

**SECTION IV:**  
**POLICIES**  
**FORMS**  
**SAMPLE CONTRACT**

## **ASSIGNMENT OF STUDENTS**

The DCE will send a clinic request form to all affiliating sites on March 1 of each year. The PT programs across the country have established this uniform mailing date to make it easier for clinic sites in their planning of CI availability. The DCE will include specific guidelines concerning the types of patients and experiences desired for the students. The Center Coordinator of Clinical Education is requested to choose the dates the site can accommodate a student (see example on next page).

Once the sites respond, a master list of available sites is posted for the students to review. The DCE allows the students to submit requests for particular sites. However, the assignments are made by the DCE depending on the students' clinical and personal needs. If a site is not going to be utilized for a particular clinical experience, the DCE will notify the site as early as possible, to allow the site to accommodate another student.

## **STUDENT INFORMATION FORM**

Prior to each clinical experience, the DCE will forward a letter indicating the name of the assigned student, the type of desired experience, and the corresponding date of the experience. In addition, a copy of the assigned student's Information Form will also be sent. This form includes demographic information and previous clinical site experiences (see example following this section).

## **STUDENT HEALTH FORM**

All students are required to have a physical examination prior to beginning the first clinical experience. Each student is required to bring a copy of the Medical History and Physical Examination Form to the clinical site. The DCE will also send a copy when the assignment is made. An example follows this section.

In addition, all students are required to maintain health/accident insurance while enrolled in our program. Evidence of proof will be reflected on the Student Information Form.

## **CPR**

All students are required to maintain current CPR certification. Students should present evidence of this requirement to the clinic site on the first day of the experience.

## **LIABILITY INSURANCE**

All students are required to have liability insurance through the University. An example of the policy follows this section.

## **CRIMINAL BACKGROUND CHECKS**

All students are required to have criminal background checks completed prior to beginning the program.

**MEMORANDUM**

To: Center Coordinators of Clinical Education  
From: Debbie Ingram, Academic Coordinator of Clinical Education  
Re: Clinical Education Upcoming Calendar for Next Year  
Date: March 1, XXXX

Thank you very much for your support of our physical therapy program. This document contains our upcoming clinical education calendar for the year XXXX. Please indicate your willingness and availability.

Clinical Site: \_\_\_\_\_

Center Coordinator of Clinical Education: \_\_\_\_\_

**Clinical Education I** Needs primarily an **outpatient orthopedic** experience; limited acute ortho is also appropriate if available-but not required. End of first year of program, 1<sup>st</sup> clinical experience. Will have completed musculoskeletal dysfunction of spine & extremities, basic skills, communication, and human growth & development.

Number of students: \_\_\_\_\_ June 21-August 6, XXXX (7 weeks)

**Clinical Education II** Needs **acute care** experience. End of second year of program. Will have completed orthopedic, cardiopulmonary, integumentary and neurological evaluation and intervention.

Number of students: \_\_\_\_\_ May 3-June 11, XXXX (6 weeks)

**Clinical Education III** Needs **neurorehabilitation** experience (pediatrics and/or adults). Will have completed acute care experience and all evaluation & intervention courses.

Number of students \_\_\_\_\_ June 14-August 6, XXXX (8 weeks)

**Clinical Internship** January 5-April 16, XXXX (15 weeks)

**Specialty** experience. Students will have the opportunity to choose a particular clinical emphasis from the various available options. This is the final clinical experience prior to graduation.

Type of Experience Your Site Can Offer \_\_\_\_\_ (\_\_\_\_\_ student(s))

\_\_\_\_\_ (\_\_\_\_\_ student(s))

Email your response to Debbie-Ingram@utc.edu, or FAX **423-425-2215**; or mail to: Debbie Ingram, PT Dept, UTC, 615 McCallie Ave, Chattanooga, TN 37403. **Please return this completed form by April 15, XXXX.**

**Please call me at 423-425-4767 if you have questions!**

**UNIVERSITY OF TENNESSEE AT CHATTANOOGA  
PHYSICAL THERAPY DEPARTMENT  
DPT STUDENT INFORMATION FORM**

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Reasonable Accommodations Desired \_\_\_\_\_

Health Insurance: Company \_\_\_\_\_ Policy No. \_\_\_\_\_

CPR Certification Expiration Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Physical Therapy Class of \_\_\_\_\_

Physical Therapy Clinical Education Experiences:

I. (7 weeks) \_\_\_\_\_

II. (6 weeks) \_\_\_\_\_

III. (8 weeks) \_\_\_\_\_

Internship (15 weeks) \_\_\_\_\_

Signature \_\_\_\_\_

Photograph

**STUDENT'S NEEDS FOR CLINICAL EXPERIENCE**  
**University of Tennessee at Chattanooga**  
**Physical Therapy Department**

**Student** \_\_\_\_\_

**Types of patients I need to work with during this clinical:**

**Types of patients I have worked with the most in other clinical experiences:**

**Skills I need to practice:**

**Skills I have practiced the most:**

**My clinical strengths:**

**My clinical areas needing improvement:**

**Other things I would like to see or do while at your facility if time permits:**

**Additional comments:**

## **DRESS CODE**

For clinical education experiences, students are expected to abide by the dress code of the assigned facility. Students should contact the center coordinator of clinical education at the assigned site prior to their scheduled *clinical experiences* to inquire about their policies.

When patients are invited to our classroom, or when the class participates in a clinical lab in a clinical facility, students are expected to abide by the following dress code:

1. Students will wear appropriate street clothes to include:
  - Trousers or business-type slacks.
  - Flat closed-toe shoes with appropriate hosiery. (Clean tennis shoes are acceptable.)

No jeans, shorts, *sleeveless tops with shoulders exposed*, or t-shirts are allowed.

2. Students will always wear their name UTC picture ID tags indicating “PT Intern”. Nametags should be obtained from the UTC I.D. office in the Administrative Building (next to Room 203)

3. A white lab jacket worn over street clothes may be required by the facility.

4. Jewelry may only be worn conservatively. Pendant necklaces, bangle bracelets, large dangling earrings, and fashion rings may not be worn.

No more than four earrings of a conservative style are permitted. Other than small earrings no visible piercings are permitted, to include tongue piercing.

5. All tattoos must be concealed at all times.
6. Hair must be kept neat and clean. Unconventional hairstyles should be avoided. Hair should be secured so as not to fall loosely from the head.
7. Perfumes and colognes will only be worn conservatively.
8. Nails should be kept closely trimmed, and polish may be worn if properly maintained.
9. Students are expected to show good grooming habits and personal hygiene in their appearance.

## **STUDENT EVALUATIONS**

The clinical progress of a physical therapy student should be monitored on an ongoing basis utilizing the APTA's Web *Clinical Performance Instrument* (CPI). Students must complete a self-assessment and clinical instructors will complete a separate assessment. A midterm assessment is required. At the end of the clinical experience, the CPI should be completed by the CI and signed by both the CI and the student.

## **PROFESSIONAL BEHAVIORS**

Students are expected to demonstrate appropriate professional behaviors throughout the clinical experience. Our program teaches the students that the "Generic Abilities" are essential for professional success. A copy of these behaviors follows this page. In addition, if a student needs improvement, beginning, developing and advanced criteria are attached for use in developing an improvement contract.

## **SIGNIFICANT CONCERNS**

Occasionally, a student will experience difficulties during the clinical experience. If the CI and/or CCCE are unable to develop an appropriate strategy for correction, the DCE is always available to intervene. Please feel free to call with your concerns. Maintaining a safe environment and demonstrating appropriate professional behaviors is of utmost concern to our department. We are available to travel to the site or make frequent contacts to you and /or the student. As you are completing the mid-term and final assessment of the student's performance, please note that you must call the DCE if you are noting significant concerns. The University or Facility may request withdrawal or dismissal of any student whose performance record or conduct does not justify continuance in clinical education at the Facility.

## **ATTENDANCE**

Students are expected to follow the schedule of the clinical instructor. Students may be excused for national holidays, if the clinic is closed &/or the clinical instructor is not working. In the event of an absence due to illness, the student is expected to contact the clinical instructor or center coordinator of clinical education prior to the beginning of the work day. The DCE should also be contacted by the student via email or phone. It is at the discretion of the clinic site as to whether the student must make up a single missed day because of illness. If the student misses more than one day, the student should make up the time when it is convenient for the facility.

## **SAMPLE UNIVERSITY CONTRACT**

### **AFFILIATION AGREEMENT**

**This agreement entered into this 1st day of ..., by and between The University of Tennessee, hereinafter referred to as the "University," and ....., hereinafter referred to as the "Facility," will be effective as of .... This agreement will be automatically renewed annually unless either party to this agreement shall notify the other in writing of its intention not to renew this agreement and said notices shall be given at least ninety days prior to the expiration of the term hereof or of any renewed term thereof.**

**Both parties understand and agree that the parties hereto may revise or modify this agreement by written amendments whenever the same shall be agreed upon by both parties.**

**The Facility and the University hereby mutually agree to the following:**

- 1. The purpose of the agreement shall be to establish an affiliation between the University and the Facility to provide a quality clinical education for physical therapy students.**
- 2. The determination of the number of students, their schedules, and the availability of the Facility shall be made by mutual agreement between the University and the Facility.**
- 3. Both parties agree that the clinical education of the student shall complement the service and educational activities of the Facility; however, it is understood that students shall not be used in lieu of professional or staff personnel and shall be under the supervision of a clinical instructor acceptable to the University.**
- 4. The University maintains the privilege of visiting the Facility before, after and/or during the internship period.**
- 5. Each student performs with high standards at all times and complies with all policies and regulations of the appropriate clinical department of the Facility to which he/she is assigned.**
- 6. The University or Facility may request withdrawal or dismissal of any student whose performance record or conduct does not justify continuance in clinical education at the Facility. Established University policy will be followed in this regard.**
- 7. The University and the Facility agree that it shall be the student's responsibility to provide transportation to and from the Facility for the assignment.**
- 8. The University and the Facility will make no distinction in the admission of students on the basis of race, religion, creed, color, sex, age, handicap, or national origin.**

### **Responsibilities of the Facility:**

- 1. The director of the physical therapy department or his/her designee at the Facility shall be the Clinical Instructor for the physical therapy students. The Facility agrees to notify the University of any change in the Clinical Instructor and to involve the academic coordinator of clinical education (UTC faculty) so as to assure continuity in curriculum and instruction.**
- 2. The Facility agrees to submit to the University an evaluation of each student's progress based upon his/her performance during the clinical experience. Format for evaluation is established by the University, unless otherwise agreed to by the University.**
- 3. The Facility agrees to help students (in out-of-city clinical sites) obtain room and board with the understanding that the students abide by regulations set up by their respective residences.**
- 4. The Facility agrees to provide emergency medical treatment to students if needed for illness or injury suffered during the clinical experience. Such treatment shall be at the expense of the individual treated.**
- 5. The Facility agrees to have each student assigned to the Clinical Instructor responsible for his/her clinical education for appropriate instruction.**
- 6. The Facility agrees, if appropriate, to provide instruction in procedures which are considered specialty areas of Facility and in use of equipment with which the student is not familiar.**
- 7. The Facility agrees to require each student to attend such meetings and clinics at the Facility as directed by the Clinical Instructor responsible for his/her clinical education.**
- 8. The Facility agrees to comply, to the extent applicable to it, with all requirements imposed by or pursuant to Title IX of the education Amendments of 1972 (P.L. 92-318), as amended, 20 U.S.C. S 1681, 1682, 1683 and 1685, and all applicable implementing regulations of the Departments of Health and Human Services and Education, as now or hereafter amended, (45 C.F.R. Part 86) to the end that no person shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.**
- 9. The Facility hereby warrants that it is in compliance with all laws and regulations governing the practice of physical therapy.**

### **Responsibilities of the University:**

- 1. The University shall send to the Facility only those students who are prepared for clinical education and who will abide by the Code of Ethics of the American Physical Therapy Association.**
- 2. The University shall notify the Facility if students have medical problems and/or physical disabilities which require reasonable accommodation.**
- 3. The University shall provide the Facility with a summary of the student's education and clinical experience.**
- 4. The University shall make available to its students informational materials, provided by the Department of Physical Therapy, in regard to learning experiences that can be provided by the department within the Facility.**
- 5. The University shall designate a faculty member as the Academic Coordinator of Clinical Education to coordinate scheduling with students and the Clinical Instructor, visit the Facility, provide course information and objectives to Clinical Instructors and assist in resolving problems and difficulties which may arise.**
- 6. The University shall have responsibility for the curriculum provided its students at the Facility.**
- 7. The University shall have the responsibility for notifying the Facility of the arrival and reporting of the student to the designated staff member at the Facility.**
- 8. The University shall make a copy of this agreement available to each student participating in the program.**
- 9. The University agrees to send the Facility only those students who have obtained health insurance and cardiopulmonary resuscitation certification.**
- 10. The University shall provide a certificate describing the professional liability insurance for students. The liability of all faculty, as well as the liability of the University as an entity, is subject to the provisions of the Claims Commission Act, Tennessee Code Annotated 9-8-301 et seq.**

**The Facility and the University of Tennessee at Chattanooga will take every reasonable effort to protect patient information. The University of Tennessee at Chattanooga shall direct its students to comply with the policies and procedures of the agency, including those governing the use and disclosure of individually identifiable health information under federal law, specifically 45 CFR Parts 160 and 164. Solely for the purpose of defining the students' role in relation to the use and disclosure of the agency's Protected Health Information, the students are defined as members of the agency's work force as the term is defined by 45 CFR 160.13, when engaged in activities pursuant to this**

**Agreement. However, the students are not and shall not be considered to be employees of the agency for any other purpose.**

**IN WITNESS WHEREOF the parties hereto have caused this instrument to be executed by their officers on the date first hereinabove mentioned.**

**THE UNIVERSITY OF TENNESSEE**

**BY \_\_\_\_\_ BY \_\_\_\_\_**

**Department Head  
Physical Therapy Program  
University of Tennessee at Chattanooga**

**Title: \_\_\_\_\_**

**Federal ID Number \_\_\_\_\_ BY \_\_\_\_\_**

**(Required)  
Vice Chancellor-Administration and  
Finance  
University of Tennessee at Chattanooga**