

III. Procedures:

3.1 The DCE/Assistant DCE will annually review the Clinical Education policies and procedures in the Spring.

3.2 The DCE/Assistant DCE will compile data from appropriate assessment tools. The DCE/Assistant DCE will prepare a summary report of the findings and report to the core faculty at the annual Clinical Education Assessment Meeting in the Spring.

3.3 Any changes in policies or procedures pertaining to the Clinical Education Program will be approved by the core faculty and disseminated in written format to all core faculty, students, and appropriate University and clinical faculty.

Clinical Site Placement Change Request Form

Please answer the following questions related to your clinical site placement change and return the completed form to the DCE/Assistant DCE. Completion of this form indicates your consent to share this request with the faculty in the site placement change process. This form must be completed at least 60 days in advance of the first day of the scheduled clinical education experience. DCE/Assistant DCE approval must be granted for any changes submitted less than 60 days in advance of the first day of the scheduled clinical education experience.

	Clinical Site (original placement)	**Requested site (new placement)**
Name of facility		
Location of facility		
Type of rotation		
Clinical Education Experience (circle one)	I II III IV V other	

Questions	**Responses**
1. What are the benefits and limitations of completing the clinical education experience at your current assigned facility?	
2. What are the benefits and limitations of completing the clinical education experience at another facility?	
3. How does this request for a clinical change fit into the big picture of your clinical education experiences?	
4. Please list three educational objectives that you would hope to accomplish during this clinical education experience if you are approved to another facility.	
5. What is your role during the clinical education process to ensure a positive learning experience?	
6. What do you think the role of the DCE is in this process?	
7. If this potential change is made, how do you think this change will affect the relationship between USD and the site of the surrendered placement?	

Please remember that faculty decisions regarding any changes/special requests for clinical education are on an individual basis and should not be the topic of public discussion. As each case is individual, the reasoning behind the faculty decisions may differ based on the presented circumstances; however, decisions will be fair for all individuals. As the whole class is not privy to the reasons for the faculty decisions, it is only fair that the information between the faculty and the individual student remains confidential. Thank you.

Signature of Student _____ Date _____

New Clinical Site Request Form (Appendix H)

For any calendar year, you are allowed to complete up to two petitions for new sites. Prior to submitting petitions, it is recommended that you arrange a time to meet with Dr. Karges for advisement since you may not be aware of the history of the program, the types of clinical sites the program is interested in developing, and the current affiliation agreements already in place.

To request the addition of a new contracted full-time clinical internship site, you must submit this application to Dr. Karges or Dr. Adamson by **February 1** of Year 1 for full-time Clinical Education Experiences II and III and by **February 1** of Year 2 for full-time Clinical Education Experiences IV and V. Forms can be submitted sooner than the deadline. Forms may be accepted after the deadline at the discretion of the DCE/Assistant DCE.

Submissions will be reviewed by the Clinical Education Committee (consisting of Dr. Karges, Dr. Adamson, and up to four additional faculty members). You will be notified of the Committee decision in a timely fashion.

If your request is approved, Dr. Karges or Dr. Adamson will contact the full-time clinical internship site to see if they are interested in developing a clinical education contract for DPT students with the USD Department of Physical Therapy. If approved, this site will be reserved for you. Your signature at the bottom of this form indicates your commitment to complete an internship at this site if one is available. **Please do not contact the clinic yourself, due to the legal ramifications involved in contract negotiations.**

1. What is/are the name, address, phone number, website (if available), and PT director of the clinical site(s) you are requesting? Please attach any information from a website if available.

Site Name:	
Address:	
Phone Number:	
Web Site:	
PT Director Name:	
PT Director or Department Email:	
Clinical Education Experience (II, III, IV, or V) – indicate your first and second choices	

2. Build an argument in support of your proposed newly established clinical site. Your argument should support the conditions for site approval defined by the USDPT Clinical Education Handbook 6.3.B: "the site provides unique and desirable learning experiences that are not readily available within existing contracted sites for current and future students." Your argument should be comprehensive given your access to available information.

For example, you may present information about specialized populations, specialized practices or under-served areas to support your argument that the site is unique; or you may describe characteristics of the site's area of expertise that are rare or difficult to secure given existing site offerings, such as hospital or outpatient based pediatrics, inpatient rehabilitation, manual therapy, sports medicine, etc.

Student Agreement for Requested New Clinical Site

I agree to choose my requested affiliation with the above requested site if it is available during site placement. I understand that confirmation of this placement is dependent upon an affiliation agreement signed by both the clinical facility and USD.

Signature: _____

Date: _____

Memorandum of Agreement

I have read and understood the contents of the USD Physical Therapy Clinical Education Handbook. I agree to abide by the policies and procedures stated in the USD Physical Therapy Clinical Education Handbook.

I will meet with the Director of Clinical Education to discuss the USD Physical Therapy Clinical Education Handbook as needed.

_____
Student's Name (Printed)

_____
Student's Signature

_____
Date

_____
Director of Clinical Education's Signature

_____
Date