

# Clinical Education Policies

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## ASSIGNMENT OF STUDENTS

The DCE will send a clinic placement 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 settings and types of experiences desired for the students. The Center Coordinator of Clinical Education is requested to choose the dates the site can accommodate a student. Once the sites respond, a master list of available sites is posted for the students to review. The DCE allows the students to submit their top three requests for each experience. The assignments are made by the DCE depending on the students' specific clinical and personal needs. When a cancellation occurs, the student will be assigned to another site offering the same type of experience. 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 a student from another program.

## STUDENT INFORMATION

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. It also includes reasonable accommodations requested if the student has a confirmed disability.

**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 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. A copy of the policy is mailed to the clinic site in the placement packet.

### **CRIMINAL BACKGROUND CHECKS**

All students are required to have criminal background checks completed prior to beginning the program. A copy will be forwarded to the clinical site upon request.

### **DRUG TESTING**

Sites may request students have drug testing completed prior to the beginning of the clinical experience.

### **POLICIES & PROCEDURES OF CLINICS**

All students are expected to follow the policies and procedures of the clinics. Students may be dismissed from the clinic site for failure to comply. Students are not allowed to discuss patient information or share patient images outside the classroom or clinic setting. Authorization by the clinic site must be assured before students may use images from patient files. Patients have the right to refuse to allow students to participate in their care.

**THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA  
PHYSICAL THERAPY DEPARTMENT  
MEDICAL HISTORY AND PHYSICAL EXAMINATION**

Instructions for the student: A medical history and physical examination is required prior to entry into the physical therapy program. This service is available through the UTC Student Health Office upon appointment. Immunizations must be completed and/or updated as necessary. Tuberculin skin tests must be updated at least annually. Some clinical sites will require more frequently. The student **MUST** provide all the information requested on this side of the form. The medical examiner **MUST** complete the reverse side. It is the responsibility of the student to return the completed form to the department.

STUDENT (print)

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

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Permanent Home address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Address while in school \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Please check whether or not you have or have had any of the following on the list below:

Condition	Yes	No	Describe
-----------	-----	----	----------

Allergy			_____
---------	--	--	-------

Chickenpox or vaccine			_____
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Emotional Disorders			_____
---------------------	--	--	-------

Hearing Impairments			_____
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Heart Trouble			_____
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Migraine			_____
----------	--	--	-------

Peptic Ulcer			_____
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Physical Limitations			_____
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Rheumatic Fever			_____
-----------------	--	--	-------

Tuberculosis			_____
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Other (Please list)			_____
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List reasonable accommodations desired \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Cleared for Clinical Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Approval \_\_\_\_\_

Student Name \_\_\_\_\_ **IMMUNIZATIONS & TB SKIN TEST**

**Tetanus toxoid** immunization is required every ten years. Date of last booster: \_\_\_\_\_

**Rubella titer** \_\_\_\_\_ Date \_\_\_\_\_ MMR vaccine (if no evidence of immunity) \_\_\_\_\_ (Date)

**VZI titer** \_\_\_\_\_ Vaccines required if not immune \_\_\_\_\_ (Dates)

**Hepatitis B vaccine** -3 injections (Dates) 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**PPD Tuberculin skin test** (yearly) Date \_\_\_\_\_ Results \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_

Date \_\_\_\_\_ Results \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_

Chest x-ray if indicated Date \_\_\_\_\_ Results \_\_\_\_\_

#### LABORATORY

Hct \_\_\_\_\_ HgB \_\_\_\_\_ Urinalysis: Alb. \_\_\_\_\_ Sugar \_\_\_\_\_ Sp.Gr. \_\_\_\_\_

#### PHYSICAL EXAMINATION

Height \_\_\_\_\_ Weight \_\_\_\_\_ B.P. \_\_\_\_\_ Pulse \_\_\_\_\_

Vision (Snellen) R20/ \_\_\_\_\_ Corrected 20/ \_\_\_\_\_ L20/ \_\_\_\_\_ Corrected 20/ \_\_\_\_\_

Please examine this student considering that the student will be working with hospitalized patients as well as with families and groups in the community. Indicate any abnormal findings.

HEENT \_\_\_\_\_

Cardiac \_\_\_\_\_

Pulmonary \_\_\_\_\_

Breast \_\_\_\_\_

Abdomen \_\_\_\_\_

GU \_\_\_\_\_

Pap smear \_\_\_\_\_ (recommended if appropriate, but not required)

Musculoskeletal \_\_\_\_\_

Neurological \_\_\_\_\_

Does this student require any follow-up health supervision? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this student have a limitation which requires reasonable accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Examiner Name (Printed) \_\_\_\_\_

**Address of Examiner** \_\_\_\_\_

*Examiner signature* \_\_\_\_\_ *Date* \_\_\_\_\_

## 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*, shirts with midriffs exposed, or t-shirts are allowed.
2. Students will always wear their name UTC picture ID tags indicating "PT Intern."
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. Natural nails should be kept closely trimmed and less than ¼ inch long. If nail polish is worn, it cannot be chipped, cracked or peeling. The wearing of artificial nails is not permitted. Artificial nails are defined as substances or devices applied to natural nails to augment or enhance nails. This includes, but is not limited to bonding, tips, wrappings, gels, tapes and inlays.
9. Students are expected to show good grooming habits and personal hygiene in their appearance.
10. Chewing gum is not allowed.

## 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.

## PROFESSIONAL BEHAVIORS

Students are expected to demonstrate appropriate professional behaviors throughout the clinical experiences. We teach the students that modeling the APTA Core Values [http://www.apta.org/AM/Template.cfm?Section=Policies\\_and\\_Bylaws&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=36073](http://www.apta.org/AM/Template.cfm?Section=Policies_and_Bylaws&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=36073) and APTA Code of Ethics [http://www.apta.org/AM/Template.cfm?Section=Core\\_Documents1&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=73012](http://www.apta.org/AM/Template.cfm?Section=Core_Documents1&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=73012) are essential for professional success.

## STUDENT EVALUATIONS

### Web CPI

The clinical progress of a physical therapy student should be monitored on an ongoing basis utilizing the APTA's *Web Clinical Performance Instrument (CPI)* <http://www.apta.org/AM/Template.cfm?Section=CPI1&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=76438>. The login link for CIs who have completed the training is: [https://cpi2.amsapps.com/user\\_session/new](https://cpi2.amsapps.com/user_session/new). Summative midterm and final evaluations will be completed by the student and clinical instructor. Both parties should confirm the review of the report. The DCE will monitor the performance by reviewing these assessments.

## 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 using the Anecdotal Record and/or Critical Incident Report, 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.

## CANCELLATIONS

Occasionally, a site may experience staffing challenges that may not be conducive to student learning. Center coordinators of clinical education are encouraged to contact the DCE as soon as possible in order to find an alternative placement.