DOCTOR OF PHYSICAL THERAPY PROGRAM
CLINICAL EDUCATION MANUAL
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PURPOSE OF THE MANUAL

The clinical education component of the physical therapists’ education is designed to provide the opportunity to apply cognitive, psychomotor, and affective knowledge in the clinical setting. While students initially learn and practice this knowledge in the classroom, integration of this knowledge occurs only when working with patients or clients with actual pathology, impairment, functional limitation, or disability.

The purpose of this manual is to provide information, policies, and procedures for all who are directly involved in clinical education. This includes the student, the clinical instructor, the center coordinator of clinical education, the academic coordinator of clinical education, and the academic faculty. It is only through the coordinated efforts of all parties involved that the clinical education process is successful in preparing competent clinicians.

Thank you to all clinical instructors and center coordinators in providing the opportunity for Clarke University physical therapist students to become competent clinicians.
I. THE MISSION STATEMENT OF CLARKE UNIVERSITY

We are a Catholic, coeducational, liberal arts university founded in 1843 by the Sisters of Charity of the Blessed Virgin Mary in Dubuque, Iowa. Clarke educates students at the post-secondary level in the liberal arts and sciences, the fine arts, selected professional programs, and graduate programs.

We, the faculty, students, staff and administration are a caring, learning community committed to excellence in education. We provide a supportive environment that encourages personal and intellectual growth, promotes global awareness and social responsibility, and deepens spiritual values.

To Foster our Mission:
WE ENCOURAGE personal and intellectual growth by:
- challenging ourselves to grow, experiment, and explore
- fostering critical thinking and informed decision-making
- requiring articulate communication of thoughts and ideas
- setting high standards for quality
- utilizing the best tools available for learning
- providing skills for success in the contemporary world
- developing creativity, aesthetic awareness, and appreciation
- encouraging personal initiative and leadership
- promoting physical well-being
- instilling a passion for life-long learning.

WE PROMOTE global awareness and social responsibility by:
- supporting and caring for one another
- recognizing the responsibility and necessity to serve others
- reaching out actively to serve the community
- respecting individual rights, privacy, and diversity
- raising consciousness regarding contemporary issues
- emphasizing peaceful resolutions to conflict
- modeling collaboration in leadership
- bringing about positive changes as responsible members of a world community.

WE DEEPEN spiritual values by:
- supporting the Catholic tradition
- enhancing one's own search for the Sacred
- applying spiritual values in our lives
- challenging ourselves to understand other traditions
- experiencing community celebrations of faith.

THEREFORE, we envision our graduates to be persons who believe in and demonstrate:
- intellectual rigor and curiosity
- critical analysis and informed decision-making
- spiritual depth and values
- aesthetic sensitivity and cultural appreciation
- active community involvement
- contemporary professional skills in fields of choice
- personal and social responsibility
- acceptance of diversity in people and ideas
- self-knowledge, self-confidence, and self-motivation.
II. MISSION STATEMENT & PHILOSOPHY OF THE PHYSICAL THERAPY PROGRAM

Mission Statement of the Physical Therapy Department

The Clarke University Physical Therapy Department is dedicated to educating students who are prepared to contribute to the physical therapy profession at the clinical, professional, research and educational levels. We will also be leaders in providing continuing education to therapists in the State of Iowa as well as the tri-state region. The faculty will be active in community and professional organizations.

We will provide a supportive environment for learning while fostering the critical thinking and decision making skills required to participate in the rapidly changing health care environment.

We will build upon the core values of Clarke University including spiritual values, cultural appreciation, and acceptance of diversity of people and ideas.

Clarke University Physical Therapy faculty, students and graduates will strive for a spirit of collaboration with the health care community to achieve optimum health and wellness for clients served.

The integration of the Physical Therapy Educational Program within the institutional mission of Clarke University has been a high priority for faculty, staff, and administration.

Philosophy of the Physical Therapy Program

Physical therapy is a health profession dedicated to the improvement of the quality of life through the prevention, rehabilitation, and management of acute or prolonged movement dysfunction, pain, and other health-related conditions. A guiding principle for physical therapists is to effectively and efficiently facilitate increased functional ability of patients/clients. Through treatment and education, patients/clients and caregivers are enabled to assume responsibility for their functional recovery and health thereby decreasing the cost of disability to society.

At Clarke, a liberal arts education serves as an integral component of physical therapy professional education. Indeed, the physical therapy student develops an understanding and appreciation for the structural, functional, psychosocial, emotional, and spiritual dimensions of humans. Individuals are recognized as unique composites of body, mind, and spirit and in response physical therapy interventions are based on individual patient/client needs.

The faculty recognizes that the delivery of health care is undergoing significant change and that the future of health care and physical therapy, specifically, is uncertain. Accordingly, the physical therapy graduate must appreciate the diversity in roles and practice settings and understand that physical therapy is not an aggregation of facts and techniques but an evolving practice. The faculty believes that the best preparation for such changing roles is a commitment to life-long learning and critical thinking. Consequently, student reflection and critical thinking are fostered during all phases of the professional Program in order to develop the problem solving skills that are essential to competent practice.

Graduates have requisite skills to practice physical therapy as generalists who can appropriately adapt to practice across all health care settings and patient conditions. It is essential that graduates are prepared to collaborate with other health professionals in the delivery of health care services. Physical therapist graduates are expected to be culturally sensitive, professional, and service oriented practitioners who demonstrate safe and effective practice within an ethical framework. Clinical management, communication, and scholarship form the foundation for professional practice.
III. ACCREDITATION

Clarke University’s accreditation status can be found at: http://www.clarke.edu/page.aspx?id=246

IV. PHYSICAL THERAPY CURRICULUM

The curricular plan at Clarke University was initially envisioned to be a five year program with the students beginning the professional phase in the second semester of their junior year. Students in the classes of 1999 – 2002 completed their MS in PT degree in the five year program. However, as a result of the accreditation process, the revised accreditation standards, and the increasing complexity of health care, the faculty decided to transition to a six year program. Since the fall of 2000, all students admitted as freshman have followed the revised curricular plan. Graduating classes from 2002 – 2005 received MS PT degree and classes from 2006 and beyond will receive their Doctorate in Physical Therapy degree in the six year program.

**Physical Therapy Prerequisites**

| General Biology                                | General Physics I                  |
| Human Anatomy & Physiology I                   | General Physics II                 |
| Human Anatomy & Physiology II                  | Introductory Psychology            |
| General Chemistry I                            | Upper-level Psychology             |
| General Chemistry II                           | Pre-Calc (only to fulfill prerequisite for Physics) |
| Ethics (Clarke Students)                       |                                     |

**NOTES:** The following is a tentative curriculum and is subject to change. For advising purposes, most general education requirements can be taken in one of several semesters. PT/ATC students who take cross-listed courses prior to entering the professional physical therapy curriculum must pass the courses with the grade of B or better; if students do not pass with a grade of B or better, they will be required to repeat the course in the professional curriculum. Students who have not completed the language requirement prior to becoming a Clarke University student are encouraged to complete this requirement during the freshman year.

The six year DPT curriculum is outlined on the following page.
| YEAR 1* | FALL Credits | BIOL 510 | Human Gross Anatomy | 4 |
| YEAR 1* | FALL Credits | BIOL 520 | Human Physiology | 4 |
| YEAR 1* | FALL Credits | DPT 514 | Functional Anatomy/Biomechanics | 3 |
| YEAR 1* | FALL Credits | DPT 515 | Issues in Healthcare | 2 |
| YEAR 1* | FALL Credits | DPT 518 | Physical Agents | 3 |
| YEAR 1* | TOTAL | | | 16 |
| SPRING Credits | BIOL 525 | Exercise physiology | 4 |
| SPRING Credits | BIOL 545 | Neuroscience | 4 |
| SPRING Credits | DPT 524 | Patient care | 3 |
| SPRING Credits | DPT 526 | Intro to PT Exam & Intervention | 4 |
| SPRING Credits | DPT 529 | Clinical practicum I | 1 |
| SPRING Credits | DPT 528 | Therapeutic Exercise | 2 |
| SPRING Credits | TOTAL | | | 18 |
| SUMMER Credits | DPT 631 | Internship I (8weeks) | 8 |

*SENIOR YEAR: BEGINNING OF THE PROFESSIONAL PHASE (DPT) OF THE PHYSICAL THERAPY PROGRAM

| YEAR 2 | FALL Credits | DPT 613 | Neuromuscular PT I | 4 |
| YEAR 2 | FALL Credits | DPT 614 | Musculoskeletal PT I | 4 |
| YEAR 2 | FALL Credits | DPT 619 | Clinical practicum II | 1 |
| YEAR 2 | FALL Credits | DPT 612 | Pathophysiology | 3 |
| YEAR 2 | FALL Credits | DPT 615 | Education & Consulting in PT | 2 |
| YEAR 2 | FALL Credits | DPT 617 | Biostatistics & Research Methods | 3 |
| YEAR 2 | TOTAL | | | 17 |
| WINTER Credits | DPT 632 | Internship II (four weeks) | 4 |
| SPRING Credits | DPT 620 | Integumentary PT | 1 |
| SPRING Credits | DPT 621 | Pharmacology | 2 |
| SPRING Credits | DPT 625 | PT Management I | 3 |
| SPRING Credits | DPT 626 | Cardiopulmonary PT | 2 |
| SPRING Credits | DPT 623 | Neuromuscular PT II | 4 |
| SPRING Credits | DPT 624 | Musculoskeletal PT II | 4 |
| SPRING Credits | DPT 629 | Clinical Practicum III | 1 |
| SPRING Credits | TOTAL | | | 17 |
| SUMMER Credits | DPT 733 | Internship III (8weeks) | 8 |
V. CLINICAL EDUCATION POLICIES SECTION

DESCRIPTION OF CLINICAL EDUCATION
The Internship Sequence is the clinical education component of the program and begins following the first year in the professional phase. This sequence is designed to give students the opportunity to apply classroom knowledge and skills in the clinical setting and to achieve entry-level competency in clinical practice. Five full-time internship courses are required. The first internship (eight weeks) occurs during the summer break between the first and second year in the professional phase. The second internship (four/five weeks) occurs during the winter break between the fall and spring semesters of the second year in the professional phase of the curriculum. The third internship (eight weeks) occurs during the summer break between the second and third year of the professional phase of the curriculum. The final internships (sixteen weeks) take place in the spring quarter of the third year of the professional phase of the curriculum.

In order to appropriately plan for an internship experience, it is necessary for the clinical instructor to be familiar with the academic preparation of Clarke University students. In the subsequent section, the Clarke University faculty have identified the specific skills and techniques that students are prepared to perform at the various stages of their education.

PT 631: Clinical Internship I
At the completion of the first year in the professional program, students are prepared to:

- Observe universal body substance precautions and patient safety in all examination and intervention procedures
- Participate in basic examination procedures including:
  - patient interview
  - posture assessment
  - functional task analysis including bed mobility, transfers, wheelchair mobility, pre-gait and gait
  - goniometry
  - PROM and end-feel assessment
  - gross and specific manual muscle testing
  - palpation
  - vital signs
  - differentiation between pathology, impairments, functional limitations, and disability
- Participate in treatment techniques including
  - electric and thermal modalities
  - massage
  - therapeutic exercise including passive and active motion, resisted motion, and stretching
  - functional training including bed mobility, transfers, wheelchair mobility, pre-gait, and gait
- Perform documentation in SOAP format which includes appropriate information, using proper terminology and abbreviations

At the completion of the first year in the professional program, students are not yet prepared to:

- Perform independent care of clients with multiple complex medical issues and/or in intensive care units (students have had only basic exposure to inpatient equipment such as IVs, cardiac monitors, oxygen tanks, hospital bed components, etc.)
- Perform specific orthopedic and neurological testing (These topics are covered in coursework during the second year)
Perform specific joint mobilization techniques or grading of mobilization (Concepts of joint mobilization have been introduced based on arthrokinematics, but students have not had training in specific techniques)

Perform complete independent examination and assessment

**PT 632: Clinical Internship II**

At the completion of the first year and subsequent fall semester of the second year in the professional program, students are prepared to:

- Perform partial patient examinations for patients including:
  - Patient interview
  - Posture assessment
  - Functional task analysis including basic mobility, wheelchair mobility, transfers, pre-gait and gait
  - Goniometry
  - PROM and end-feel assessment
  - Gross and specific manual muscle testing
  - Palpation
  - General orthopedic and neurological testing
  - Vital signs
  - Differentiation between pathology, impairments, functional limitations and disability

- Participate in treatment techniques including
  - Electric and thermal modalities
  - massage
  - therapeutic exercise including passive and active motion, resisted motion and stretching
  - functional training including bed mobility, transfers, wheelchair mobility, pre-gait and gait

- Perform documentation in SOAP format which includes appropriate information, using proper terminology and abbreviations

Students are *not yet* prepared to:

- Perform complete independent examination and assessment

**PT 733: Clinical Internship III**

At the completion of the second year in the professional program, students are prepared to:

- Perform complete patient examinations for patients including:
  * patient interview
  * posture assessment
  * functional task analysis including mobility, transfers, wheelchair mobility, pre-gait, and gait
  * goniometry
  * PROM and end-feel assessment
  * muscle performance assessment including gross and specific manual muscle testing
  * neurological testing including sensation, reflexes, and neural tension testing
  * balance and postural control assessment
  * palpation
* specific orthopedic, cardiopulmonary, and neurological testing
* vital signs

- Synthesize examination findings and identify impairments, functional limitations, and disability
- Write goals with reasonable time frames that are functional, measurable, and achievable
- Create intervention plan and identify anticipated outcomes and timeframes for common orthopedic and neurological problems
- Perform interventions including
  * patient education
  * electric and thermal modalities
  * therapeutic exercise with and without equipment including passive and active motion, strengthening, flexibility, balance, and coordination.
  * functional training including activities of daily living and instrumented activities of daily living.
  * manual therapy including joint and soft tissue mobilization
  * wound care
- Monitor and respond to changes in patient condition during examination and treatment
- Observe universal body substance precautions and patient safety in all examination and intervention procedures
- Communicate and collaborate with patients, family, other health care providers, and third party payors in coordinating efficient and effective care
- Perform documentation in SOAP format which includes appropriate information, uses proper terminology and abbreviations, and is completed in a timely fashion

**PT 734-735: Clinical Internship IV-V**

At the completion of the first semester of the third year in the professional program, students have finished all PT coursework and are prepared to function in examination, evaluation, intervention, and consultation across age groups and pathologies.

**VI. CLINICAL EDUCATION DEFINITIONS**

To ensure proper communication, select definitions concerning clinical education are given:

A. **Academic Coordinator of Clinical Education (ACCE).** The licensed physical therapist employed by the academic facility that develops, organizes, supervises, and coordinates the clinical education component of the physical therapy curriculum.

B. **Academic Facility (AF).** The accredited educational institution that provides the entry level curriculum in the professional preparation of physical therapy students.

C. **Center Coordinator of Clinical Education (CCCE).** The licensed physical therapist employed and designated by the clinical facility to organize, direct, supervise, coordinate, and evaluate the clinical education program in that facility.
D. **Clinical Educational Facility (CEF).** An accredited or approved health care facility that provides the physical therapy student with a learning laboratory and patient contact for the development of physical therapy competencies.

E. **Clinical Instructor (CI).** The licensed physical therapist employed by the clinical educational facility that is designated by the Center Coordinator of Clinical Education to supervise and evaluate the activities of the physical therapy students.

F. **Letter of Agreement.** The written document which defines the agreement made between the academic facility and the clinical education facility. This document outlines the rights and responsibilities of all parties.

G. **Clinical Site Information Form (CSIF).** The document which is completed by the CCCE at the CEF and provides information about the CEF for the ACCE and students.

H. **Physical Therapist Clinical Performance Instrument (CPI).** The written document that is completed by the student and the CI at both mid-Internship and at the close of the Internship.

VII. RESPONSIBILITIES OF PARTICIPANTS

A. Academic Coordinator of Clinical Education

1. **Clinical Education Program Planning and Implementation**

   a) Develop, review, and revise clinical education policies and procedures.
   
b) Plan and implement the academic program’s clinical education component in collaboration with the Program Director, academic faculty, clinical faculty, and students.
   
c) Develop and coordinate the evaluation process for clinical education. Review, revise, and implement evaluation instruments.
   
d) Receive student performance reports from clinical faculty and recommend a grade for the Internship course.
   
e) Monitor the academic performance of students to ensure they meet criteria for completing the clinical education experience.
   
f) Use appropriate intervention strategies with the CCCE and CI in situations where students are demonstrating difficulties while on Internship experiences.
   
g) Implement immunization and preventative health policies and procedures consistent with federal, state, institutional, and CEF requirements.
   
h) Negotiate Letter of Agreement with CEFs consistent with institutional policy and state law. (Appendix 1)
   
i) Negotiate and implement liability protection of students consistent with institutional policy and CEF requirements.
   
j) Participate in regional, state, and national clinical education activities/programs.
   
k) Maintain clinical education records including:

      (1) CEF database
      (2) Clinical Site Information Form for each CEF
      (3) Utilization of CEFs
      (4) Letter of Agreement for each CEF

2. **Communication**
a) Disseminate information about the academic facility to the clinical faculty. This information should include:
   (1) philosophy and mission of the academic program
   (2) program curriculum
   (3) clinical education policies and procedures
   (4) evaluation tool and criteria
   (5) performance objectives for each internship
   (6) student assignments
   (7) clinical faculty development opportunities

b) Placement of students in CEFs, to include:
   (1) informing students of clinical education policies and procedures.
   (2) making information on CEFs available to students to facilitate selection process.
   (3) preparing clinical rotation assignments and informing students promptly as well as coordinating mailings to CEFs.

c) Communicate with CCCEs, CIs, and students to assess student performance and progress.

d) Interact with students regarding their clinical performance as needed.

e) Supervise mid-internship contacts by academic faculty with students in clinical setting; provide guidelines for information collection.

f) Arrange periodic visits to CEFs as needed to discuss student issues.

3. Clinical Site Development

   a) Identify criteria for clinical site selection and utilization.

   b) Maintain current files on all CEFs as required by CAPTE.

   c) Coordinate, monitor, and update CEF Letters of Agreement and information forms.

   d) Maintain sufficient number and diversity of clinical sites to meet clinical teaching needs.

   e) Assist clinical centers in development process.

4. Clinical Faculty Development

   a) Assist the CCCEs in developing, implementing, and evaluating clinical faculty development programs.

   b) Provide training programs for clinical faculty.
c) Involve clinical faculty in preparation of accreditation documentation and outcome performance assessment of students.

B. Center Coordinator Of Clinical Education

1. Identify, organize, develop, and coordinate the specific learning experiences within the CEF.
2. Organize, direct, supervise, coordinate, and evaluate the clinical instruction of the student assigned to their CEF.
3. Participate with the ACCE in developing, implementing, and evaluating clinical faculty development programs.
4. Maintain communication with the ACCE, CI, and the assigned student during the internship (i.e., notification of student problems and progress).
5. Follow the APTA Guidelines for Center Coordinators of Clinical Education. (Appendix 3)
6. Insure that the clinical site meets the APTA Guidelines for Clinical Education Sites. (Appendix 4)

C. Clinical Instructors

1. Plan for the arrival of the student by sending appropriate CEF information to the student, reviewing student information, and reviewing student goals.
2. Assist CCCE in completion of orientation to the CEF.
3. Provide supervision and guidance to the student.
4. Perform written and verbal evaluations of the student’s performance at mid-term and final with completion of necessary evaluative forms.
5. Promptly recognize student performance problems and identify such problems to the student.
6. Contact CCCE and ACCE promptly if appropriate remediation’s of student performance problems are not met.
7. Follow the APTA Guidelines for Clinical Instructors. (Appendix 5)

D. Student Physical Therapists

1. Prior to the student's arrival at the assigned CEF, the student is responsible for:
   a) Reviewing the responsibilities of the academic educational facility (AF) and the CEF as stated in the Letter of Agreement.
   b) Reviewing the CSIF concerning the assigned CEF that is found in the Physical Therapy Department CEF file cabinet.
   c) Reviewing the School’s Student Handbook and the Program’s Graduate Catalog and Handbook and Clinical Education Manual.
   d) Paying all fees including tuition and liability insurance.
   e) Completing the Student Information Sheet and filing a copy with the ACCE.
   f) Sending to the CEF a minimum of four weeks prior to the assigned starting date: (1) letter of introduction (2) required health and immunization records as described in each CEF's clinical file
2. While at the assigned CEF, the student is responsible for:
   a) Adhering to the policies and procedures of the CEF and the physical therapy department.
   b) Adhering to the CEF and AF dress code policies.
   c) Adhering to the policies and procedures of Clarke University as stated within the student handbook and the Physical Therapy Graduate Catalog and Handbook.
   d) Attending the CEF according to the schedule as designated by the CI and CCCE. The student must arrive to CEF on time daily and conform to work hours. Two (2) excused absences are allowed without make-up; excused absences beyond two days require make-up as allowed by the CEF (See Section, Attendance).
   e) Notifying the ACCE and the CCCE prior to the start of the work day in the event of an excused absence secondary to illness or accident. The ACCE should be contacted if the student is absent more than two days.
   f) Completing a weekly log (see Section, Internship Log) and submitting a copy to the ACCE at the end of each internship.
   g) Designing and implementing an inservice education program as required by the CEF.
   h) Participating in professional activities (staff meetings, inservices) of the CEF as allowed by the CCCE and CI.
   i) Participating in the evaluation of their clinical mastery using the CPI.
   j) Evaluating the effectiveness of the internship experience at the CEF and returning a copy of the CEF evaluation form to the ACCE.
   k) Meeting all the objectives outlined in the Internship Syllabus.

3. Failure to meet the listed responsibilities may result in one of following:
   a) cancellation of the Clinical Internship
   b) academic probation
   c) academic dismissal

The decision regarding the consequence of not meeting responsibilities will be made by the Program Director, the ACCE, and the student’s academic advisor, in consultation with the CCCE and the CI, if appropriate.

VIII. SELECTION OF CLINICAL EDUCATION FACILITIES

The Academic Coordinator of Clinical Education (ACCE) is responsible for screening possible CEFs to ensure high quality learning experiences in a variety of settings for the physical therapy students.

The process of clinical site selection is as follows:
A. Contact with potential clinical sites by the ACCE to establish availability of clinical sites and type(s) of learning experiences available.

B. Clinical sites indicating availability are sent the CSIF form and Letter of Agreement form for completion. These are returned to the ACCE for review and necessary AF signatures.

C. ACCE (or representative) visits available clinical sites which can provide appropriate learning experiences. The visit should include a tour of the facility, a meeting with the CCCE, and a meeting with the CIs, if available.

D. Based on the information gathered in steps B and C, the following criteria are evaluated. These criteria are drawn from the APTA Guidelines for Clinical Education Sites.

1. Is there a person designated as a CCCE to coordinate the assignments and activities of students?
2. Does the clinical site have specific criteria for selection of CIs?
3. Is there a development program for the CIs? Describe:
4. Does the clinical site have a written statement of philosophy regarding clinical education? If so, is that philosophy compatible with that of the academic facility?
5. Is there a procedure for student orientation to the clinical site? Is there a student manual?
6. Does the clinical site have specific objectives for clinical education?
7. Do students and CIs meet on a regular basis (daily, weekly) to discuss student progress?
8. Do CIs complete an evaluation tool at midterm and final and discuss results with student?
9. What type of learning experiences are offered for students?
10. Does the physical therapy staff demonstrate characteristics such as expertise, contemporary knowledge, flexibility, and positive working relationships?
11. Are there support services available for students (housing, food, parking, desk space)?
12. Is the clinical site accredited by an external agency?
13. Is there clarity in the various roles of personnel at the clinical site?
14. Is the site on e-mail?
15. Letter of Agreement status - will facility complete?
16. CSIF status - is one completed and up to date?
E. If obvious deficiencies exist in a specific area, the ACCE will identify the problem and communicate it to the appropriate personnel at the clinical site. The effort of the ACCE will be to work with the clinical site in order to develop it as a clinical educational facility. If there is resistance to correction of the deficiencies, the site will not be used by Clarke University as a site for clinical education.

IX. INTERNSHIP ASSIGNMENTS

A. The ACCE is responsible for assigning students to their Internship clinical experiences. For Internship I-III selection will be based on a lottery system. For Internships IV-V, students will meet with the ACCE and discuss their preferences for clinical assignments. The ACCE and student will then choose the most appropriate site for the student based on educational needs of the student. The geographical location of a clinical setting will be of secondary importance in site selection; primary importance is given to matching students with appropriate clinical experiences.

B. The assignments for the Internship Sequence are to be completed during these regularly scheduled times:

1. Internship I: During the spring semester prior to the first year of the professional phase of the program
2. Internship II and III: During the spring semester of the first year of the professional phase of the program
3. Internship IV - V: During the spring semester of the second year of the professional phase of the program

C. Failure of a student to complete CPR/First Aid or health requirements (Sections XV and XVI) by October 1st each year in the professional phase of the DPT program may result in the student forfeiting their internship lottery pick or special request for internship site during internship assignments. He/she will be assigned internship(s) following the placement of all other students. The only exceptions to this policy are major illness, non-elective surgical procedure, or family emergency. In such cases, the student will be assigned based on preference, as possible.

D. If a student is absent during the time of clinical assignments, he/she will be assigned to a facility following the placement of all other students. The only exceptions to this policy are major illness, non-elective surgical procedure, or family emergency. In such cases, the student will be assigned based on preference, as possible.

X. STUDENT AGREEMENT

Following assignment of clinical sites, students are notified in writing of their placement. Students must sign a Student Agreement Form which indicates their knowledge of the assignment and an understanding of their responsibilities. Copies of the stated health and immunization records will be submitted and kept current with the Academic Coordinator of Clinical Education (ACCE).
XI. STUDENT INFORMATION SHEET

A. The Student Information Sheet is used to provide information to the assigned CCCE, CI, and the ACCE for each experience. This form includes the following components:

1. general information
2. transportation status
3. health status/health insurance
4. liability insurance
5. special interests
6. previous clinical experience
7. personal goals

B. The physical therapy student is responsible for the following:

1. completing the Student Information Sheet and making two copies for each internship experience.
2. sending one copy of the form to the assigned clinical educational facility and the second to the ACCE for each internship at least four weeks prior to the start date of the internship.

C. The ACCE is responsible for filing a copy of the student data sheet for each internship.

D. Failure of the student to meet this requirement may result in cancellation of the clinical experience.

XII. TRANSPORTATION/LODGING

The students are responsible for providing their own transportation and lodging for all clinical learning experiences associated with the curriculum. These learning experiences include the internship sequence and clinical courses which may involve periodic local travel away from the main campus. Therefore, students must have access to a car or other means of transportation to enable them to travel to the clinical sites.

XIII. DISCRIMINATION/SEXUAL HARASSMENT

A. Clarke University and the CEF shall not discriminate against any student based on the student’s race, color, religion, sex, national origin, age, or ancestry. In the case of a student requesting a day off from a clinical site as a result of the observance of a religious holiday, requests should be addressed to the ACCE and CCCE for consideration.

B. Clarke University and the CEF shall not discriminate against any student on the basis of handicap if such student is a “qualified individual with a disability,” as defined by the Americans with Disabilities Act of 1990. The CEFs are required to make reasonable accommodations for students with disabilities.

C. Clarke University and the CEF prohibit sexual harassment of or by students, clinical staff, and faculty. Refer to the Clarke University Sexual Harassment Policy;
Any specific allegations of sexual harassment will be handled according to the procedures outlined in that policy. Each situation will be dealt with on an individual basis and may result in the removal of a student from the CEF if deemed necessary. Any act of sexual harassment by a Clarke University student may result in dismissal from the program.

XIV. CLINICAL DRESS CODE

When students are involved in clinical settings, they must dress appropriately for that facility. They must meet the dress code expectations of the CEF. If no dress expectations are communicated to the student, the student should wear the following:

A. Overall Guidelines

1. All clothes should be neat, clean (no spots or odor), and pressed.
2. Clothes should not be tattered or have holes
3. Deodorant should be worn at all times.
4. *Light* perfume/cologne is acceptable.
5. Lab coats should be worn if the facility requires.
6. Nametags should be worn at all times.

B. Slacks

1. Wear dress styled slacks.
2. Jeans of any style are neither professional nor acceptable.
3. Low-rise pants are not acceptable unless a shirt can adequately provide coverage when completing any squatting or reaching activities.
4. Pants should not reveal undergarments when bending over; visible undergarments are not acceptable.
5. Tight fitting pants through the buttocks and thigh are unacceptable unless a shirt can adequately provide coverage.
6. Shorts and capris are not appropriate.

C. Tops

1. Shirts and blouses of various styles that coordinate with slacks, as well as polo-style tops are acceptable.
2. Shirts should not expose midriff when reaching overhead or bending over.
3. Shirts should not be see-through (revealing undergarments).
4. Shirts that are low cut and/or loose are inappropriate.
5. Sleeveless tops are inappropriate unless approved in clinic policy.

D. Shoes

1. Sandals/open-toed shoes and high heels are not appropriate.
E. Jewelry

1. Jewelry should be traditional/conservative and should be kept to a minimum.
2. FACIAL JEWELRY
   a) Jewelry that is worn from the ears forward on the face is not permitted.
   b) Exceptions are made only for cultural or religious mandates.

F. Hair

1. Long hair should be secured back so that it does not get in the way of your work.

G. Tattoos

1. Tattoos should not be visible.

H. Fingernails

1. Nails should be neatly trimmed to within 1/8” of white fingernail growth showing.
2. If polish is worn, it should be clear only and free of chips.

XV. CPR/BASIC FIRST AID REQUIREMENT

Each student shall hold a current CPR and Basic First Aid certification by October 1st of the first semester of the professional phase of the program. These certifications must remain current until graduation.

XVI. HEALTH REQUIREMENTS

A. Clarke University warrants that each student assigned to care for patients has been instructed in universal body substance precautions, proper infection control policies, and HIPAA regulations. Clarke University shall furnish proof of the student’s universal precautions, bloodborne pathogen training, and HIPPA regulation training to the clinical site.

B. Students are required to annually meet all health certification requirements as designated by the clinical site, including but not limited to physical examination, two-step tuberculosis testing (Mantoux PPD test), flu shot (or declination waiver due to allergy), and cardiopulmonary resuscitation certification. Required proof will be the responsibility of the student. Students born after January 1, 1957 must have documentation of two MMR vaccinations, proof of chicken pox (month/year) or varicella vaccination, proof of positive rubella titre, current tetanus immunization and current First Aid Certification. Before a student begins the internship the AF shall inform the student of the availability of the Hepatitis B vaccination and require that the student either undergo the vaccine series or sign a declination statement. It is the student’s responsibility to show proof of all health testing and to be aware of site-specific requirements.

C. Clarke University shall also furnish proof of the student’s background check, mandatory reporter training and any additional drug screening requirements requested by the internship facility to the clinical site.
D. Students are responsible for notifying their ACCE, CI and/or CCCE in the case of an acute illness such as a cold, sore throat, or flu. Students must abide by the Clarke University Attendance Policy (see XVIII) of the clinical site regarding illness and attendance.

E. If a student is seropositive for hepatitis B surface antigen, they must disclose this to the ACCE, CCCE, and CI. These students will be withheld from patient care until there is a written release by a physician and approval of the infection control agency at the clinical site.

F. Proof of all requirements listed in this section will be required to be upheld by October 1st each year in the professional phase of the program. Failure to do so may result in the student forfeiting their internship lottery pick or special request for internship site (see IX).

G. If a student sustains an injury while on the Clarke University campus, the Clarke University Health Services should be notified as soon as possible and the university procedure according to Health Services Clinical Procedure manual will be followed. If a student sustains an injury while assigned to a clinical site, the agency protocol should be followed, the injury reported to the clinical instructor and to Clarke University Health Services as well as the ACCE. Needle sticks and mucous membrane/non-intact skin exposure to body fluids constitute an injury. In all instances of injury while on campus or while engaged in required clinical experience, the student should complete an incident report form: if on Clarke University Campus forms are located on the campus security website, if on a clinical internship a form for their facility should be completed. Payment for medical treatment necessary following an injury is the student’s responsibility.

XVII. LIABILITY INSURANCE

Prior to the first semester of the professional phase of the program, the physical therapy students are required to obtain malpractice insurance. The cost of the insurance policy is part of the student fees assessed by the University. Students are billed for this insurance policy in the fall semester of each year in the professional program. Students will be assessed these fees until completion of the program including any remediation internships if required.

XVIII. ATTENDANCE FOR THE INTERNSHIP SEQUENCE

A. The physical therapy student is expected to attend the clinical educational facility according to the schedule set by the CCCE and the CI. Usually, this is eight hours/day, five days/week for the assigned number of weeks:

1. **Internship I**: Eight weeks (summer after first year in professional program)
2. **Internship II**: Four/Five weeks (winter break between fall and spring semester of second year in professional program)
3. **Internship III**: Eight weeks (summer after second year in professional program)
4. **Internship IV-V**: 16 weeks (final semester of third year in professional program)

B. 1. The student is expected to arrive to the location of the internship by noon the day before the start date of the internship (ex: if the location of the internship is Chicago, IL and the start date of the internship is Jan 2, then the student must be in Chicago, IL by noon Jan 1).
2. The student must arrive at the CEF on time daily and conform to work hours as established by the CEF.
3. The student is expected to attend the internship for all days as scheduled.
4. Two (2) excused absences are allowed without make-up.
5. Your safety in travel is of upmost concern. Use caution with inclement weather. Realize you are still expected to attend your internship if the facility is open. If your clinical facility closes or your clinical instructor specifically tells you to avoid travel due to inclement weather then you will be excused.
6. The conditions included in a legitimate (excused) absence are: illness days with a MD note, death in the immediate family, religious observance, and inclement weather as described in (5) and Clarke University sponsored activities.
7. The (2) excused absences are not to be taken as personal days.
8. Unexcused absences are not allowed and are grounds for immediate dismissal from the program. Unexcused absences will be determined by ACCE in consultation with the Program Director and/or the CCCE and CI. Any missed days will be required to be made up. The student will receive an Academic/Clinical Critical Incident Report and the incident will be discussed among the physical therapy faculty. The physical therapy faculty will meet to review the student’s record and make one or more of the following recommendations: placement on probation, failure of the internship, recommendation for withdrawal and/or dismissal from the program.
9. Excused absences beyond 2 days require make-up as allowed by the CEF.
10. Under certain conditions arrangements may be made for making up time lost as a result of a legitimate absence.

XIX. BACKUP SUPERVISION

A. A plan must exist for supervision of the physical therapy student at all clinical educational facilities that employ only one licensed physical therapist in the case of the absence of that PT. This backup system is to be utilized only on a short-term basis and only in emergency situations when the Clinical Instructor must be absent (i.e., illness or death in the family).

B. The CCCE is responsible for the following:

1. Notifying the student of the backup procedure during orientation.
2. Notifying the student of the backup clinical instructor for the involved day.
3. Notifying the backup clinical instructor of the need to supervise the student for the involved day.
4. Notifying the Academic Coordinator of Clinical Education (ACCE) of the plan for the backup supervision.
5. Notifying the ACCE when the backup plan is activated.

C. The student is responsible for the following:

1. Knowing the backup supervision plan.
2. Working under the supervision of the backup clinical instructor for the short-term period.

D. The backup Clinical Instructor is responsible for the following:
1. Organizing, directing, supervising, and evaluating the activities of the student for the short-term period.
2. Reporting to the CCCE the outcome of the involved days.

XX. INTERNSHIP LOG

The Internship Sequence Log is used to keep a record of the student's professional growth in professional behavior, communication, evaluation, program planning, and treatment. The log is meant to stimulate reflection by the student on their experiences in treating patients/clients.

A. The physical therapy student is responsible for the following:

1. Completing the Internship Log on a weekly basis. Each log entry should include at minimum:
   a) Record of diagnoses of new patients seen; treatments performed; any other experiences.
   b) Student’s personal response/reflection to experiences during the week.
   c) Discussion of strengths/weakness, successes/failures during the week.
   d) Goals for next week.
2. Sharing the log with the clinical instructor and requesting feedback on a weekly basis.
3. Submitting the log to the Academic Coordinator Of Clinical Education (ACCE) at the end of the internship.

B. The ACCE is responsible for reviewing the log at the end of the Internship to assess the completion and quality of the log.

XXI. EVALUATION OF STUDENT CLINICAL PERFORMANCE

A. Students will be evaluated by the CI at the clinical site with written reports at minimum of midterm (formative) and final (summative) points of the clinical experience.

B. The Clinical Performance Instrument (Appendix 2) will be used by the CI for evaluation. This evaluation tool was designed to provide a uniform and consistent national instrument to measure physical therapist student performance for all levels of clinical experience.

C. Site-specific feedback forms, daily or weekly, should be written according to site policy and procedure.

D. At no time following completion of the clinical internship will a student contact the facility, CCCE, or CI in regards to their performance evaluation without the express written consent of the ACCE or Department Chair.

Violation of this will be dealt with as unprofessional behavior, Section XVIII-D in Clarke University Policy and Procedure Manual and may result in dismissal from the program.
XXII. MID-INTERNSHIP VISITS

A. The ACCE will supervise at least one visit or telephone conference per internship course for each student. The visit should be made with the student and the clinical Instructor and/or the CCCE around the midpoint of each internship. Such contacts will be made by the ACCE or an appointed representative of the ACCE. A representative for the ACCE may be one of the academic physical therapy faculty. The ACCE and/or representative is responsible for the following:

1. Scheduling the mid-internship visit or telephone conference with the CCCE and/or CI.
2. Meeting with the student at their assigned clinical site to discuss:
   a) Types of learning experiences (diagnosis seen, treatment techniques observed and practiced, evaluation techniques observed and practiced, and other specific learning experiences).
   b) Type and frequency of interaction with the CI; degree of supervision.
   c) The student’s performance (strengths and weaknesses).
   d) The effectiveness of the student’s academic preparation (additions, deletions, modifications).
3. Meeting with the CI (and CCCE if available) to discuss:
   a) The student comments about the clinical experience (types of learning activities and degree/type of supervision).
   b) The strengths of the student’s performance.
   c) The weaknesses of the student’s performance.
4. If problem(s) are identified the ACCE should discuss possible solution(s) to the problem(s) with the CCCE, CI and the student.
5. Documenting the contact through the use of the Clarke University Mid-Internship Visit Report Form.
6. Filing the Mid-Internship Visit form.
7. Relaying any necessary information to the academic faculty.

B. The CI is responsible for:

1. Approving the date and time of the mid-internship visit or telephone conference.
2. Completing the midterm evaluation form of the student’s performance PRIOR to the arrival of the ACCE or representative.
3. Meeting the ACCE or representative to discuss:
   a) The strengths and weaknesses of the student’s performance.
   b) The thorough and effectiveness of the student’s academic preparation for the clinical experience.

C. The student is responsible for:

1. Informally assessing their clinical learning experience PRIOR to the ACCE or representative’s arrival.
2. Meeting with the ACCE to discuss:
   a) Types of learning experiences (diagnosis seen, treatment techniques observed and practiced, evaluation techniques observed and practiced, and other specific learning experiences).
b) Type and frequency of interaction with the CI; degree of supervision.
c) Their own performance (strengths versus weaknesses).
d) The effectiveness of their academic preparation (additions, deletions, modifications).

D. If problem(s) are determined, the ACCE should discuss possible solution(s) to the problem(s) with the CCCE, CI and the student. Strategies such as learning contracts may be used to clarify student expectations.

XXIII. STUDENT EVALUATION OF THE CLINICAL EDUCATION EXPERIENCE

A. Student evaluation of the clinical education experience is used to assist the development of the clinical educational facility, and to provide information for other students.

B. The Clinical Education Evaluation Form (Appendix 6) is to be completed by each physical therapy student during the final week of each Internship.

C. Two copies of the form should be made; one is to be given to the Academic Coordinator of Clinical Education (ACCE) at the end of the Internship experience, and the second copy is for the CI and CCCE at the CEF.

XXIV. GRADING SYSTEM FOR THE CLINICAL INTERNSHIP

A. The grading for the Internship courses is based upon a satisfactory/unsatisfactory system. To obtain credit for the course, the physical therapy student must complete the following:

1. All of the objectives for the course as described in the Internship syllabus.
2. Submit all required evaluative forms to the ACCE.
3. Submit weekly Internship Log sheets to the ACCE.

B. The clinical experience is evaluated by the Clinical Instructor at the midterm and at the end of the experience using the CPI. Both evaluations are shared with the student at a mutually determined time.

C. The student will also evaluate the clinical experience and the clinical instructor using the Clinical Education Evaluation Form. This evaluation is also shared at the time of the final evaluation. Both the student evaluation of the clinic and the final clinical evaluation of the student shall be filled out prior to the mutually agreed upon meeting time.

D. If the student is not performing at a satisfactory level at any time during the clinical experience, the Clinical Instructor (CI) or the Clinical Coordinator of Clinical Education (CCCE) should contact the Academic Coordinator of Clinical Education (ACCE) immediately. The ACCE, CCCE, CI, and student will work together to determine the problem(s) and propose solutions to remedy the situation.
E. If the student continues to perform at an unsatisfactory level at the time of the final evaluation, the CI, the CCCE, and the ACCE will determine if the student should receive credit for the clinical internship.

F. Failure to receive credit in the Internship course will result in the student receiving one of the following grades: W (withdraw), I (incomplete), or F (fail) based on the decision of the physical therapy faculty in consultation with the ACCE, CCCE, and CI.

G. If the student receives a W or an I grade, the student will meet with the student’s faculty advisor, the ACCE, and the Program Director to determine the most appropriate form of remediation. Remediation must be completed prior to the student starting the next full-time clinical internship. Successful completion of full-time Internships is required for students to be eligible for graduation with an DPT degree.

H. A grade or F (fail) of the remediation will result in failure of the course. Refer to the policy on failure of a course in the Physical Therapy Program in the Academic Policy and Procedure Manual for further details. The student's record will be reviewed for appropriate action by the Physical Therapy faculty.

I. The ACCE is responsible for the following:
   1. Reviewing the completed log and the evaluative forms.
   2. Assigning either a satisfactory or unsatisfactory grade to the student based upon attendance, evaluative form, and Log completion.

J. The CI and CCCE are responsible for the following:
   1. Immediate notification of ACCE of any problems with student.
   2. Assuring that the evaluative form is completed and reviewed with the student at the mid-point and end of the Internship.
   3. Sending in the evaluative form to the ACCE at the end of the Internship course.

K. The student is responsible for the following:
   1. Immediate notification of ACCE of any major clinical problems.
   2. Completing and sending in the Clinical Education Evaluation Form and the Internship Log to the ACCE at the end of the Internship.

XXV. STUDENT WITHDRAWAL POLICY

Student withdrawal from a clinical educational facility may occur for the following reasons:

A. Unsatisfactory student performance: According to the clinical educational facility, the student behaves or exhibits characteristics that are detrimental to the clinical site in carrying out its health care responsibilities. In this case, the Center Coordinator of Clinical Education (CCCE) is to direct the request for student withdrawal to the Academic Coordinator of Clinical Education
(ACCE). If the ACCE is not available the request should be made to the School Director. The Clarke University PT faculty will respond to the request within two working days.

B. Unsatisfactory clinical education experience: According to the Clarke University PT faculty, if the clinical educational experience does not meet the needs of the student, or there is knowledge of unsafe or unethical patient care at the CEF, the student will be withdrawn. The ACCE will contact the CCCE and will discuss the rationale for the necessity of student withdrawal from the CEF.

XXVI. CLINICAL FACULTY APPOINTMENT

A. Definition:
A clinical faculty appointee is a health professional who has agreed to assist in providing instruction for Clarke University physical therapist students by serving as a Center Coordinator of Clinical Education (CCCE) or Clinical Instructor (CI).

B. Selection Criteria: a clinical appointee:
• who serves as a CI must be a physical therapist (PT)
• who serves as a CCCE usually is a PT, physical therapist assistant (PTA) or other designated site appointee
• should have at least one year experience in clinical practice.
• should be properly credentialed in the state in which they are practicing.
• should demonstrate interest in providing clinical education to PT students.
• should comply with the appropriate responsibilities as outlined in the Clarke University Clinical Education Manual, Section VII “Responsibilities of Participants”

C. Term of Appointment:
The clinical faculty appointment will be annual (from June 1 to May 31). The appointment will be automatically renewed each year given the appointee continues to offer their services to the University.

D. Clinical Faculty Privileges and Benefits: The clinical faculty appointee shall:
• have access to the Clarke University Nicholas J. Schrup Library with checkout privileges.
• be eligible for faculty discounts at the Clarke University bookstore.
• have access to the Robert and Ruth Kehl Recreation and Sports Complex.
• have access to tuition waiver for 3 credit hours of undergraduate studies for professional or personal growth during each appointment term.
• be eligible for discounted tuition to attend any continuing education course offered by the Clarke University Physical Therapy Department.
• receive special recognition for services provided beyond expectation as deemed appropriate by the Clarke University PT Faculty.

E. Development of Clinical Faculty:
Development of clinical faculty at the CEF results from interaction between the Academic Coordinator of Clinical Education (ACCE) and the Center Coordinator of Clinical Education (CCCE). Clarke University Physical Therapy Program will conduct at least one workshop per year at minimal charge for clinical faculty which could include, but is not limited to, one of the following:
1. Clinical Teaching Workshop: This workshop will discuss methods of effective clinical teaching of PT students. Issues related to curriculum modification to improve the effectiveness and preparation of students will be addressed. In addition, other educational issues and topics will be covered.

2. Clinical Research/Clinical Problems Workshop: This workshop will address areas of possible clinical research and how these can be facilitated. The Clarke University faculty is committed to clinical research as a method of professional growth and experience for our students, faculty, and clinical instructors. In addition, this workshop will focus on current problems and discussion of solutions for these and other issues affecting clinical education.

3. Continuing Education Workshop: This workshop will focus on a current topic issue or technique in physical therapy that our clinical education faculty request to have discussed. In addition to utilization of Clarke University's faculty expertise, specialists in the field will come to Clarke University to conduct workshops as can be arranged. These workshops will be conducted at Clarke University and will take place over one to three days as necessary.

F. Clinical Faculty Evaluation:
Clinical faculty who serve as CIs are encouraged to make use of the APTA Self-Assessments For Clinical Instructors as a basis for self-evaluation. External sources of data for evaluation of clinical instructors include the student, CCCE, and ACCE. Student feedback is available to the CI both informally during the internship and formally at the conclusion of the internship. At the meeting to review the student’s final evaluation, the student will have completed the Student Evaluation of Clinical Education Experience. This formalized feedback should be reviewed by the CI and the CCCE of the facility.

The CCCE of the clinical facility is responsible for providing direct feedback to CIs on their performance as clinical teachers. This feedback should be based on direct observation of the CI and student interaction as well as discussions between the CCCE and the student. The CCCE is also responsible for identifying needs for continuing education of the clinical faculty and communication of such needs to the ACCE.

G. Clinical faculty who serve as CCCEs are encouraged to make use of the APTA Self-Assessments For Center Coordinators of Clinical Education as a basis for self-evaluation. External sources of data for evaluation of CCCEs include the student, CI, ACCE, and departmental administrators.

Clinical faculty who serve as guest presenters will receive evaluation forms from the students regarding their presentation. In addition, these clinical faculty members will receive direct feedback from the course coordinator regarding the effectiveness of their presentation.