



**Wichita State University
Department of Physical Therapy**

**Clinical Education Handbook
Revised May 2022**

Clinical Education Handbook

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Wichita State University, College of Health Professions

Department of Physical Therapy

CLINICAL EDUCATION HANDBOOK

MISSION STATEMENT

The mission of the Department of Physical Therapy at Wichita State University is to graduate competent, compassionate, progressive physical therapists capable of serving diverse populations through direct access and collaborative care across a variety of settings. The Program's vision is to be a recognized leader in advancing the physical therapy profession by cultivating life-long learners through excellence in clinical practice, research, leadership, and service.

Student Learning

The Department of Physical Therapy at Wichita State University fosters development of students through rigorous academic and clinical experiences. Students are accountable for all course requirements, including registration in all required and elective courses. Faculty challenge and support students to further develop critical thinking, problem-solving, clinical skills, and ethical responsibility. College and departmental resources are available to assist students with academic, psychological, and skill development.

Each instructor will inform students of the objectives, assignments, and performance expectations through the course syllabus. When student personal circumstances (e.g., financial hardship, family circumstances, medical or psychological conditions) begin to affect learning, various campus or community resources are available to assist when needed. Students are encouraged to be proactive in managing their journey through the DPT curriculum. The first step in this process is to notify faculty or staff of personal concerns, illness, or other issues, which are interfering with the student's ability to keep up with the pace of the program. The second step is to maintain ongoing communication with faculty and staff and be open to seeking assistance when needed. When students fail to meet responsibilities, they will bear the consequences of their own actions or inactions. Students are encouraged to access departmental, College of Health Professions, Graduate College, and University resources for special and general needs. These services include, but are not limited to college health services, library, financial aid, campus ministry, career development, counseling and testing services, disability services, and student government association.

Student Code of Conduct

The [WSU Student Code of Conduct](#) applies at the University campus, clinical affiliation sites, and sites of other school related activities. As physical therapy students, you have chosen to become a health professional. Professional conduct is expected at all times. Professionalism is reflected by appropriate behavior, appearance, and personal hygiene as a student and throughout your career. Students must conduct themselves in such a manner as to maintain professionalism that typifies those who dedicate themselves to maintenance and promotion of health through education, service, and research. Appropriate behavior around patients/clients, their families, peer professionals, and other

persons related to health care should reflect the student's understanding and respect for a professional environment. Attire must be appropriate for the time, place, and circumstances and in accordance with policies of affiliating institutions. The Department of Physical Therapy shares campus space with other programs. Although custodial services are furnished for major cleaning of classrooms and labs, each student is responsible for maintaining clean classrooms and labs each day.

Physical therapy faculty and students are expected to comply with current American Physical Therapy Association conduct and ethical principles and guidelines (*APTA Code of Ethics* and *Core Values for the Physical Therapist*). Physical therapy students and faculty are also expected to comply with the Physical Therapy department policies and the [WSU Department of Physical Therapy Clinical Education Handbook](#). Disciplinary action will be taken for professional misconduct. Refer to the appendix as well as appropriate APTA publications for review.

[APTA Code of Ethics](#)
[Core Values for the Physical Therapist](#)

Students as Representatives of the University

Students are representatives of the University, the College of Health Professions, and the Department of Physical Therapy. Students, however, do not have authority to make contacts or arrangements with any external persons or organizations on behalf of the program or their class without first receiving proper authority from the Department of Physical Therapy Chairperson or Dean of the College of Health Professions.

Academic Honesty

Students are expected to complete independent, original work for each academic activity unless otherwise specified by the faculty member. Students should seek clarification when in doubt. Faculty members are required to communicate their expectations regarding academic integrity; including, but not limited to, collaboration, information sharing, and conducting ethical research.

As members of the University community, all students, student groups, and student organizations are expected to display respect for the rights of themselves and others and to be accountable for their behavior. Lack of familiarity with university policy is not a defense to a violation of this policy. Unless specifically noted in the policy definition, intent is not a required element to establish a policy violation.

Academic misconduct includes a broad range of infractions. The following list, while not comprehensive, provides examples of actions that violate the expectations for the responsible acquisition, discovery, and application of knowledge by students at Wichita State University:

- 1. Plagiarism – Representing the words, ideas, graphics, or any portion of another's work, whether published or unpublished, as one's own and/or without appropriate and/or accurate citation/attribution*
- 2. Unauthorized Use or Possession of Materials or Resources – Using or possessing any materials or resources during an academic activity without the express permission of, or in a manner that is inconsistent with the express permission of, the faculty member. Unauthorized use of materials or resources includes, but is not limited to, any electronic device; course textbooks, articles, cheat sheets, other print sources; and/or looking at*

another individual's current or previous academic work. This includes submission of materials that were purchased or otherwise obtained by an outside or commercial source (e.g. ghostwriting or pay-for-paper services).

3. *Unauthorized Collaboration or Consultation – Collaborating or consulting with another individual or group during an academic activity without the express permission of the faculty member.*
4. *Fabrication, Falsification, or Misrepresentation of Information – Providing fabricated or falsified information or misrepresenting information in an academic activity or related to academic attendance or other academic requirements.*
5. *Academic Interference – Engaging in any behavior or taking any material(s) for the purpose of interfering with an academic activity. Academic Interference includes, but is not limited to:*
 - a. *removing, concealing, damaging, destroying, or stealing materials or resources that are necessary to complete or perform an academic activity*
 - b. *tampering with another person or group's work; and/or*
 - c. *interfering with another student's academic performance.*
6. *Unauthorized Resubmission – Submitting an academic activity which has been previously submitted for credit, publication, or presentation without authorization from the faculty member to which the submission is made. This provision also applies when repeating a course, regardless of whether or not a grade was awarded for the previous enrollment period.*
7. *Facilitation of Academic Misconduct – Engaging in behavior that facilitates another person or group's ability to engage in or causes another person or group to engage in academic misconduct, including but not limited to providing another student with a copy of the student's work and/or access to unauthorized materials or resources, or forcing or coercing another student to complete academic work on behalf of another.*
8. *Bribery – Offering, giving, receiving, or soliciting any funds, goods, services, or anything else of value in exchange for an academic advantage for any student.*
9. *Unauthorized Sale, Distribution, or Receipt of Academic Materials – Buying, selling, receiving, or distributing academic materials without the express permission of the faculty member including, but not limited to previous assessments, study guides, solutions manuals, lecture slides, or any other form of intellectual property. This includes, but is not limited to, providing academic materials to crowdsourced digital databases and web platforms.*
10. *Research misconduct as identified in Policy 9.13/Misconduct in Research. Alleged violations of research misconduct will be resolved through policy 9.13. Academic sanctions can be made when said research misconduct overlaps academics.*

Program Evaluation by Students

Students will be provided a variety of methods to evaluate the curriculum, learning resources, instruction, etc. Evaluations from students are deemed critical to program advancement. Methods include: course evaluations, curriculum evaluations, focus group discussions, student representation on committees, and informal and formal meetings with faculty.

CLINICAL EDUCATION FACULTY

The members of the clinical education faculty are the Site Coordinator of Clinical Education (SCCE), the Clinical Instructor (CI) and the Director of Clinical Education (DCE), the WSU PT Instructor of Record (IOR), and the Clinical Placement Coordinator (CPC).

Director of Clinical Education (DCE)

The DCE is a full-time faculty member with administrative, academic, service, and scholarship responsibilities consistent with the mission and philosophy of the WSU academic program. The DCE's primary responsibilities are to plan, coordinate, facilitate, administer, and monitor activities on behalf of the academic program and in coordination with academic and clinical faculty. The DCE is also the IOR (Instructor of Record) for PT 953, PT 954, and PT 955 (Full-time clinical rotation courses for our 3rd year students).

These activities include but are not limited to the following:

- Develop, monitor, and refine the clinical education component of the curriculum.
- Ensure quality learning experiences for students during clinical education.
- Evaluate students' performance and their ability to integrate didactic and clinical learning experiences and to progress within the curriculum.
- Educate students, clinical and academic faculty about clinical education.
- Ensure that the clinical learning environment demonstrates characteristics of sound patient management, ethical and professional behavior, and currency with physical therapy practice.
- Ensure that the clinical education program maximizes available resources.
- Provide documented assessment of the clinical education component; and
- Develop strategies to actively engage core faculty participation in clinical education planning, implementation, and assessment.

To meet these responsibilities, the DCE serves as a liaison between the physical therapy program and the clinical education site. The DCE is responsible for the establishment of clinical education sites and clinical faculty standards, selection and evaluation of clinical education sites, and fosters the ongoing development of clinical education programs and their faculty. A model statement of the DCE position responsibilities is available in the DCE's office for your review. DCE responsibilities are in accordance with CAPTE Standard 4I.

Assistant Director of Clinical Education (ADCE)

The ADCE is a full-time faculty member with administrative, academic, service, and scholarship responsibilities consistent with the mission and philosophy of the WSU academic program. The ADCE's primary responsibilities are to assist with planning, coordinating, facilitating, administration and monitoring activities on behalf of the academic program and in coordination with academic and clinical faculty. The ADCE is also the IOR for PT 741, 761, (ICE I and II for 1st year students) and PT 852 (Full-time clinical rotation course for 2nd year students). These activities include but are not limited to the following:

- Develop, monitor, and refine the clinical education component of the curriculum.
- Ensure quality learning experiences for students during clinical education.

- Evaluate students' performance and their ability to integrate didactic and clinical learning experiences and to progress within the curriculum.
- Educate students, clinical and academic faculty about clinical education.
- Ensure that the clinical learning environment demonstrates characteristics of sound patient management, ethical and professional behavior, and currency with physical therapy practice.
- Ensure that the clinical education program maximizes available resources.
- Provide documented assessment of the clinical education component; and
- Develop strategies to actively engage core faculty participation in clinical education planning, implementation, and assessment.

To meet these responsibilities, the ADCE serves as a liaison between the physical therapy program and the clinical education site. The ADCE is responsible for assisting the DCE in the establishment of clinical education sites and clinical faculty standards, selection, and evaluation of clinical education sites, and fosters the ongoing development of clinical education programs and their faculty. A model statement of the ADCE position responsibilities is available in the ADCE's office for your review. ADCE responsibilities are in accordance with CAPTE Standard 4I.

Clinical Placement Coordinator (CPC)

The CPC is a full-time staff member in the WSU PT Department. This position reports to the Director of Clinical Education and Assistant Director of Clinical Education for all clinical education responsibilities and processes and will be supervised by the PT Program Manager for overall departmental tasks and responsibilities. This position works with the Director of Clinical Education to ensure CAPTE compliance in all policies and procedures related to clinical education. The primary responsibility of the clinical placement coordinator is to coordinate and oversee the assignment of the clinical placements of physical therapy students. The clinical placement coordinator serves as the EXXAT database administrator and works with customer service teams associated with EXXAT to optimize program features. This position also coordinates department affiliation agreements and is required to initiate, track, and organize department agreements and collaborate with College of Health Professions, external clinics, and the WSU legal department to enable placement of our students for internships.

Site Coordinator of Clinical Education (SCCE)

The SCCE is the physical therapist, physical therapist assistant, or other health professional at the clinical facility who coordinates the clinical education program offered by the facility. If the affiliating site has a limited number of staff members the department director may serve as the SCCE. The SCCE should be an individual who is proficient as a clinician, organized, experienced in clinical education, interested in students, and knowledgeable of the clinic and its resources. The SCCE should also possess good interpersonal skills.

The SCCE serves as the direct communication link between the DCE and the CI on clinical education issues. All mailings from the DCE are forwarded to the SCCE. The SCCE is

responsible for providing the school with yearly updated information on the clinical facility and the clinical staff as well as forwarding all pertinent information from the school to the CI.

The SCCE is the contact person for student assignments. The SCCE is the direct supervisor of the CI and provides overall supervision of students involved in clinical education. The SCCE serves as a resource for the CI, works with the CI to develop student learning situations, and provides opportunities for the development and growth of the CI.

Clinical Instructor (CI)

The CI is a licensed physical therapist employed at the clinical facility who provides direct day-to-day student teaching and supervision. The CI is assigned a student by the SCCE for a specified amount of time and guides the student's learning experience. The CI communicates directly with the assigned student throughout the rotation and provides direct supervision and verbal feedback. The CI is responsible for completing the formal student evaluation, on the school's Student Performance Report, which provides feedback to the student and to the school regarding the student's clinical performance. The CI is the primary contact person for the student but may schedule student supervision by other staff members or student observation in other areas in order to enhance the student's learning experience.

Clinical Instructor Qualifications

The qualifications for a physical therapist to become a CI are as follows: licensure in the state of practice, at least one year of clinical experience, knowledge in the clinical setting, and a desire to work with students. The APTA has established a volunteer [CI Credentialing Program](#) and, since 1998, scheduled workshops may be found on the APTA website. CI qualifications follow CAPTE standard 4O.

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GENERAL RESPONSIBILITIES

General responsibilities are outlined to provide description of role, responsibilities, and support in accordance to CAPTE Standard 8B.

DCE/ADCE

The Director of Clinical Education (DCE) and Assistant Director of Clinical Education (ADCE) are dedicated to facilitating each student's successful completion of all clinical education courses by fulfilling the following responsibilities:

1. Assure that written legal agreements are in place between the University and the clinical site, and that they are updated as needed. A current signed agreement must be on file before a student is allowed to do an internship at the clinical site.
2. Assign all eligible students to clinical education internships per program policies and procedures.
3. Orientate students to the purpose, process and policies and procedures related to clinical education.
4. Maintain open communication with each SCCE and/or CI by any method deemed appropriate. This communication should occur before, during and after assigned internships.
5. Maintain reference information describing each clinical education site and its policies, procedures, and resources.
6. Develop new clinical education experiences that meet the guidelines, policies and procedures established by the department.
7. Provide pertinent and required course information to SCCEs, CIs and students.
8. Evaluate material submitted by students for fulfillment of the requirements of each clinical education course.
9. Evaluate the CI(s) assessment of each student's performance and determine the course grade in compliance with program policies and procedures.
10. If challenges, conflicts, or problems arise during the student's clinical internship, upon notification, the DCE/ADCE will maintain contact with the appropriate person(s), to ensure successful resolution of the issue.
11. When appropriate, the DCE/ADCE will terminate a student from a clinical internship.
12. Arrange remediation experiences for students who are eligible for remediation.
13. Provide feedback as appropriate (positive and negative) to clinical sites.
14. Assess clinical education needs of the SCCEs and CIs and provide training as appropriate.
15. Conduct clinical education opportunities to facilitate development of the SCCEs and CIs.
16. Assignment of student grades for all clinical education courses.

SCCE

The Site Coordinator of Clinical Education (SCCE) is dedicated to facilitating successful

completion of student experiences at their clinical site by abiding by fulfilling the following responsibilities:

1. Provide the philosophy of the clinical site and provide consistent student expectations.
2. Prior to allowing a student to complete an internship at the clinical site, assure that there is a contractual agreement in place between WSU and the clinical site.
3. Keep student records and information secure and confidential.
4. Provide student orientation which includes at minimum, information about safety, emergency, and security procedures; department policies and procedures that may impact student performance and/or evaluation; and any other information pertinent to successful completion of a student internship.
5. Communicates with the DCE, ADCE, and CPC regarding coordination of student assignments, student schedules, clinical education planning and evaluation, and CI development.
6. Maintain appropriate communication with the DCE, ADCE, and CPC about the clinical site and student internships.
7. Assign physical therapists to act as CIs who meet the WSU clinical instructor requirements.
8. Assist in planning and problem solving with the CI/student team in an effective and efficient manner.
9. Encourages feedback from students, DCE, ADCE, CPC, CI(s) and other interested individuals.
10. Evaluates the clinical education resources and needs of the site.
11. Manages and supervises the clinical education program at the site.

CI

The Clinical Instructor (CI) is dedicated to facilitating a successful learning experience for each student assigned to them to meet program and student learning objectives by fulfilling the following responsibilities:

1. Effectively structure the clinical internship to offer the best learning opportunity for the student.
2. Submit current and required information to the DCE, ADCE, and/or CPC.
3. Provide effective and efficient formative and summative feedback to students during clinical internship.
4. Complete all required paperwork for each assigned student.
5. Understand and abide by the clinical education policies and procedures of the WSU Department of Physical Therapy.
6. Provide assigned students with an orientation to the clinical site and any written and unwritten policies that impact student evaluation.
7. Communicate with the DCE, ADCE, and/or CPC when student has been advised of unsatisfactory performance, unsatisfactory progress, or when a remediation plan has been initiated.
8. Provide student with appropriate supervision that will allow for evaluation of the student's skills, knowledge, and attitudes.
9. Model professionalism and maintain a professional relationship with the student.

Student

The student should fulfill the following responsibilities:

1. Abide by all policies, procedures and requirements outlined in all clinical course syllabi and in the Clinical Education Handbook. Students will sign the Clinical Education Agreement form to acknowledge the student handbook expectations, see Appendix F. These signed forms are then uploaded by the student into the student portal.
2. Take responsibility for own learning and always demonstrate professionalism.
3. Inform the DCE, ADCE, and/or CPC as soon as a problem related to clinical education is identified.
4. Abide by the requirements of the written agreement between the program and each clinical site.
5. Abide by assigned clinical sites' policies and procedures.
6. Fulfill all duties and assignments made by the SCCE, CI, DCE, and ADCE.

CLINICAL EDUCATION MODELS

Several clinical education models are utilized by the WSU Department of Physical Therapy. The various models are:

- **1 - 1 model:** In this model one student is assigned to a single CI. The student and CI are paired together for the duration of the rotation.
- **1 - 2 model:** In this model one student is assigned to two CIs. The CIs generally share a full-time position at the facility and generally share the same patient load. In this model either one or both CI s may take a role in the formal student evaluation process.
- **2 - 1 model:** In this model two students are assigned to one CI. The students may be from either the same or different schools. Also, the students may both be PT students or a PT/PTA student combination.

Whenever possible, students will be informed by the DCE of the type of clinical education model being used for their rotations. Sometimes this information is not known or may change suddenly due to clinical staffing changes. Students should be prepared to participate in any of these models and demonstrate flexibility when sudden changes occur.

CLINICAL EDUCATION SITES

The PT Program at WSU currently affiliates with a variety of clinical sites throughout the United States and other countries. These sites include hospitals, rehabilitation centers, private outpatient clinics, school systems, pediatric facilities, nursing homes, home health agencies, and sports facilities.

Current Sites

Currently the PT Program affiliates with approximately 600 clinical sites. A Clinical Site Information Form (CSIF) is obtained for each clinical facility. The CSIF has valuable information about each clinical facility and can be reviewed by the student before attending an assigned clinical site. The CSIF may be found in the EXXAT database. Each student will be able to access the CSIF on the EXXAT database with individual log in.

Establishing New Clinical Sites

Clinical education is a vital component of the professional curriculum and student site placements should be a quality part of the learning experience. Specific criteria and considerations are necessary for establishing a new clinical site. A facility may be considered as a clinical site if both parties (i.e., the facility and WSU) express an interest in establishing an affiliation.

A clinical site may be established by student request but is not guaranteed. A student may inquire about a potential site; however, the DCE makes the final decision regarding establishment of a new site. Clinical sites are ultimately established if there is a strong need for a particular type of facility or if the facility is considered exceptional. The following criteria exist for the consideration of development of a new site:

- Site is of a type or at a location needed for the program.
- Site currently has an active student program in place or is interested in establishing one.
- Site agrees to pursue and develop an ongoing clinical affiliation relationship with program.
- Site has adequate staffing for student learning.
- Site is willing to utilize the Wichita State University Standard Affiliation Agreement or willing to modify their facility contract to the satisfaction of WSU General Counsel.

Students should inquire with the CPC regarding interest in establishing a new clinical site for specific details and procedures. This inquiry can be made through the EXXAT database using the “Wish List” procedure described in the EXXAT Procedures Manual. The CPC will discuss this request with the DCE. If the DCE indicates interest in establishing a relationship with a new facility, the student should be prepared to present the name of the facility contact along with the name, address, and phone number of the facility. A significant amount of time is involved in establishing a new clinical site. The time involved ranges from several months to one year. In general, students should approach the DCE regarding the possibility of setting up a new clinical site at the beginning of the fall semester a year before the desired rotation experience.

Clinical Site Contract/Agreement

Wichita State University College of Health Professions has a standard affiliation agreement written and approved by the WSU General Counsel and the facility. See Appendix B for Sample Standard Affiliation Agreement. Because the terms of agreement, and the rights and responsibilities of the student are outlined in this agreement, students should take the time to request a copy to review this agreement prior to an affiliation. Sometimes facilities require the University to use the facility’s standard agreement. Agreements are all stored on the EXXAT database and can be

viewed by the student at any time. Students are only allowed to do clinical internships at sites in which a legal written agreement exists between WSU and the site. Clinical agreements comply with CAPTE Standard 8G.

Affiliation at a Site of Future Employment

Some physical therapy students accept employment positions prior to completion of the professional program. Other students have entered into a financial agreement with a particular facility (e.g., the facility pays the student's tuition in return for a year of work). To avoid potential conflicts of interest, the Department of Physical Therapy will not allow a student placement for a clinical affiliation at a clinical site at which they have accepted a position of employment or one in which they have been previously employed. This policy will include that a student cannot be supervised by a clinical instructor for which he/she previously worked.

Evaluation and Communication with Clinical Sites

Evaluation of the clinical site occurs both formally and informally on a regular basis through written and verbal means with the clinical site. Information can be obtained from the Clinical Site Information Form (CSIF). This CSIF is stored in the EXXAT database.

Formal evaluation is completed using the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form (PTSE1 and PTSE2) located in the EXXAT database. An investigation will be performed by the DCE if the facility receives ratings such as the following:

- Identifying poor learning experiences
- Identifying the need for further development of the student clinical education program

The DCE will facilitate a discussion with the SCCE/CI as to the reason(s) for such rating(s) from the student.

Informal evaluation also occurs during clinical site visits, phone, and email conversations with the SCCE and CI(s).

The evaluations and communication with clinical sites meets the CAPTE Standard 4J.

Clinical Education Grievance: Wichita State University & Graduate School Policies Grievance Procedures for Graduate Students

Introduction: The following statements are designed to provide guidance to graduate students in protesting an actual or supposed circumstance in which they feel they have been wronged.

Limitations: Conflicts eligible for resolution under these procedures are restricted to academic matters other than grades. Disputes about grades are resolved through the Student Court of Academic Appeals. The following procedures do not include conflicts covered by other policies in the University. Grievances can be initiated for circumstances which are within one year from the time of occurrence.

Steps in the Process:

1. *A student with a grievance should first consult with the faculty member or administrator perceived to be causing the circumstance which has resulted in the feeling of being wronged and attempt to resolve the conflict at that level.*
2. *Failure to resolve the conflict in the first step may lead to an appeal at the chairperson or college dean level, depending on who is perceived as causing the circumstance. If*

available, the student should attempt to resolve the grievance through discussions with the department chairperson, college dean, or through utilization of departmental structures such as a student affairs committee which may exist for this purpose.

3. If the student has exhausted the remedies provided in steps 1 and 2, without success, he/she should schedule a meeting with the Dean of the Graduate School or his/her designee (See *ROLE OF THE GRADUATE DEAN BELOW*). Grievances or appeals must be presented in writing.

Role of the Graduate Dean: The Dean of the Graduate School or his/her designee receives complaints or protests and decides whether to take direct administrative action to resolve the conflict or refer the grievance to the Graduate Council. A decision of the graduate dean may be appealed to the Graduate Council (see below). The decision of the Dean of the Graduate School on recommendations received from the Graduate Council is final.

Role of the Graduate Council: In addition to being the elected representative of the Graduate Faculty, the Graduate Council serves as the Committee on Exceptions in an advisory capacity to the Dean of the Graduate School. This responsibility may be discharged by the Council acting as a Committee of the Whole, through Subcommittees, or Ad Hoc Committees Consisting of selected members of the Graduate Faculty and graduate student body.

Conclusions reached by the Graduate Council will be transmitted as recommendations to the Dean of the Graduate School. The Graduate Council also serves as a Committee on Appeals if the student is dissatisfied with direct administrative action taken by the graduate dean. In such cases, the judgment of the Council is final.

Revised 9/96

<http://webs.wichita.edu/depttools/depttoolsmemberfiles/gradschool/grievance%20procedures.pdf>

Student Disciplinary Procedures (WSU Policies and Procedures Manual):

Reporting, Procedures and Appeals

1. Any individual with a good faith basis for believing a student has violated this policy is encouraged to report the alleged violation to the faculty member responsible for the course and the Office of Student Conduct and Community Standards. When a faculty member has reasonable, good faith belief that a student has committed academic misconduct, that faculty member has the discretion to assign a sanction, including academic sanctions (e.g., failing grade on the assignment or failing grade for the course) or educational sanctions (e.g., plagiarism training or reflection activities). Any faculty member imposing a sanction against a student for a violation of this policy must report the violation to the Office of Student Conduct and Community Standards to ensure due process. In order to identify habitual offenders, faculty members are encouraged to report all alleged Academic Integrity violations to the Office of Student Conduct and Community Standards, even when the faculty member chooses not to sanction a student for violations of this policy, or if the violation was resolved without an academic sanction.
2. [View the Student Academic Integrity Process Flowchart](#)
3. Students who disagree with the sanction imposed by the faculty member may request a hearing by the Academic Integrity Committee. The Academic Integrity Committee will hold a hearing to review the evidence to determine if a violation occurred, and if so, if the sanction is appropriate.
4. The Office of Student Conduct and Community Standards will maintain a record of all reported incidents of Academic Misconduct. In some cases (e.g., repeat offenders or egregious offenses), the Office of Student Conduct and Community Standards may determine that additional sanctions, including disciplinary sanctions, are appropriate. In these instances, the Academic Integrity Committee will hold an additional hearing to

review the evidence and determine if additional sanctions are appropriate. The Academic Integrity Committee may consider previously documented violations, regardless of outcome, along with the current incident and the possibility of additional sanctions. The Academic Integrity Committee will be the same as the prior case unless extenuating circumstances occur as determined by the Associate Vice President of Student Affairs.

5. *Following notification of the outcome of their case, a Respondent may submit one appeal request within the University's process as outlined in Section V. of the Student Academic Integrity Process Procedures. The presumption is that the investigation and decision processes were appropriately conducted, and the burden is on the individual requesting the appeal to prove that the appeal has merit. Appellate reviews will be limited in scope and must focus on procedural issues or presenting new information not previously available at the time of the Academic Integrity Committee hearing.*

Sanctions

Potential sanctions include educational, academic, and disciplinary. Educational sanctions could include required training related to the misconduct. Academic sanctions could include additional academic requirements and/or assignment/course grade reduction. In cases where egregious and/or repeat offenses are found to have occurred, disciplinary actions such as probation, suspension, or expulsion are possible. See Section VII of the Student Academic Integrity Process Procedures for more details.

Jurisdiction

1. *This policy applies to behavior that is committed by:*
 - a. *a University student, student group, or student organization;*
 - b. *an applicant who becomes a student, for alleged violation(s) committed as part of the application process; or*
 - c. *an individual who has transferred, graduated, been academically disqualified, or expelled from the University for alleged violation(s) committed prior to separation from the University.*
2. *This policy may be applied to any academic activity conducted on campus or elsewhere. Scholarly research is considered an academic activity, which may or may not be related to a specific course. This additionally includes behavior conducted online, via e-mail or through other electronic media. Wichita State University may take action if an alleged violation of this policy is brought to the attention of University officials.*

Interpretation and Revision

1. *Any question of implementation/application of this policy should be referred to the Provost or their designee for final determination.*
2. *This policy shall be reviewed a minimum of every three (3) years under the direction of the Provost.*
3. *The Provost is responsible for notifying the University community of substantial changes to this policy*

All students are responsible for complying with all aspects of the WSU Student Academic Honesty Policy.

https://www.wichita.edu/about/policy/ch_02/ch2_17.php

The clinical education grievance process complies with CAPTE Standard 3F.

Dissemination of Student Information to Assigned Clinical Sites

Prior to a student internship, pertinent information is updated and stored on the EXXAT database and provided to the SCCE and CI at the assigned clinical site. Approximately four weeks prior to the start of a clinical internship, a link is sent to the SCCE and CI to

allow access to the following information:

SCCE

1. Student Contact Information & Health Screening Information
2. Clinical Education Handbook

CI

1. Student Contact Information & Health Screening Information
2. Clinical Education Handbook
3. Tutorial access to the Clinical Internship Evaluation Tool (CIET)

In addition, clinical information is available to clinical sites on the department web site or by contacting the DCE. The communication with clinical sites meets the CAPTE Standard 4J.

Clinical Site Visits

In-person or virtual visits to clinical sites by the DCE, ADCE, and/or CPC or school designee are scheduled to occur every 1-3 years for routinely used facilities within the state of Kansas. Routinely used sites outside the state may be visited approximately every 5 years. Clinical visits generally serve three purposes:

- To evaluate the facility
- To evaluate the student's performance while working in the facility
- To promote the University - Facility relationship

Generally, it is the DCE, ADCE, and/or CPC who makes the clinical visit. Occasionally, other program faculty may also make visits. Time and financial constraints do not make it feasible to physically visit each student on every rotation; however, every effort is made to contact the student and CI either in person, by phone, or via email during each rotation.

CLINICAL EDUCATION REQUIREMENTS

Students are expected to adhere to all rules, policies, and regulations of Wichita State University, College of Health Professions, Physical Therapy Department, and The Clinical Site. Rules and regulations are founded upon CAPTE standards.

Progression

To progress in the Physical Therapy program, students must:

- maintain a 3.00 grade point average in graduate work,
- earn no course grade lower than a "C,"
- maintain academic integrity and professional behavior in both classroom and clinical portions of the program, and
- maintain the standards of the affiliating clinical agencies.
- pass annual comprehensive examinations

Students will be placed on academic probation if their graduate grade point average falls below a 3.00. Students may be dismissed from their degree program or placed into non-degree status if they fail to attain a cumulative grade point average of at least 3.00 upon the completion of the following semester after being placed on probation. A cumulative grade point average of 3.00 is required before enrolling in PT 852, Clinical Education I, PT 953 Clinical Education II, PT 954 Clinical Education III, or PT 955 Clinical Education IV. The student must have a 3.00 cumulative grade point average before she/he is allowed to participate in these courses regardless of enrollment status.

Unusual or exceptional situations will be reviewed by the Department Progression, Remediation and Retention Committee for decisions about enrolling in PT 852, PT 953, PT 954, or PT 955.

General Requirements

Students must meet the following requirements by specified deadlines before they will be allowed to participate in the clinical education program. These requirements are required by the WSU Department of Physical Therapy and/or the clinical facility as defined by the affiliation agreement. Students are expected to track and submit these documents in compliance with due dates noted in the EXXAT database. It is the student's responsibility to update documents on an annual basis, or prior to expiration, and resolve any non-approved documents immediately. Submission procedures can be found in the EXXAT Procedure Manual. If a student is noncompliant with any of these requirements, he/she will not be allowed to participate in clinical observations (PT 741 and PT 761) or clinical rotations (PT 852, PT 953, PT 954, and PT 955). Noncompliance may be grounds for dismissal from the program. These requirement standards support the CAPTE Standard 5B.

Physical Examination

Students are required to complete a **physical examination annually**. This examination may be scheduled either with their physician or with Student Health Services (located in the Student Wellness Center within the Steve Clark YMCA building on WSU Campus, 978-4792). Students are required to provide their health care provider with the physical examination form found in EXXAT and submit the completed form into their EXXAT Student Portal. See Appendix G for Physical Exam form.

Immunizations

Students are required to submit proof of completion of the following immunizations into their EXXAT Student Portal:

1. Documentation initially of a negative 1-step Tuberculosis (TB) skin test and then annual TB skin tests.
 - a. If you have a positive TB skin test, documentation of a negative chest x-ray is required.
2. Evidence of Measles Mumps and Rubella immunity are required and must be documented by one of the following methods:
 - a. Two (2) MMR immunizations after 12 months of age, or
 - b. Documentation of a positive Rubeola and Rubella titers, or
 - c. Student birth date on or before December 31, 1956.
3. Varicella (Chicken Pox) immunity is required. Documentation is accepted either through:
 - a. A Varicella Titer indicating immunity, or by
 - b. Documentation of two (2) Varicella immunizations.
4. Documentation of a Tetanus Toxoid and Diphtheria vaccination or booster with the last 10 years.
5. Proof of immunity to Pertussis as evidenced by receipt of a single dose of Tdap.
 - a. Those aged less than 64 who do not have documentation of Tdap

- immunization should receive a single dose of Tdap if it has been at least 2 years since receipt of a tetanus toxoid-containing vaccine.
6. Hepatitis B immunization is not presently required but is **highly recommended**.
 - a. If the student has started or completed this series, they must provide documentation of the immunization dates.
 - b. If the student declines the Hepatitis B immunization series, they must complete and submit a signed Hepatitis B Immunization Waiver.
 7. Influenza vaccine is not presently required but is **highly recommended**.
 - a. If the student has received the vaccine, they must provide documentation of the date received.
 - b. If the student declines the influenza vaccine, then they must complete and submit an Influenza Vaccine Waiver.
 - i. **Please note that some facilities require an influenza vaccination and if you do not have one, you will not be allowed in their clinics for observation or clinical rotations.**
 8. COVID-19 vaccine is not presently required but is **highly recommended**.
 - a. If the student has received the vaccine, they must provide documentation of the date received.
 - b. There is no waiver if you decline.
 - i. **Please note that some facilities require the COVID vaccination and if the student do not have the COVID vaccination, then they will not be allowed in clinics for observation or clinical rotations.**

CPR Certification

Students are required to attain CPR Certification from an accredited American Heart Association Healthcare Provider Adult, Infant & Child CPR & AED training course. A four-hour course will be held at the beginning of the first year on the WSU Old Town Campus. Cost of the training session is covered by Program fees. Signup for the session will be announced and at that time, students can sign up for one of the sessions. Payment will be made directly by the student to the CPR trainer at the time of the course. This certification will be good for two years. If the student is already AHA Healthcare Provider Adult, Infant & Child CPR & AED certified then they are not required to attend our training session; however, the student must keep their certification current at all times. During the spring of the second year in the program, the Department of Physical Therapy will schedule AHA CPR recertification session and the students are required to complete the session or schedule for recertification on their own through a company that offers American Heart Association Healthcare Provider Adult, Infant & Child CPR & AED training. Students are required to maintain current CPR Certification AND update their certification in their EXXAT Student Portal prior to expiration.

Health Insurance

Continuous health insurance coverage throughout the professional programs is required. It is the student's responsibility to maintain and verify continuous health

insurance coverage through submission of a current insurance card in their EXXAT Student Portal. The card must show the student's name as a beneficiary of the policy. If the student's name does not appear on the card, the student must also submit a beneficiary verification from the insurance company. If the student does not have current health insurance coverage he/she may access information about student health insurance from the Student Health Service's website at <https://www.wichita.edu/services/studenthealth/HealthInsuranceGeneral.php> or by phone at 316-978-4792.

Student Professional Liability Insurance

Students are provided professional and general liability insurance at the amounts of \$1,000,000 per occurrence / \$3,000,000 aggregate throughout the program paid for through a student fee of approximately \$16 through the College of Health Professions at Wichita State University.

Student Release of Information Form

Students are required to complete a Release of Information Form on their EXXAT Student Portal prior to completion of the first Summer Semester. A signed Release of Information Form is required to release the professional liability, CPR certification, health insurance, physical examination information, and other pertinent information to the clinical sites to which students are assigned. If the Release of Information Form is not signed, clinical assignments could be limited, which could jeopardize the student's ability to complete the clinical education portion of the professional program. Part of the form also authorizes the sending of the information via e-mail.

Criminal Background Checks

Criminal background checks are required for entrance into the program. At the time you finalized your acceptance into the program, you signed a Student Acknowledgement and Authorization Regarding Clinical Experience Form giving consent to complete a background check. Most clinical sites require that students have a background check completed before they enter the clinical facility for any observations, practicums, or clinical rotations/affiliations. For this reason, you will need to complete a background check through Validity Screening Solutions. Information on this will be provided to students at the time of acceptance into the program. Please note that some clinical sites may require completion of a background check within one year of the completion of the clinical rotation. If you are assigned to such a site, you will be responsible for obtaining the additional background check and for covering the cost of it. The cost of the Validity Screening Solutions check is covered by Program fees. Students assume all costs of additional background checks.

Drug Screens

The student is required to complete a 10-panel drug screening at least three different times (more if required and/or requested by an affiliated clinical site) throughout the duration of the program.

Minimum required screening should occur at the following times:

1. No more than four weeks prior to starting the WSU DPT program
2. No more than four weeks prior to the start of the first full-time clinical rotation (PT 852) in the second summer of the program
3. No more than four weeks prior to the start of the second full-time clinical rotation (PT 953) in the third summer of the program

Drug screens may be completed at any qualified location; however, students may obtain a drug screen at no cost at UCI Testing. The location for UCI Testing is 220 W. Douglas Ave #20, Wichita, KS 67202. Appointments at UCI may be made by calling 316-262-2658. Students may obtain 10 panel drug screen at an alternative site as an out of pocket expense for the student.

Upon completion of the drug screening, the student is required to submit the results to the Director of Clinical Education. These results must be delivered within 3 days of the actual screening. If the laboratory is backed up, please notify the Director of Clinical Education of the date the results will be returned.

If the drug screen shows positive for prescribed drugs, the student will need to obtain a letter from the prescribing provider and submit it to the DCE, ADCE, and/or CPC. If the drug screen comes back positive for any non-prescribed drugs of abuse the student will not be allowed to begin the assigned clinical observations/rotation until a “clean” drug screen is presented to the Director of Clinical Education. This could potentially cause the student to lose the assigned observation/clinical rotation. If this occurs the Director of Clinical Education will attempt to assign the student to another rotation, which could potentially delay the expected graduation date for the student. Repeated positive drug screen results could lead to dismissal from the program.

[HIPAA Compliance, Blood Born Pathogen, and COVID-19 Training](#)

Prior to beginning clinical internships, students must complete the HIPAA Compliance and Blood Born Pathogen Quizzes with a score of 100% on each quiz. If the student does not score a 100% on any quiz, the student will be allowed to take remediation quizzes until receiving the required score. Each student must also complete the COVID-19 Training from the APTA with a passing score before the start of the 1st year fall semester. Scores from HIPAA, BBP, and COVID 19 training must be uploaded to student EXXAT portal. Students must also successfully complete any additional training that may be required by an assigned clinical site. Students must redo all trainings and quizzes every summer during the program. Students are required to strictly adhere to all HIPAA standards and Standard Precautions. Students must protect patient confidentiality and are not to discuss the patient/client condition outside the clinical setting. Clients may be discussed with classmates and faculty for education purposes only, and only after all patient identifiers have been removed.

[Clinical Education Tuition](#)

The student must register for each clinical rotation. Payment of tuition and fees is required for all clinical courses.

Potential Health Risks

Clinical practice poses the potential for exposure to hazardous materials, infectious agents, and personal injury. It is the student's responsibility to seek all the information required to comply with an assigned clinical site's policies and procedures including but not limited to those for infection control, use/storage/labeling of hazardous materials, fire and emergency procedures, security, and incident reporting of personal or patient injury.

CLINICAL EDUCATION POLICIES

FERPA: Release of Student Information Policy

In compliance with the "Family Educational Rights and Privacy Act of 1974" (FERPA), as amended, the following constitutes the institution's policy on providing appropriate access to educational records, while protecting their confidentiality.

Wichita State University accords all rights under the law to students. Those rights are:

- 1) the right to inspect and review the student's education records.
- 2) the right to request the amendment of the student's education records to ensure that they are not inaccurate, misleading, or otherwise in violation of the student's privacy or other rights.
- 3) the right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent; and
- 4) the right to file with the U.S. Department of Education a complaint concerning alleged failures by Wichita State University to comply with the requirements of FERPA.

Students will be notified of their FERPA rights by publication in the online Undergraduate and Graduate Catalogs, and via an email sent to all enrolled students each fall. For further details and institutional definitions related to FERPA, see the online catalog.

<https://www.wichita.edu/services/registrar/ferpa.php>

Clinical Rotation Guidelines

The DCE, ADCE, and CPC are responsible for assigning clinical rotations, the DCE and ADCE are responsible for assigning grades in clinical courses and for official contact and correspondence with the clinical education faculty. **Students are not permitted to contact a clinical site to establish an affiliation agreement, set up a rotation, or change scheduled clinical rotations.**

To fulfill CAPTE Standard 6L1 and 6L2, clinical placements are assigned to assure each student experiences a variety of physical therapy settings across the lifespan and the continuum of care. All students are required to complete a rotation in at least 1 inpatient setting and 1 outpatient setting over the 4 full-time clinical rotations.

Inpatient Options Include

- Acute care hospital
- Skilled nursing facility
- Inpatient rehabilitation hospital
- Rural hospital where at least 50% of the caseload is inpatient

Outpatient Options Include

- Outpatient orthopedic clinic
- Home health
- Rural hospital where at least 50% of the caseload is outpatient
- A specialty setting including:
 - Pediatric clinics
 - Early intervention
 - School-based care
 - Worker's compensation
 - Pelvic Floor population
 - Lymphedema population that is supervised by a Certified Lymphedema Therapist (CLT)
 - Hand Therapy population that is supervised by a Certified Hand Therapist (CHT)
 - Manual therapy rotation that is supervised by a Certified Manual Therapist (COMT or CMPT) or a Manual Therapy Fellow (FAAOMPT)
 - Other Specialty areas that are supervised by an ABPTS Board Certified Specialist including:
 - Cardiovascular Pulmonary
 - Clinical Electrophysiology
 - Geriatrics
 - Neurology
 - Oncology
 - Orthopedics
 - Pediatrics
 - Sports
 - Women's Health
 - Wound Management

Clinical placements are approved and/or made by the DCE, ADCE, and/or CPC in consultation with the SCCE and student. Placements may be changed by the DCE or ADCE if the SCCE indicates that changes in staffing will not allow an appropriate educational experience for the student. The academic program will make every effort to place students in clinical rotations to allow on-time graduation.

Our program attempts to consider student preferences, economic, and social constraints of each student during the placement process. The student will complete a "Wish List" in the EXXAT database for 3rd year rotations. The procedures for completing the "Wish List" can be found in the EXXAT Procedure Manual. Students completing 1st full time rotation for PT 852 will be placed in an outpatient setting determined by clinical education team with consideration of student housing needs. Every effort will be made to place students in clinical rotations with these factors in mind. However, there is no guarantee of student preference placement.

Students are NOT permitted to receive payment of any kind for their clinical rotation as this negates the student liability insurance contract.

The student is responsible for knowing the hours, location, and contact person for each

clinical placement. The student will obtain contact information directly from EXXAT and initial phone contact must be made approximately 15 days prior to the start of the rotation. The DCE will notify the entire class when it is time to make the initial phone contact.

The student is financially responsible for travel to and from each clinical site and for room and board while on the clinical rotation. Some sites offer free housing as part of their clinical education program; however, this is the exception, as there are only a few sites which offer housing. Students are encouraged to review the Clinical Site Information Forms for this information.

It is the student's responsibility to familiarize themselves with the affiliation agreement for each assigned clinical site. The affiliation agreements can be found on EXXAT. Students are expected to uphold the terms of the agreement.

Dress and Appearance Guidelines

Students are required to adhere to the following guidelines related to dress and appearance. It is the student's responsibility to check with his/her CI to ascertain the dress and appearance standards of the clinical facility. Students must follow the standards of the clinical facility to which they are assigned in addition to all of the following:

- Clinical dress will be considered slacks (not blue jeans or colored skinny jeans) with a business casual top/shirt or polo (short sleeves are recommended).
- Each student is required to wear a WSU Physical Therapy Department student nametag.
- When NOT on a clinical rotation or school-related event, students are NOT allowed to wear the WSU nametag. In addition, if not on clinical rotation students may NOT sign health care records using SPT (student physical therapist) because they are not functioning as a WSU student.
- Soled shoes with either a leather or canvas upper with a good arch support are recommended. Sandals or shoes with open toes are NOT allowed while in the clinical rotation.
- Earrings, bracelets, necklaces, and rings should be kept to a minimum while in uniform, (Medical Alert items exempted). Small posts for pierced ears are acceptable and only rings that will not potentially scratch a patient may be worn. Fingernails are to be kept short and most facilities do NOT allow nail polish of any kind.
- While on clinical assignment, long hair (shoulder length or longer) should be tied back and secured so as not to fall forward over the shoulders. Beards and mustaches are expected to be clean and trimmed short in length. Some clinical sites may require men to properly groomed facial hair for compliance with fitting of N-95 masks.

- Students are expected to be neat and clean. Avoid strong perfumes or shaving lotions when in the clinic.
- Chewing gum is NOT allowed in the clinic.
- Each student is required to turn smart watches to “Do not disturb” mode and cell phones must be stored at desk while working with patients (unless it is being used to educate the patient with an application on the phone).
- Students with visible tattoos and facial piercings (including earlobe gauging) must follow the assigned clinical site’s policy related to visibility guidelines of professional personal appearance.

Student Absences

A full-time clinical rotation is required to consist of a minimum of 35 hours per week. Students are required to work their clinical instructor’s schedule, including weekends and holidays. If the CI is scheduled to work, the student is also expected to be in the clinic. Alternate work schedules are at the discretion of the CI but must be approved by the DCE or ADCE. All hours of assigned clinical education must be fulfilled for successful completion of the clinical rotation. Clinicians expect students to adhere to the highest level of professional conduct and to seek every opportunity to grow professionally. Any time students are absent or tardy from his/her clinical rotation it greatly undermines his/her ability to become a valued member of the health care team. The Student Attendance Policy includes:

- Each student is allowed ONE excused absence per clinical course. An excused absence is considered a personal illness, an illness or death of a family member, or a school and/or professional related absence (pre-approved by the DCE/IOE). The DCE, ADCE, SCCE, CI and Program faculty will consider situations with students related to extenuating or special circumstances on an individual basis.
- In case of an illness or preapproved absence during the clinical rotation, the student must notify the CI or SCCE AND the DCE/ADCE at the beginning of the workday via phone call. Failure of notification at the beginning of the workday will be considered unexcused.
- All clinical time beyond the one excused absence per clinical rotation must be made up. This make-up time will be at the discretion of the clinical facility. Many facilities do not work on weekends or allow students to work on weekends, which means that the clinical rotation may have to be extended or rescheduled which could delay the student’s course sequence progression.
- Tardiness, unexcused absences, or abuse of excused absences will not be tolerated. Any unexcused absence or reoccurrence of tardiness could result in a failing grade for that clinical rotation and require remediation to continue in the WSU DPT Program.
- Interest in attending professional meetings during assigned clinical days

should be made known to the DCE/ADCE. The DCE/ADCE in cooperation with the SCCE/CI may be able to make arrangements for the student to attend professional meetings during clinical courses. The DCE/ADCE/SCCE/CI will also determine if the days will need to be made up based on the student's performance and previous attendance record.

Student Impairment

For safety reasons, students are expected to be always alert during clinical assignment. If a student is considered impaired (impairment means appearance of under the influence of drugs and/or alcohol) by the CI and/or SCCE, they will notify the DCE/ADCE immediately and the DCE/ADCE will make arrangements for appropriate transportation of the student from the clinical site. The student will be asked to seek medical attention to determine the cause of impairment. If the impairment is deemed to be the result of non-prescribed use of controlled substances (drugs and/or alcohol) then the student will be suspended from clinical rotations and required to seek appropriate assistance. The WSU Counseling & Testing Center provides professional counseling services to students, faculty, and staff; administers tests and offers test preparation workshops; and presents programs on topics promoting personal and professional growth. Services are low cost and confidential. They are located in room 320 of Grace Wilkie Hall, and their phone number is (316) 978-3440. The Counseling & Testing Center is open on all days that the University is officially open. If you have a mental health emergency during the times that the Counseling & Testing Center is not open, please call COMCARE Crisis Services at (316) 660-7500.

- For the first offense, the student will be removed from the clinical facility and after the DCE/ADCE consults with the CI and SCCE, a determination will be made if the student will be allowed to remain at that clinical facility for the duration of his/her rotation. Factors will include the extent of impairment and appropriate safety considerations for the student, clinical personnel as well as for the patients. Students may be asked to seek counseling or attendance of a substance abuse program. An appropriate listing of resources will be made available to the student. If the clinical facility will not retain the student or if the student has been absent from the clinical rotation for an extended period making it impossible for him/her to fulfill the requirements of that rotation, an alternate clinical rotation may be sought for the student. The student will not be allowed to return to clinical rotations until evidence is provided from an appropriate health care provider documenting that the student can perform effectively and safely in the clinic. Program faculty will individually consider each student's ability to progress through the program.
- For the second offense during the duration of the clinical education program, the student will be dismissed from the program. The student may reapply to the program if he/she provides documented evidence of successful completion of a substance abuse program as determined by a licensed professional within the field of chemical dependency.

Exposure to Workplace Injury

In the event of an exposure to an infectious agent or hazardous material or injury at the clinical site, the student should seek treatment through the site's employee health department. The student must follow site protocol for injury or exposure reporting and

must promptly notify the SCCE, CI, DCE, and ADCE.

Client Incident or Injury

Students are to immediately report all incidents or accidents involving clients to their CI and the DCE/ADCE. The CI should report the occurrence as required by clinical site policy and procedure. It is also the responsibility of the SCCE to contact the DCE/ADCE to discuss such incidents or accidents. All matters regarding such occurrences are to be processed according to facility policy and procedure.

Personal Injury Sustained during School Hours and Department Activities

All personal injuries must be reported to the Student Health Services (SHS) office and appropriate incident forms completed if an injury is sustained during classroom, supplemental practice hours, or program activities. If an injury is sustained while at an affiliation, report to the affiliation health service and then report to the office of SHS within 24 hours of the injury. If injury requiring medical assistance occurs, call 911. One person should remain with the injured person at all times. Notify a DCE immediately.

Communicably Infectious Diseases

The following information is provided to establish protective measures to reduce risk to students to occupational exposure to blood and other potentially infectious materials in the classroom and clinical setting. This information applies to infectious materials including blood and blood products; body fluids such as saliva, semen, vaginal secretions; cerebrospinal, synovial, pleural, pericardial, peritoneal, and amniotic fluids; contaminated sharps; pathological wastes; and human immunodeficiency virus (HIV), HBV- containing materials, and COVID-19 virus.

1. Students are to follow universal precautions such as wearing gloves and other appropriate personal protective clothing and eye protection, if necessary; washing hands; not eating, drinking, storing food, smoking, applying cosmetics, or handling contact lenses in the clinic.
2. Students are to follow the housekeeping policies and procedures of their assigned facility keeping in mind the need to clean and disinfect all surfaces and equipment; using mechanical means to pick up possibly contaminated broken glassware; using labeled, leak proof primary and secondary containers for storage and transportation of infectious wastes; collecting and disposing waste and laundry properly; and wearing gloves and other protective clothing, as necessary.
3. Students with active hepatitis infections should have clearance by the DCE/ADCE and either their personal physician or Student Health Service before returning to active clinical status. If a student has possible exposure to TB, HIV, or HBV containing materials or persons, he/she is to inform the CI immediately and follow the facility policies and procedures. Additionally, the student must inform the DCE/ADCE and report to SHS for appropriate follow up measures.
4. Any student who contracts measles, mumps, or rubella is required to inform the DCE/ADCE and report this information to SHS. The student cannot return to the clinic until released by SHS.
5. Any time the student has influenza or an infectious respiratory condition, it is encouraged that the student remove him/herself from the clinic and take appropriate medical measures until the symptoms subside.
6. All students must follow all WSU COVID-19 policy and procedures.

It is the policy of WSU that students who have AIDS, ARC, or positive HIV tests will be allowed normal classroom attendance or performance of regular duty assignments if they are physically and psychologically able. The University will offer educational programs to students to promote knowledge and prevention of AIDS. Individuals with AIDS, ARC, or positive HIV tests, who are participating in activities where an exchange of body fluids, such as blood, may occur (e.g. contact sports, educational laboratory/clinical settings) should discuss the advisability of participation in these activities with their physician. The participant with AIDS, ARC, or positive HIV tests has the responsibility to inform other participants of the possibility of contamination. You have the responsibility of sharing this information with the ACCE prior to clinical placement since you may be participating in clinical education activities in facilities whose policies may differ.

Definition of terms: acquired immunodeficiency syndrome (AIDS), AIDS-related condition (ARC), and positive human immunodeficiency virus (HIV) antibody tests.

Students with Infectious Diseases

Any student is expected to advise his/her instructor or any official of the College that he/she has been diagnosed as having an infectious disease, such as COVID-19, HIV/AIDS, tuberculosis or infectious hepatitis. He/she shall be put on a medical leave of absence pending a physician's statement regarding two factors: 1) the vulnerability of the student to a secondary infection from being in the health care institution, and 2) the potential for infection of others by the student in his/her present medical state. The Physical Therapy Department Chair may require documentation provided by the student and/or interview the student prior to a final determination regarding returning to class. If it is determined that the student can continue, but has an infectious disease, one or more of the following shall occur:

1. The student will not be allowed to continue course work in a patient contact area if the student or patient must be protected.
2. The student shall continue a medical leave of absence until able to be reinstated. The Department Chair will recommend to the Dean the extent of credit for course work completed.
3. If the student is currently assigned in a non-patient contact area and has been released by his/her physician for return to class, he/she shall be allowed to return to class.
4. If it is determined that no reasonable accommodation is feasible for a student with an infectious disease, the student will continue a medical leave of absence for a period of time defined by his/her physician. Upon termination of the medical leave of absence, the student will be allowed to resume his/her course work in mode or manner recommended by the Department Chair and approved by the College of Health Professions Dean.

Treatment of Patients with Infectious Diseases

Students must comply with policies and procedures of each assigned affiliation site for protection of self and others. Students with special health problems or needs who are assigned to work with patients having an infectious disease shall have the responsibility for discussing the issue with his/her clinical instructor and of providing such medical history or information as is requested of him/her.

Incident Reporting

In the event of a non-needle stick or blood-to-blood exposure, an incident out of the ordinary involving or witnessed by a student should be immediately reported to the CI and DCE/ADCE, and the appropriate clinical site incident report form should be completed. The DCE/ADCE should be contacted as soon as possible, but no later than 24 hours of the incident.

WSU Needle Stick or Blood-to-Blood Exposure Protocol

The student should familiarize themselves with the facility's policy for reporting injuries and follow both the facility's and WSU Student Health Services' Policy for the reporting of injuries. Upon injury or exposure (blood-to-blood), the student will notify their clinical instructor immediately. In addition, the student will notify WSU Student Health Services at 316-978-4720 as soon as possible, preferably within 24 hours, and complete a WSU Student Health Incident Report. Student Health Services will contract the health facility where exposure occurred to ascertain the status of the individual who provided exposure. Student Health Services will inform the student of recommendations and offer appropriate preventive measures. The WSU Student Health Incident Report Form and final disposition will be maintained in the student's health record in Student Health Services on the WSU Campus.

DCE Incident Responsibilities

In the event of any incident during a clinical rotation, the DCE/ADCE will complete an "Intervention" in EXXAT under the EXXAT Student Portal and notify the Physical Therapy Department Chair. Notification to the Dean of the College of Health Professions will also occur if deemed necessary by the Department Chair.

Patient/Client Rights

Students are obligated to obtain informed consent prior to each patient interaction while on clinical rotation. Students must disclose their status as a physical therapy student and provide the client with the name of the supervising therapist. A client has the right to refuse treatment by the student without effects on services.

Clinical Site Property

All clinical site resources are considered proprietary. Students may not remove or copy resources or materials from the clinical site without consent of the SCCE.

Professional Conduct

Students are expected to exhibit professional behavior. Students are expected to uphold the [APTA Code of Ethics](#) and [Core Values for the PT/PTA](#) in accordance with CAPTE Standards 7D4 and 7D5. Any behavior exhibited by the student that is deemed inappropriate by the DCE, ADCE, the CI or the SCCE will result in remediation and/or failure of the clinical internship. See Appendix C for Remediation Policy and Form. Examples of professional behavior include but are not limited to:

- Always be eager to learn and make the most of every learning opportunity with your CI,
- Have respectful discussions with your CIs and other staff,

- Always be on time,
- Be willing to stay as late as you need to in order to get your work done and prepare for the next day,
- Be confident but not arrogant. Your CI may have a different way of doing things than you learned in the didactic coursework or textbooks,
- Turn your smart watch to "do not disturb" and keep your phone at your desk while working with patients (unless you need it to educate a patient using an application),
- Always prepare for each and every patient before you treat them (it is recommended that you prepare specific interventions including progression and regression ideas for each patient the night before you see them the next day),
- Communicate your concerns in a positive way with your CIs,
- Be caring and empathetic to ALL patients!

Clinical Education Costs

Students are responsible for the costs incurred during their clinical rotations. Students should plan for the financial costs of clinical education above and beyond the costs of tuition. These costs include but are not limited to: travel to/from clinical site, cost of housing during clinical rotation, and other daily living expenses associated with a clinical rotation.

CLINICAL EDUCATION CURRICULUM

Physical Therapy students complete two semesters of integrated clinical experiences (ICE): PT 741 Integrated Clinical Experience I and PT 761 Integrated Clinical Experience II and four full-time clinical education rotations during the professional curriculum: PT 852 Clinical Education I, PT 953 Clinical Education II, PT 954 Clinical Education III, and PT 955 Clinical Education IV. The clinical education course length follows CAPTE Standard 6M.

- PT 741 Integrated Clinical Experience I: This course allows students to practice clinical skills in various clinics for ½ day increments over 16 weeks and is offered during the first fall semester in the program.
- PT 761 Integrated Clinical Experience II: This course allows students to practice clinical skills in various clinics for ½ day increments over 16 weeks and is offered during the first spring semester in the program.
- PT 852 Clinical Education I: This 8-week full-time clinical rotation occurs during the second summer semester in the program.
- PT 953 Clinical Education II: This 10-week, full-time clinical rotation occurs during the third summer semester in the program.

- PT 954 Clinical Education III: This 10-week, full-time clinical rotation occurs during the third fall semester in the program.
- PT 955 Clinical Education IV: This 10-week, full-time, clinical rotation occurs during the third spring semester in the program.

Objectives for all full-time clinical education courses are as follows:

Upon successful completion of each clinical course, the student will apply knowledge and skills learned in the preceding academic semesters and will demonstrate the following:

Professional Behaviors:

Safety:

1. Follows health and safety precautions (eg, universal/standard precautions).
2. Takes appropriate measures to minimize risk of injury to self.
3. Takes appropriate measures to minimize risk of injury to patient.

Professional Ethics: (7D4)

4. Demonstrates compliance with all HIPAA regulations regarding patient confidentiality. (7D1)
5. Demonstrates positive regard for patients/peers during interaction.
6. Demonstrates cultural competence; shows tolerance of, and sensitivity to, individual differences.
7. Adheres to ethical and legal standards of practice.
8. Maintains appropriate appearance, attire, conduct, and demeanor.
9. Demonstrates awareness of patients' rights.

Initiative (7D11)

10. Recognizes and maximizes opportunity for learning.
11. Implements constructive criticism.
12. Utilizes available resources to problem solve.
13. Is a positive contributor to the efficient operation of the clinic.

Communication Skills: (7D12)

14. Communicates verbally with precise and appropriate terminology in a timely manner with patients and families.
15. Communicates verbally with precise and appropriate terminology in a timely manner with health care professionals (eg, MD, insurance carrier).
16. Communicates in writing with precise and appropriate terminology in a timely manner: documentation standards (eg, concise, accurate, and legible; conforms to standard procedures). (7D32)
17. Communicates in writing with precise and appropriate terminology in a timely manner with professionals (eg, documentation, letters, and plans of care).
18. Communicates in writing with precise and appropriate terminology in a timely manner with patients and families (eg, patient home programs).

Patient Management:

Examination:

19. Obtains an accurate history of current problem. (7D17)
20. Identifies problems related to functional limitations and disability using standardized outcome instruments when available.
21. Performs systems review and incorporates relevant past medical history. (7D18)
22. Generates an initial hypothesis.
23. Generates an alternative hypothesis (list of differential diagnosis). (7D16)
24. Selects and competently administer appropriate tests and measures to confirm or disconfirm hypotheses. (7D19)
25. Recognizes contraindications for further tests and measures.
26. Demonstrates appropriate psychomotor skills when performing tests and measures.

Evaluation (analysis and synthesis of exam results):

27. Confirms or disconfirms initial hypothesis based on evaluation data from examination to make clinical judgments. (7D20)
28. Confirms or disconfirms alternative hypothesis based on evaluation data from examination to make clinical judgments. (7D20)
29. Administers further tests and measures as indicated.

Diagnosis/prognosis:

30. Determines expected outcomes (using standardized indices of functional limitations and disabilities where applicable) of physical therapy interventions (goals). (7D22, 7D23)
31. Selects appropriate physical therapy plan of care or makes appropriate consultations or referrals.(7D24)
32. Determines appropriate duration and frequency of intervention; considers cost-effectiveness. (7D24)
33. Determines criteria for discharge.(7D26)
34. Determine components of plan of care that may or may not be directed to physical therapy assistant. (7D25, 7D29)

Intervention:

35. Competently performs physical therapy interventions to achieve patient goals and ideal outcomes. (7D27)
34. Adheres to evidence based intervention during treatment selection. (7D27)
35. Applies effective treatment using appropriate psychomotor skills.
36. Incorporates patient/family education into treatment.
37. Incorporates discharge planning into treatment.
38. Assesses progress of patient using appropriate measures.
39. Modifies intervention according to patient's/client's response to treatment. (7D30)
40. Recognizes when expected outcome has been reached and makes appropriate recommendations. (7D31)
41. Recognizes psychosocial influences on patient management.

EVALUATION AND GRADING OF CLINICAL COURSES

Satisfactory performance in each clinical rotation and clinical course is a requirement for advancement through the program and for graduation. The CI working with the student is responsible for completing the Clinical Internship Evaluation Tool (CIET) in EXXAT

per the EXXAT Procedure Manual and for giving frequent feedback to both the school and student in a timely manner. Students are encouraged to seek frequent feedback from the CI concerning their progress. The DCE or ADCE assigns the clinical education grade based upon CI feedback, student performance/assignments, and student adherence to program rules, regulations and policies. The level of student performance expectations progresses towards entry-level competency as the student progresses through the clinical education program. CAPTE Standard 1C4 requires that students demonstrate entry level clinical performance prior to graduation.

Assignment of Grades for Clinical Courses

Each student is responsible for becoming familiar with the Clinical Grading Guidelines for each clinical rotation. Each student's grade will be based on the guidelines established for the course and will be provided to the student within the course syllabus as well as below. The deadlines for assignments are established by each faculty member for clinical education courses. Students are expected to comply with the established deadlines and complete all assignments. In the case of an emergency or illness, the appropriate course instructor should be contacted. Students may request department staff to place written assignments in the appropriate faculty mailbox in the Department office. Clinical education grades of A, B, and C are determined by CIET performance, completion of assignments, and meeting deadlines of assigned courses related to clinical education experience.

Student Evaluation of CI and Clinical Site

Following each clinical site, the student is required to complete the Student Assessment of Clinical Rotation Form located in EXXAT titled PTSE 1 and PTSE 2. This form evaluates both the clinical experience and the CI(s) performance. Information on how to complete this form is in the EXXAT Procedure Manual. Evaluation of CI and Clinical Site follow CAPTE Standard 4O and 8F.

Evaluation of The DCE and the WSU PT Clinical Education Course Instructor

Each student will have the opportunity to evaluate the DCE/ADCE following designated clinical education courses. For the WSU PT program, DCE evaluation takes place following PT 953 Clinical Education II and PT 955 Clinical Education V. Evaluation of clinical education effectiveness meets CAPTE Standard 4J.

Clinical Internship Evaluation Tool (CIET)

At mid-term and end of PT 852, PT 953, PT 954 and PT 955, students and CIs will be required to complete the CIET in EXXAT per the EXXAT Procedure Manual. The CIET meets the CAPTE standard 5E and 6J.

Performance Expectations for Clinical Rotations based on CIET See Appendix B

Failure to Meet Clinical Guidelines

Failure to meet the clinical education requirements, policies, and guidelines could result in the student receiving a failing grade for the clinical course regardless of the level of evaluation given by a CI.

A failing grade is considered anything below a grade of "C" for PT 852, PT 953, PT 954, and PT 955. This is evidenced by documentation by the CI on the CIET that the student

should not receive credit for the rotation, an inappropriate level of performance on the CIET, or failure to complete other clinical course requirements.

A passing grade (grade of C or better, no adverse documentation by the CI, and appropriate level of performance scores) is required before the student can proceed with the next clinical education or didactic course.

A student is allowed the opportunity to remediate only one clinical rotation during the curriculum. If a student receives a failing grade from one rotation, then remediates that rotation with a passing grade, the passing grade will be issued to the student. The student can proceed with subsequent clinical rotation assignments after successful completion of the remediation. If the student fails the remediation clinical or a subsequent clinical rotation, then they will be dismissed from the program. Remediation policy demonstrates compliance with CAPTE Standard 5E.

Clinical Remediation Guidelines for the CI

If the assignment of a failing grade is anticipated, the following steps will be taken by the CI:

1. The CI informs the DCE, ADCE, and SCCE of the student's failing performance as early in the rotation as possible and identifies specific areas of concern.
2. The CI strives to maintain a coaching role to assist the student in focusing on areas of concern by:
 - a. discussing with the student's performance with the student early in the rotation and on a regular basis.
 - b. describing acceptable behavior or clinical performance to the student.
 - c. defining to the student the desired change in behavior or clinical performance when unacceptable or problematic behavior is identified; and
 - d. monitoring the student's progress on a regular basis and providing opportunities for success.

Clinical Remediation Guidelines for the DCE

When a remedial rotation is indicated, the DCE/ADCE will complete the following:

1. The WSU DPT Student Remediation Agreement Form and meet with the student immediately following the failed clinical rotation per the WSU DPT Remediation Process defined in the WSU DPT Student Handbook. See also Appendix C for Remediation Policy and Form.
 - a. Identify, with the student, specify areas for academic remediation and set specific goals/objectives to improve performance.
 - b. The student will enter academic remediation with specific faculty until specific goals/ objectives have been met.
2. Once student has successfully completed academic remediation, another clinical rotation will be assigned.
3. If student successfully completes the remedial clinical rotation, they may continue with the program sequence.
4. If the student fails the remediation clinical or a subsequent clinical rotation they will be dismissed from the program.

OTHER INFORMATION

Clinical Faculty Privileges

SCCEs and CIs are considered non-paid adjunct faculty of the College of Health Professions at WSU. Although there is no salary associated with being a SCCE or CI, you are eligible for a WSU I.D. which allows you certain benefits such as discounts for theater and other cultural activities, discount for membership in the Heskett Center or Wichita YMCA, use of the library and bookstore, discounts and/or free admission to WSU DPT-offered continuing education courses, and waiver of the student fee (not tuition) for enrollment in credit courses.

To make use of these benefits, you must have obtained the photo-ID Shocker Card. If you do not have a Shocker Card, you may obtain one free of charge by completing the [Non-Employee Access Form](#). See the [Non-Employee Access Form Instructions](#) for further details on completion of the form. Once the Non-Employee Access Form is completed please fax to WSU PT (316)978-3669 or send secure email to [WSU PT Clinical Education](#) team at wsudpt.clined@wichita.edu. WSU Human Resources will process the Non-Employee Access form and will issue a WSU ID and instructions about obtaining a Shocker card. The WSU ID and Shocker card gives you privileges to use the Library and the Heskett Center. For more information concerning your privileges, please contact the DCE.

EXXAT

This technology resource serves to meet the needs of our clinical education program. See Appendix D: EXXAT Student Manual. EXXAT database allows communication between DCE, ADCE, CPC, SCCE, CI, and students in accordance with CAPTE Standard 8D5.

AFFILIATION AGREEMENT

**WICHITA STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS**

and the Facility

«Clinical Site Name»
«Address Line 1»
«Address Line 2»
«City», «State» «Zip Code»

Phone: **«Phone Number»**

Head of Facility:

«Head of Facility»
«Title»

Effective Dates of Agreement

7/1/2013 to **6/31/2018**

AFFILIATION AGREEMENT

WICHITA STATE UNIVERSITY COLLEGE OF HEALTH PROFESSIONS and

«Clinical Site Name»

THIS AGREEMENT is by and between WICHITA STATE UNIVERSITY, a state educational institution of Kansas, 1845 Fairmount, Wichita, Kansas 67260-0043, contracting on behalf of its College of Health Professions (hereinafter “the University”) and «Clinical Site Name», (hereinafter “the Facility”), and sets forth the intended joint and/or individual responsibilities of the parties in the education of students enrolled in programs at the Facility.

WHEREAS, the University is a state educational institution of Kansas;

WHEREAS, the University is authorized by K.S.A. 76-721, to enter into contracts with other parties for purposes related to the operation and function of the University; and

WHEREAS, the University through the College of Health Professions has programs designed to provide education for various healthcare professionals;

WHEREAS, «Clinical Site Name» is a health care facility in the state of Kansas and desires to make its facilities available to the University for the purpose of experiential learning for the students of the College of Health Professions;

NOW THEREFORE, in consideration of the above premises and the individual and mutual promises of the parties hereinafter set forth, and for other good and valuable consideration, it is hereby agreed by and between the parties that:

1. The terms of each and every provision in this agreement shall prevail and control the terms of any other provision in any other document relating to this affiliation.
2. All contracted agreements shall be subject to the laws of the State of Kansas.
3. Neither the State of Kansas nor any agency thereof shall hold harmless or indemnify any contractor for any liability whatsoever; furthermore, neither the State of Kansas nor any agency thereof shall purchase or be required to purchase any insurance against loss or damage to any personal property to which this contract relates.
4. The Facility represents and agrees that its representatives executing this contract, and any attachment hereto, are fully authorized to agree to all provisions herein.
5. The University and the Facility mutually agree to make no distinction among students covered by this Agreement, on the basis of race, religion, color, national origin, gender, age, sexual orientation, marital status, political affiliation, status as a Veteran, genetic information or disability.

6. The educational records and information relating to participating students shall be maintained by the University in accordance with the Family Educational Rights and Privacy Act of 1974.
7. This agreement shall be in effect for a period of five (5) years from the date of execution, unless canceled by either party with not less than sixty (60) days notice. This agreement will be reviewed by each party annually or when requested by either party, and shall be effective even if persons, positions, and/or titles are changed. Students who are attending practicums at the Facility at the time of the termination will be allowed to complete the practicum.
8. That to the extent that requirements of the Health Insurance Portability and Accountability Act of 1996 apply to the activities of students participating in the clinical learning experience at the Facility, as authorized by this agreement, the University agrees to comply with said requirements.
9. That the University and the Facility shall:
 - A. Jointly arrange meetings between them to evaluate and improve teaching methods, resolve specific problems, and propose changes in curriculum design.
 - B. Jointly stipulate the appropriate uniform in which the students will be required to appear while in the Facility.
 - C. Provide each other with timely notice of changes in the curriculum, in the availability of learning opportunities, and in staff affecting clinical teaching.
 - D. Jointly determine, prior to each semester, the number of students to be assigned to the Facility, the time and length of the practicum(s).
 - E. That the Facility shall permit graduate level students, if any, to participate in research activities when possible; the students will obtain written permission from Agency and University before beginning research.
 - F. That the Facility shall permit graduate level students, if any, to be directly involved in clinical teaching under the supervision of Agency staff and/or the University liaison.
10. The University shall:
 - A. Provide the Facility with the following information no less than ten (10) days before the practicum begins:
 - a. Name and contact information of student(s)
 - b. Dates and hours of assignment(s)
 - c. Each student's academic class designation
 - d. Philosophy, purpose and learning objectives

- B. Permit visits of the Facility staff for the purpose of observing, auditing, and participating in the teaching process, and attending planning meetings.
- C. Provide the Preceptor (individual supervising the student) with the appropriate forms to evaluate student performance when needed.
- D. Designate a faculty member who shall act as a liaison to the Facility on clinical practicum matters.
- E. Upon request of the Facility, withdraw any student from the Facility when his/her work, conduct or health may be deemed detrimental to patients or clients.
- F. For patient-care-related practicums, require that each student maintains health insurance for the duration of the student at the Facility.
- G. Retain final responsibility for the curriculum design, delivery, quality and modification.
- H. Assign no more than as mutually agreed upon students to the Facility.
- I. Allow faculty to visit the Facility as needed when a student is assigned to the Facility.
- J. For patient-care-related practicums, require that each student maintains professional liability insurance with a minimum of \$1,000,000/\$3,000,000 at no expense to the Facility.
- K. Not provide a salary as compensation to the personnel of the Facility.
- L. Instruct students to adhere to Facility policies and procedures.
- M. Instruct students on the confidentiality of information relevant to client care or institutional matters.

11. The Facility shall:

- A. Permit visits of University faculty and accreditation evaluators for the purpose of observing, auditing or participating in the teaching process, attending meetings, or evaluating for accreditation.
- B. Provide the student selected learning experiences in order to accomplish the educational objectives of the practicum.
- C. Inform of, and make available, when possible, clinical and related facilities (library, cafeteria, lounges, parking, conference rooms, office or work space, classrooms, and dressing rooms) needed for the learning experiences.
- D. Inform and provide University faculty and students with the Facility's policies and procedures, and safety rules and regulations.

- E. Avoid using students in lieu of professional or non-professional staff.
- F. Where possible, provide emergency care to the students in case of accident or illness while in the Facility, at no expense to the Facility.
- G. Retain responsibility for all aspects of patient care and is ultimately responsible for all patient care in the Facility.
- H. Furnish instruction, assignment of patients and/or related learning experiences, supervision, and evaluation of students during their practicum in conformance with the educational objectives of the program.
- I. Consult with the University as early as possible regarding concerns about a student to avoid the necessity of a request for withdrawal.
- J. Agree that personnel of the Facility are not employees of the University.

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TERMS OF AGREEMENT:

This agreement shall become effective on 7/1/2013.

FOR THE UNIVERSITY:

Date
Vice President and General Counsel
Wichita State University

Date
Associate Dean
College of Health Professions
Wichita State University

FOR THE FACILITY:

«Head_of_Facility» Date
«Title»
«Clinical_Site_Name»

Date

Appendix B CIET Performance Expectation Using the Clinical Internship Evaluation Tool (CIET)

The **CIET** is split into 3 categories to determine student performance (**Professional Behaviors** and **Patient Management Skills**).

1. The **Professional Behaviors** category is divided into:

- A. Safety**
- B. Professional ethics**
- C. Initiative**
- D. Communication**

A.	Never	Rarely	Some times	Most of the Time	Always	Not Observed
PROFESSIONAL BEHAVIORS						
SAFETY						
1. Follows health and safety precautions (eg, universal/standard precautions)						
2. Takes appropriate measures to minimize risk of injury to self						
3. Takes appropriate measures to minimize risk of injury to patient						
PROFESSIONAL ETHICS						
1. Demonstrates compliance with all HIPAA regulations regarding patient confidentiality						
2. Demonstrates positive regard for patients/peers during interaction						
3. Demonstrates cultural competence, shows tolerance of, and sensitivity to, individual differences						
4. Adheres to ethical and legal standards of practice						
5. Maintains appropriate appearance, attire, conduct, and demeanor						
6. Demonstrates awareness of patients' rights						
INITIATIVE						
1. Recognizes and maximizes opportunity for learning						
2. Implements constructive criticism						
3. Utilizes available resources to problem solve						
4. Is a positive contributor to the efficient operation of the clinic						
COMMUNICATION SKILLS						
<i>Communicates verbally with precise and appropriate terminology in a timely manner:</i>						
1. With patients and families						
2. With health care professionals (eg, MD, insurance carrier)						
<i>Communicates in writing with precise and appropriate terminology in a timely manner:</i>						
3. Documentation standards (eg, concise, accurate, legible, conforms with standard procedures)						
4. With professionals (eg, documentation, letters, plans of care)						
5. With patients and families (eg, patient home programs)						

C.

D.

Each of these subcategories will have a short checklist of sample behaviors that relate to the category. You will use a 5-point rating scale (shown above) to determine the level of which the student exemplified the specific behavior. Our expectation is that WSU DPT students **ALWAYS** display professional behavior. Therefore, by the end of each clinical rotation, the student's final grade assigned by the DCE, will depend on this expectation.

If at midterm, or at any time during a rotation, the student demonstrates behavior in any item listed in the Professional Behaviors category below "Always", please **notify the Director of Clinical Education (DCE) immediately**. This

will prompt creation of an action plan to allow the student the opportunity to correct his/her behavior before the conclusion of the clinical rotation.

2. The **Patient Management Skills** category is divided into:

- A. Examination**
- B. Evaluation**
- C. Diagnosis/Prognosis**
- D. Intervention**

A.	Well Below	Below	At That Level	Above	Well Above
PATIENT MANAGEMENT					
EXAMINATION					
1. Obtains an accurate history of current problem					
2. Identifies problems related to functional limitations and disability using standardized outcome instruments when available					
3. Performs systems review and incorporates relevant past medical history					
4. Generates an initial hypothesis					
5. Generates an alternative hypothesis (list of differential diagnosis)					
6. Selects appropriate tests and measures to confirm or disconfirm hypotheses					
7. Recognizes contraindications for further tests and measures					
8. Demonstrates appropriate psychomotor skills when performing tests and measures					
B.					
EVALUATION (analysis and synthesis of exam results)					
1. Confirms or disconfirms initial hypothesis					
2. Confirms or disconfirms alternative hypothesis					
3. Administers further tests and measures as indicated					
C.					
DIAGNOSIS/PROGNOSIS					
1. Determines a diagnosis for physical therapist management of patient					
2. Determines expected outcomes (using standardized indices of functional limitations and disabilities where applicable) of physical therapy interventions (goals)					
3. Selects appropriate physical therapy interventions or makes appropriate consultations or referrals					
4. Determines appropriate duration and frequency of intervention; considers cost-effectiveness					
5. Determines criteria for discharge					
D.					
INTERVENTION					
1. Adheres to evidence during treatment selection					
2. Applies effective treatment using appropriate psychomotor skills					
3. Incorporates patient/family education into treatment					
4. Incorporates discharge planning into treatment					
5. Assesses progress of patient using appropriate measures					
6. Modifies intervention according to patient's/client's response to treatment					
7. Recognizes when expected outcome has been reached and makes appropriate recommendations					
8. Recognizes psychosocial influences on patient management					

The definitions of each point on the scale include:

“Well Below” indicating the student requires a great deal of guidance including instructions and verbal cueing to complete the task.

“Below” indicating the student requires some supervision or increased time to complete a task.

“At that Level” indicates that the student is performing **at the level of a competent clinician** and can carry an appropriate caseload for your clinic and achieve an effective outcome for his or her patients.

“Above” indicates that the student is performing above the level of a competent clinician in your clinic. Student’s clinical skills are highly effective and demonstrate the most current evidence in practice. Students can carry a higher than expected caseload.

“Well Above” is reserved for the skill level of a master clinician or clinical specialist.

All of these subcategories have short checklists of expected performance that relate to the category. In these sections, you will rate the student's skill based on a different 5-point scale comparing the student's performance to that of a *competent clinician*, signified by the **“At that level”** point.

Please use the comment page for specific examples of the student's performance related to patient management skills. This section should serve as a narrative to support why the student was ranked at the identified level. These comments are the only way a student will know exactly what is expected of him or her to improve. Vague statements will not help the student improve, nor will it support the grade that the DCE assigns to the student in order to determine progression through the DPT program.

3. On the final page of the CIET, you will give the student an **OVERALL ranking** of clinical competence considering the entire assessment tool. The following section describes the expectations that the WSU PT Program has for students throughout our clinical education curriculum.

WSU PT Grading Expectations

GLOBAL RATING OF STUDENT CLINICAL COMPETENCE

On a scale from 0 to 10, how does the student compare to a competent clinician who is able to skillfully manage patients in an efficient manner to achieve effective patient/client outcomes?

Place an X in the box which best describes the student.

0	1	2	3	4	5	6	7	8	9	10
<i>Well below a competent clinician</i>			<i>At the level of a competent clinician</i>				<i>Well above a competent clinician</i>			

PT 852

PT 953

PT 954

PT 955

WSU DPT students will receive grades for all clinical education courses based on the information provided by his/her clinical instructor on the CIET and assignments turned in to the DCE or WSU Instructor of Record throughout the clinical rotation. Grade determination will be made based on outcomes from BOTH sections of the CIET (Professional Behaviors and Patient Management Skills). In order to receive a passing grade in clinical education courses the student must meet the following expectations:

- A. A total of 16/18 Professional Behavior items must be ranked at the **“Always”** level on the CIET by the conclusion of clinical rotation **PT 852** Clinical Education I. Comments for improvement and expectations must be made for any item not ranked at the **“Always”** level. The student is expected to perform at the **“Always”** level for all Professional Behaviors in **PT 953**, **PT 954**, and **PT 955** Clinical Education II-IV.

B. The Patient Management Skills items will be graded based on a progressive expectation with a higher performance level expected from the student as follows:

- At the conclusion of **PT 852** Clinical Education I, the student is expected to perform at the **“Below”** level or above on **12/24** patient management items.
- At the conclusion of **PT 953** Clinical Education II, the student is expected to perform at the **“Below”** level or above on **at least 22/24** patient management items.
- At the conclusion of **PT 954** Clinical Education III, the student is expected to perform **“At the level”** of a competent clinician on **at least 12/24** patient management items.
- At the conclusion of **PT 955** Clinical Education IV, the student is expected to perform **“At the level”** of a competent clinician on **at least 24/24** patient management items.

Appendix C WSU DPT Remediation Policy and Form

WSU Physical Therapy Department Remediation Policy and Form

Remediation Purpose

The remediation policy is designed to promote the success of students at risk to fail a course, at risk for failure of a clinical rotation, or risk to fail the National Physical Therapy Examination because they have difficulty accomplishing course objectives and/or meeting course or program requirements. The process is not intended to replace course curriculum or course/program requirements but to supplement the student's learning. The remediation process is initiated to address the following situations:

- academic jeopardy (i.e., low quiz/exam scores),
- lack of clinical competency (i.e., failing a clinical competency/laboratory exam, unsafe behavior in the clinical environment), and/or
- lapses in professional judgment (i.e., tardiness, absenteeism, unprofessional behavior).

If a student is struggling in multiple areas, separate remediation plans are established for each at risk behavior.

Remediation Process

The remediation process is initiated by faculty as soon as an at-risk student is identified. The faculty member is responsible for meeting with the student to discuss the identified concerns and develop an individualized remediation plan. The remediation plan must be documented on the form "Physical Therapy Student Remediation Agreement" (see attached) and meet the following guidelines:

- The Remediation Plan must clearly describe the area(s) of deficiency.
- Remediation outcomes must identify specific, measurable goals the student must attain or perform to demonstrate success.
- Remediation activities must be individualized to the student's area of weakness. They may include, but are not limited to, completion of suggested computer-based practice tests, written review materials, practice questions, instructor-developed materials, hands-on laboratory skill practice, or any other materials/methods suggested by the faculty.
- A time frame for completion must be agreed upon and documented in the remediation plan.
- The remediation form must be signed by faculty and student.

Once the remediation plan is signed, the student has until the established deadline for completion to meet the remediation outcomes. Faculty will be available to support the student during this time, but it is the student's responsibility to contact faculty to request additional assistance if/when it is needed.

Remediation Completion

When the deadline for remediation completion has passed, the faculty member is responsible for meeting with the student to determine whether the remediation outcomes

have been met. If evidence supports successful attainment of remediation outcomes, the remediation plan will be considered complete once it is signed by faculty and student. If evidence does not support successful attainment of remediation outcomes, the remediation will be considered unsuccessful. Unsuccessful remediation signifies the student is unable to master a critical course objective or program requirement; therefore, the student will:

- 1.) receive a failing grade and be required to repeat the course,
- 2.) complete a secondary remediation plan.

If the failure is in a didactic course with a co-requisite clinical course, the student may be required to withdraw from the co-requisite clinical course or from the program. This decision for secondary remediation and withdraw from clinical course or program will be considered by Program Director and associated faculty.

WSU Department of Physical Therapy Student Remediation Form

Student Name: _____

Faculty Member: _____

Remediation #1 - Specify Area of Remediation:

Academic jeopardy Lack of Clinical Competence Lapse in Professional

Judgment Describe Area(s) of Concern:

Date Implemented	Remediation Outcome(s)	Remediation Plan	Deadline for Completion	Confirmation of Agreement
	<i>The student will:</i>			Faculty Signature:
				Student Signature:

Evaluation Date	Review of Remediation Outcome(s)	Evaluation of Remediation Plan	
		Successful	Unsuccessful
		Faculty Signature:	Faculty Signature:
		Student Signature:	Student Signature:

Approved by WSU DPT Faculty Date May 21, 2020

WSU Department of Physical Therapy Student Remediation #2 Form

Student Name: _____

Faculty Member: _____

Remediation #2 - Specify Area of Remediation:

- Academic jeopardy
 Lack of Clinical Competence
 Lapse in Professional

Judgment Describe Area(s) of Concern:

Date Implemented	Remediation Outcome(s)	Remediation Plan	Deadline for Completion	Confirmation of Agreement
	<i>The student will:</i>			Faculty Signature:
				Student Signature:

Evaluation Date	Review of Remediation Outcome(s)	Evaluation of Remediation Plan	
		Successful	Unsuccessful
		Faculty Signature:	Faculty Signature:
		Student Signature:	Student Signature:

Approved by WSU DPT Faculty Date May 21, 2020

Appendix D: EXXAT Student Manual

EXXAT Student Manual is housed in Blackboard > My Organizations > Physical Therapy Department > Clinical Education Tab > EXXAT Student Manual

EXXAT Student Manual is housed in EXXAT under Student Packet located in each student profile.

Appendix E ICE Clinical Experience Form



PT 761 Clinical Practicum & Seminar II
Integrated Clinical Experience
Student Assessment

Student: _____

CI/Site: _____

Please assess the student for each of the following areas and provide comments. Comments provide faculty with valuable information on each student performance.

Pass: Competently demonstrates sample behaviors and/or simple behaviors

Low Pass: Demonstrates sample behavior or simple behaviors: could benefit from continued instruction/practice

Not Demonstrated: Most sample behaviors are not demonstrated; significant concerns present

- | | | | |
|-------------------------------|------|----------|------------------|
| 1. Safety: | Pass | Low Pass | Not Demonstrated |
| 2. Professional Behaviors: | Pass | Low Pass | Not Demonstrated |
| 3. Communication | Pass | Low Pass | Not Demonstrated |
| 4. Clinical Reasoning | Pass | Low Pass | Not Demonstrated |
| 5. Teamwork/Collaboration: | Pass | Low Pass | Not Demonstrated |
| 6. Select one clinical skill: | Pass | Low Pass | Not Pass |

<p><u>Evaluation:</u></p> <p>Subjective Assessment: Full/Partial</p> <p>Balance Test</p> <p>Goniometry of Joint: _____</p> <p>Posture Assessment</p> <p>Assistive Device Prescription</p> <p>Assistive Device Education</p> <p>Vitals Assessment</p> <p>Palpation: _____</p> <p>Reflex Testing: _____</p> <p>MMT: _____</p>
--

<p><u>Intervention:</u></p> <p>Exercise prescription</p> <p>Exercise Education</p> <p>Transfer: _____</p> <p>Selection and Application of physical agent: _____</p> <p>Assistive Device Prescription</p> <p>Assistive Device Education</p>

<p><u>Communication:</u></p> <p>Patient diagnoses education</p> <p>Write one SMART goal for patient seen.</p> <p>Professional exchange</p> <p>Caregiver education</p> <p>Patient education on PT POC</p>

<p><u>Other Skill:</u></p> <p>_____</p>
--

Comments: _____

Discussion requested between WSU faculty and CI.

Student Name: _____

CI Name: _____

Student Signature: _____

CI Signature: _____

Appendix F: Clinical Education Agreement Form

Clinical Education Agreement Form

1. ____ I understand that it is required to complete one full time rotation in one inpatient and one outpatient setting over the 4 full time clinical rotations.
 - a. Inpatient rotation options include acute care hospital, skilled nursing facility, inpatient rehabilitation hospital, or rural health with at least 50% of the caseload is inpatient.
 - b. Outpatient rotation options include outpatient orthopedic clinic, home health, rural hospital with at least 50% outpatient caseload, and specialty clinic.

2. ____ I understand that it is my responsibility to make sure that I have uploaded all current required clinical education information such as but not limited to: annual physical examinations, immunizations, annual TB skin test results into the EXXAT system.

3. ____ I understand that it is my responsibility to provide proof of health insurance, approved CPR course verification including renewals when needed, a background check, HIPAA and Blood Born Pathogen annual training, etc. to the Director of Clinical Education via the EXXAT system.

4. ____ I understand that not providing all required clinical information by the time it is required could result in dismissal from the program or delayed graduation secondary to clinical affiliations being delayed.

5. ____ I understand that clinical requirements may change and that I will be required to meet the new requirements. I understand that I will be notified in writing of any changes.

6. ____ I have been made aware of the Clinical Education Policies and Procedures as outlined in the Clinical Education Handbook and agree to always abide by them and have been provided with the link to the Handbook on the web, as well as access through the PT Departments Blackboard course.

My initials on the above items, and my signature below indicates that I understand and agree to all the above items. (No typed signature accepted.)

Signature
Printed Name

Date

Appendix G: Physical Examination Form 1 and 2

Physical Examination Forms 1 and 2

WICHITA STATE UNIVERSITY
STUDENT HEALTH SERVICES
 1845 Fairmount Street
 Wichita, KS 67260-0092
 Ph. 316-978-3620 Fax: 316-978-3517

PHYSICAL EXAMINATION FORM

Date: _____

FORM # 1

Circle Program and Year:				
1 st Year	2 nd Year	GYN	_____	_____
Dental Hygiene	Nursing	Grad Nursing	PA	PT
Med.Tech.	CO-OP	Student Teaching	_____	_____

PERSONAL AND ANY FAMILY MEDICAL HISTORY

My WSU ID # _____

Name: _____

Last First Middle

Date of Birth: _____ Telephone: (h) _____ (c) _____

Month Day Year

Address: _____
 Number Street Apt # City State Zip Code

Emergency Contact: _____
 Name Address Phone #

Family Physician: _____
 Name Address Phone #

Allergy to drugs/food/plants, other: _____

	RELATION/SELF	PROVIDER CONCERNS	BEHAVIORAL HEALTH:	
Asthma			Tobacco use	Y/N
Cancer			Smoke?	
Diabetes			Chew?	
Elevated blood pressure/stroke			Other _____	
Heart disease			If yes, # per day?	
Other:			Alcohol Use?	
Auto Immune Disorder			If yes, # drinks/week	
Blood Clots			Other Drug Use?	
Depression			What type _____	
Epilepsy or Seizures			Do you:	
Headaches			Exercise?	
Gall Bladder Disease			Get 8 hrs sleep/day?	
Hepatitis /Liver Disease			Handle stress well?	
High Cholesterol			Use Seat Belts?	
Stroke			Text while Driving?	
Thyroid Disease				
Chronic or Serious illnesses or hospitalizations (list):				
Surgeries or injuries (broken bones, head injury, etc.):				
Current medications (including any birth control):				
History of physical/emotional/sexual abuse:				

SEXUAL HEALTH HISTORY	Yes	No	
I have not had sex			
I have had vaginal sex			
I have had anal sex			
I have had oral sex			
Female partners			
Male partners			
Have you received the Gardasil vaccine?			
Have you ever had:	Chlamydia	Gonorrhea	Syphilis
(please circle):	HIV	Herpes	HPV
Age at first intercourse			
Total number of partners			
Number of partners currently			
Length of current relationship			
Do you self exam	_____ Breast	_____ Testicular	

FEMALES ONLY:
 Number of pregnancies ___ births ___ living children ___ other ___
 Condom use: ___ Always ___ Most of the time ___ Sometimes ___ Never
 Contraception you currently use:
 ___ Abstinence ___ None ___ Patch ___ Implanon ___ IUD ___ Pill ___ DEPO
 ___ Pulling Out/Withdrawal ___ Condoms ___ Nuvaring
 Any problems with contraception? _____

MENSTRUAL HISTORY:
First day of your last period? (mm-dd-yyyy) _____
 Age at your first menstrual period? _____
 How many days do your periods last? _____
 Are your periods regular? (21-38 days apart) ___ or irregular ___
 Period problems? _____

PAP HISTORY (mark any you have ever had):
 ___ Pap Smear. If so, When _____ Where _____
 ___ Abnormal Pap: If so, When _____ Where _____



WICHITA STATE UNIVERSITY
STUDENT HEALTH SERVICES

Phone: (316) 978-4792
Fax: (316) 978-3517
Web: wichita.edu/shs

FORM # 1

Mailing Address:
1845 Fairmount, Box 92
Wichita, KS 67260-0092

PHYSICAL EXAMINATION

Patient _____ DOB: _____
Last Name First MI

WSU ID# _____ Phone # _____

Medical History:

Last date of eye exam: _____
Last date of dental exam: _____
Any major illness or health impairment: _____
Hospitalization/Serious Injury: _____
Patient's past history: _____
Any mental or behavioral health history? Yes No
Any findings in patient's family health history? _____
Allergy _____
Latex/non-medication allergies Yes No If yes, specify: _____
Medications currently being taken: _____

Physical Examination (notate all spaces, draw-through lines are not acceptable):

Examined:	Normal Abnormal		Normal Abnormal		Normal Abnormal		Normal Abnormal				
	___	___	___	___	___	___	___	___			
General Appearance	___	___	HEENT	___	___	Breasts	___	___	Abdomen	___	___
Neurological Exam	___	___	Heart	___	___	Lymph Nodes	___	___	GU Exam	___	___
Musculoskeletal	___	___	Lungs	___	___	Pelvic Exam	___	___	Rectal Exam	___	___
Extremities	___	___	Neck	___	___	COMMENTS: _____					

COLLEGE OF HEALTH PROFESSIONS CLINICAL REQUIREMENT (Submit Documentation)

1. Physical Examination within the past year.
2. TWO MMR'S OR POSITIVE RUBEOLA, RUBELLA and MUMPS TITERS
3. HEPATITIS B VACCINES: 3 Vaccines or Positive Titer
4. VARICELLA/CHICKEN POX: Two Varicella vaccinations or a positive Varicella Titer.
5. Current year (season) INFLUENZA VACCINATION (or waiver).
6. Tuberculin Testing: Current year negative TB skin test or negative QFT. If history of positive TB skin test or positive QFT, and negative Chest X-Ray, annual symptoms review must be completed. Copy of Documentation Required.
7. TDAP Vaccine

Please attach immunization record and/or serum antibody laboratory results.

Tuberculosis:

PPD Test: Date placed _____ Date read _____ Results _____ mm
OR Read by _____ Initials
Quantiferon: Date: _____ Results _____ (attach copy)

I hereby certify that I have examined the above patient and this is a complete and accurate record of my examination. I hereby state this individual is in good physical health without limitations or restrictions.

Notes: _____

Physician, APRN, PA, DO, MD Signature _____ Date _____

Provider name printed or stamped _____ Telephone _____

Address _____