POLICIES AND PROCEDURES FOR CLINICAL EDUCATION PROGRAM

The University of Montana School of Physical Therapy & Rehabilitation Science

I. REQUIREMENTS FOR ENROLLMENT

A. Instructor approval is required for each clinical internship course.

B. To be allowed to participate in the Clinical Education portion of the Physical Therapy curriculum, students must have proof of the following:
   1. Current CPR certification training through the American Heart Association or The American Red Cross. Basic Life Support for the Health Care Provider is recommended.
   2. Certificate of liability insurance (provided by the Montana University System).
   3. Hepatitis B vaccination and titer, TB screen (this must be done every 12 months), MMR immunity, varicella titer and Tetanus-Diphtheria vaccination within the last 10 years.
   4. Health insurance equivalent to student health insurance plan.

C. Once assigned to a particular clinical site, students can view any additional requirements (e.g. criminal background check, additional training, etc) specifically associated with the site by accessing Acadaware and the details dashboard for that site. Students must provide proof of compliance of the additional requirements to begin their clinical experience or make other arrangements with the Clinical Education Administrative Associate (CEAA). Students can research a particular site’s requirements prior to assignment through Acadaware and the details dashboard for a site.

D. The student must satisfactorily complete the academic PT curriculum that is scheduled prior to each clinical experience before being allowed to enroll unless an alternative plan has been approved by the DCE and the PARC.

II. Student Assignment to a Clinical Site

A. All request for clinical experience assignments should be managed by the DCE or ADCE. Students should not initiate contact to a clinical site or clinician without permission and consultation with the DCE or ADCE.

B. A student may make one request for placement at a clinical site that UMPT CEP does not have an active affiliation agreement. Students wanting to make a request of this nature should access the “New Site Request Form” found on the Acadaware Documents tab. The DCE and ADCE will evaluate the request for appropriateness. New sites have to be compatible with UMPT CEP mission and meet needs of future students as well.

C. Full-time Clinical Experiences: The Clinical Education Program uses the Acadaware Software and website to help with the administration and management of the program, including the process of assignment of students to a clinical site. Students will be
oriented to Acadaware Autumn semester, 1st year. Students should access available facility information in the Acadaware database including student evaluations of clinical sites, information about clinical sites from web sites and other resources. In addition, students should seek information and advice from the DCE and ADCE regarding the program placement requirements and suitability of clinical sites available to students.

1. PT 587: First year students will make site requests via Acadaware for PT 587 in late September of their first year via and assignments are processed by the DCE shortly thereafter.
2. PT 589: Placement proposals for PT 589 are to be submitted by the student to the ADCE by the first Monday in February of a student’s first year. Placement request are processed by the ADCE throughout the rest of spring semester and through summer as needed.
3. PT 680: Second year students submit a proposed plan for PT 680 to the DCE by the end of the fall semester of their second year. Placements for PT 680 will be processed during Spring Semester or until assignments are completed. For placement at some sites, submission of an application consisting of a cover letter and resume, along with an interview, may be required.

D. Part-Time Clinical Experiences:
   1. PT 583/PT 584: Second and third year students will be assigned to complete these internships with specific clinical instructors in the UMPT Clinic at least one semester in advance.

III. PRACTICES TO PROTECT RIGHTS, SAFETY, DIGNITY AND PRIVACY OF PATIENTS, CLIENTS, OTHER INDIVIDUALS AND THE CLINIC.

A. Students must comply with all state and federal laws associated with patient rights, privacy and protected health information.
B. Students must comply with clinic policies and procedures that are consistent with state and federal law regarding patient rights, privacy and protected health information.
C. Students must conduct themselves in a manner that protects the dignity and safety of patients and others.
   1. Patients and clients should be informed that you are a student intern and that they have the right to accept, limit or refuse your participation in their plan of care.
D. Students shall seek permission from their clinical instructor or the most appropriate person within the clinic’s organization to use any non-protected health information or materials (patient care protocols, administrative information, etc) for purposes outside of standard patient care responsibilities. Students may need to utilize the Information Release and/or Photo Release Forms, thereby obtaining informed consent of patients to use relevant information from for educational purposes.

IV. DRESS CODE AND APPEARANCE

A. The student is required to be well groomed for all clinical experiences. The student should be aware of and follow the dress requirements associated with the clinical sites they are assigned.
B. In general, be neat, clean, tasteful, and professional in your attire. Avoid or be conservative in the use of perfume or cologne.

C. Name tags are required. They should have your full name followed by "Physical Therapy Student". For your last clinical experience, your name tag should read “Physical Therapy Intern”.

V. ABSENCES

A. Part-time Clinical:

1. PT 582: The student may be excused for illness or injury, but is expected to make up the lost time before the end of the spring semester. The student should notify the Associate Director of Clinical Education and Clinical Instructor (CI) in advance of the absence so that activities can be rescheduled.

2. PT 583/PT 584: Students are expected to attend all assigned clinic days. Students are allowed one excused absence during the semester. The supervising clinical instructor and the Associate Director of Clinical Education must approve an excused absence. If the absence is planned in advance, the student must make up the missed time in advance of the absence. If the absence is not planned (i.e. due to illness of emergency), the student must make up the missed clinic time within two weeks of the absence.

B. Full-time Clinical:

1. Excused Absences

   a. Students are provided a set number of days for illness, injury or emergencies for each full-time clinical experience. Students are expected to notify the SCCE and/or CI as soon as possible for these situations. Any absences in excess of the days allowed are required to be made up in a manner approved by the SCCE and/or CI. The assigned DCE/ADCE should be consulted if there are questions or differences in how the time should be made up. Number of days allowed for absence: PT 587 & 589 - 2 days each; PT 680 – 3 days.

   b. A student who has to wear a cast, use crutches or has another condition which does not allow the student to participate appropriately and carry out typical responsibilities must consult with the SCCE, CI, and DCE to make up an appropriate amount of clinical time. Reasonable accommodations will be made for the student to continue their clinical experience, when possible.


   d. Other emergencies and extenuating circumstances will be dealt with by the SCCE or the DCE/ADCE on an individual basis.

2. Unexcused Absences

   a. All unexcused absences require make-up time. This time will be determined jointly by the SCCE, CI and the student. There may be cause for immediate removal from the internship when a student is repeatedly absent or late for undue cause.

   b. Unexcused absences include:
1) Any absence, other than illness, injury or emergency that does not have prior approval.

2) Any unexcused absence due to illness or injury in excess of the stated amounts in B1a.

3. Instructions for Make-up Time
   a. The amount of make-up time will be an amount which is enough to allow the student to successfully fulfill all requirements of the clinical experience.
   b. Make-up time may be done on weekends, if supervision is adequate.
   c. Make-up time will be fulfilled at the facility where the time was missed, unless otherwise arranged by SCCE and DCE/ADCE.

VI. ACCIDENTS
   A. In addition to complying with proper procedures for reporting accidents at each clinical center, all accidents involving students which require the filing of a written report must be reported to the DCE immediately.

VII. GRADING
   A. All clinical experiences will be graded on a credit/no credit basis, unless approved for A-F grading by the PARC and DCE/ADCE prior to the start of the internship.
   B. The DCE or ADCE assigned to the course is the person who assigns the final grade after evaluating written and verbal feedback of the CI and student and any other person with direct knowledge of the student’s performance with regard to the current clinical experience; and with consideration of the entire record and performance of the student.

1. Satisfactory Clinical Performance
   a. A passing grade (Credit) will be given when the student shows satisfactory performance and expected progress in the learning objectives outlined for each specific clinical experience and when required professional behaviors are demonstrated as outlined elsewhere in the student handbook.

2. Unsatisfactory Clinical Performance: Mediation Procedures
   a. When a problem is recognized which potentially could conflict with expected progress, the SCCE, CI and the student should attempt to resolve it.
   b. If the problem cannot be resolved or is significant in nature, the SCCE or CI and the student should notify the DCE/ADCE.
   c. The DCE/ADCE will contact all appropriate parties (SCCE, CI(s) and/or student) to get the opinions and facts from each party, and attempt to resolve the problem.
   d. If necessary, the DCE/ADCE will arrange a meeting or telephone conference for the purpose of gathering information and taking action to solve the problem.
e. In certain circumstances, the SCCE, CI or DCE/ADCE may require a change in clinical instructors or have the student be removed from the clinical site. In the case of the need to remove the student from the clinical site due to unsatisfactory performance, the DCE/ADCE will review the case and in consultation with the Chair, make a determination for how to proceed. The DCE/ADCE may issue an NCR, I, or N grade at this time or reassign the student to a new site (timing and location as determined by the DCE/ADCE). The DCE/ADCE will provide a written report with recommendations regarding the student’s status in the program to the PARC.

E. No Credit (NCR), Incomplete (I) or Work in Progress (N)

1. It is the DCE/ADCE’s responsibility to provide a grade for all clinical experiences. When a student earns a grade of No Credit (NCR) or Incomplete (I), the DCE/ADCE will have given the grade after reviewing the documentation from the CI, SCCE and any other appropriate source including the student’s entire academic record.

2. If the student’s deficits are judged by the DCE/ADCE to be significant, the DCE/ADCE will issue a grade of No Credit (NCR) and make recommendations to the PARC that may include dismissal of the student from the program. All available members of the PARC would then review the record and the recommendations of the DCE/ADCE and decide on a course of action.

3. A student may earn an NCR when his or her performance is judged to be unsatisfactory yet the deficits are not so severe to warrant a recommendation of dismissal from the program. The NCR grade will be given by the DCE/ADCE in consultation with the Chair and PARC when feasible. The student must repeat the internship at a time and location determined by the DCE. Other remedial requirements will be determined on a case by case basis by the PARC with recommendations from the DCE.

4. A student may receive an Incomplete (I) or Work in Progress (N) grade. Please consult with the University grading policy. When an I or N grade is given, and as appropriate for the circumstances, a specific number of clinical hours, location, and goals of the extended internship will be determined by the DCE/ADCE in consultation with the student, CI and SCCE.

5. A student must satisfactorily complete a given clinical internship before moving to the next internship unless other arrangements have been made by the DCE/ADCE for special situations regarding a student’s health or as part of a remedial plan.

VIII. REQUIREMENTS AND EXPECTATIONS REGARDING FEEDBACK

A. Feedback from students

1. Students will compete and share feedback at midterm and at final for each clinical experience using the forms accessed in Acadaware and share the feedback with the appropriate individuals; (Midterm and Final Experience Evaluation with CI and SCCE; Final clinical instruction to be completed and viewed by DCE/ADCE). The DCE and ADCE will access all evaluations through Acadaware and release the Experience evaluations (designated portions) to be available to other students in Acadaware (Site details).
2. Students will complete evaluations of the DCE, ADCE and the Clinical Education Program, periodically and at the completion of their education.

B. Feedback to Students and Student Self-Assessment

1. During each internship, students should receive verbal and written feedback from their CI(s), at minimum, midway and at the end of their assignment. The written feedback related to the student’s performance will be provided via the Performance Assessment System (PAS). Students will complete a self-evaluation using the PAS to facilitate CI feedback. It is expected that the student and the CI uses the PAS as it is designed. Comments should address the pertinent competency categories, identifying strengths and deficits, especially related to expectations for the particular clinical experience. There should be consistency with the comments provided and the marks given on the rating scale using the definitions for the various levels. The midway feedback should be primarily formative in nature, emphasizing the progress that has been made and identification of goals and strategies for the remainder of the clinical experience to reach expected outcomes. Under certain circumstances, weekly formal verbal and/or written feedback may be appropriate. A form is provided for this purpose. If there is concern at any time that a student’s performance is such that achievement of expected outcomes is in doubt, the DCE/ADCE should be notified.

2. The academic faculty member assigned to the course (DCE or ADCE) will communicate with the student and CI during the experience, typically via email initially. A follow-up phone call or site visit may be scheduled based on the circumstances of the clinical experience. CIs/SCCEs and students are encouraged to initiate communication with the DCE/ADCE at any time when consultation, feedback and/or assistance is believed necessary. If there is concern by the DCE/ADCE that a student’s performance is such that achievement of expected outcomes is in doubt, written notification will be provided to the student and a copy will be sent to the Chair or the PARC. Written notification will include a remedial plan with specific goals.

3. The DCE and ADCE will meet after each clinical experience to discuss student overall performance and progress. Even though a student may have met the minimal requirements for a “passing” grade, if the review shows that there are lingering concerns or deficits with a student’s performance the DCE and ADCE will provide the student with written communication outlining the findings and may also choose to meet with the student and share concerns verbally. The DCE and ADCE may also make appropriate recommendations to the student to prepare for future success. A written report will go in the student’s clinical education file, and a copy will go to the chair of the PARC.

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