

Doctor of Physical Therapy Program Phoenix Metro CLINICAL EDUCATION HANDBOOK

Effective March 2026

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Preface

The Doctor of Physical Therapy Phoenix Metro (DPT AZ) program adheres to all University policies as outlined in the Southern California University of Health Sciences (SCU) Academic Catalog, including the SCU Clinical Handbook. The policies below are either unique to the program, are in addition to University policy, and/or are more stringent than the University policies they reference. DPT AZ students are responsible for familiarizing themselves with the information contained within this handbook and the SCU Academic Catalog and for abiding by all policies and procedures within.

The University reserves the right to change any provision or requirement within this handbook at any time. Questions related to the content of the handbook should be directed to the DPT AZ Director of Clinical Education using the contact details provided below.

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1. Introduction

Welcome to your clinical experience! Together, with our parties of interest, we aim to create a rewarding experience rooted in contemporary practice and delivered with integrity in an inclusive, kind environment, which provides professional learning opportunities for Doctor of Physical Therapy (DPT) students.

This Clinical Education Handbook is prepared as a resource to support you through this experience.

2. What is Clinical Education?

Clinical education is the structured, experiential component of the curriculum in which students apply classroom knowledge in real-world patient care settings under the supervision of licensed physical therapists. Clinical education experiences occur across a variety of clinical environments (e.g., hospitals, outpatient clinics, rehabilitation centers) and are guided by clinical instructors who mentor, assess, and provide ongoing feedback to support student development toward entry-level competence. Clinical education is a required and substantial component of DPT training and serves as the bridge between academic preparation and independent professional practice. In essence, clinical education is where students transition from learning about physical therapy to practicing it, integrating knowledge, skills, and professional judgment in authentic patient care contexts.

During clinical education, students are expected to have a variety of experiences which the Director of Clinical Education (DCE) considers when determining placements for each student. These include but are not limited to:

- Health, wellness, and prevention, and management of patients and/or clients with diseases and conditions representative of those commonly seen in physical therapy practice across the life span and the continuum of care.
- Practice in settings representative of those where physical therapy is practiced.
- Participation in learning activities which promote intraprofessional collaboration (Physical Therapist with Physical Therapist Assistant) and interprofessional collaboration (Physical Therapist with other professions).
- Direction and supervision of a Physical Therapist Assistant (PTA) and other physical therapy support personnel.

These and other possible experiences are intended to support each students' achievement of the program's expected student outcomes, as defined in the DPT AZ Student Handbook.

3. Clinical Education Courses

Clinical Education as an entity within the DPT AZ curriculum consists of three full-time clinical education experiences that are offered in Term 4.1, Term 5.2, and Term 6.1/6.2 to fulfill the program-level requirement of 31 full-time weeks in total. These experiences provide students the opportunity to apply their knowledge and skills from the didactic curriculum to clinical settings to develop and refine patient and/or client care management skills under the direct supervision of experienced licensed physical therapists and in collaboration with interprofessional healthcare teams. Course credits, credit hours, and descriptions are provided below.

Course Code	Course Name	Term	Credits	Clinical hours	Location
DPT 645A	Physical Therapy Practice I	4.1	8	320 hours	Approved Clinical Site
DPT 655A	Physical Therapy Practice II	5.2	8	320 hours	Approved Clinical Site
DPT 665A	Physical Therapy Practice III	6.1/6.2	15	600 hours	Approved Clinical Site

3.1. DPT 645A: Physical Therapy Practice I

This first full-time clinical experience provides students with an 8-week integrative opportunity to apply foundational knowledge and emerging clinical skills in real-world practice settings. Under the direct supervision and mentorship of Clinical Instructor (CI) faculty at affiliated clinical sites, students participate in all aspects of patient/client management across the lifespan. Emphasis is placed on safe and ethical practice, professional communication, evidence-informed decision-making, and collaborative participation within interprofessional healthcare teams. This experience supports students' progression toward entry-level competence by integrating academic learning with authentic patient care.

3.2. DPT 655A: Physical therapy Practice II

This second full-time clinical experience provides an 8-week immersive opportunity for students to advance their capabilities in patient/client management under the direct supervision of Clinical Instructor (CI) faculty at affiliated clinical sites. Students apply cumulative didactic and practical learning to deliver safe, evidence-informed care across the lifespan, engage in interprofessional collaboration, and refine clinical reasoning, professional behaviors, and communication skills consistent with contemporary physical therapy practice.

3.3. DPT 665A: Physical Therapy Practice III

This terminal full-time clinical experience provides a 15-week immersive opportunity for students to integrate and apply the full scope of curricular knowledge and professional competencies in real-world practice. Conducted in collaboration with affiliated clinical sites, students engage in all aspects of patient/client management under the direct supervision and mentorship of Clinical Instructor (CI) faculty. Emphasis is placed on delivering safe, ethical, evidence-informed care within interprofessional teams, managing patients across the lifespan and continuum of care, and demonstrating clinical decision-making, communication, and professional behaviors expected of an entry-level physical therapist.

4. Financial Responsibility

Students are financially responsible for their housing, living expenses, transportation, health care, and any other associated costs during clinical education experiences. In the event of an illness or injury while on a clinical education experience, the clinical site may provide the student access to medical services; however, such medical care will be provided at the student's own expense.

Additional financial aid may be available on a case-by-case basis for certain approved costs related to clinical education experiences as determined by the Office of Financial Aid.

5. Program Requirements for Clinical Education Participation

Students must successfully complete all didactic courses within the program's lock-step curriculum prior to the clinical education course in question and be in good academic standing before being granted entry into a clinical education course. Approval by DPT core faculty based on program academic, psychomotor, and professional behavior standards is also required. Factors which determine eligibility to enter clinical education courses are detailed below.

5.1. Academic Good Standing

Academic good standing is defined on the Academic Policies page of the University Catalog. At the program-level, to be considered in Academic Good Standing and successfully gain entry into each clinical education course, students must achieve a cumulative GPA of ≥ 3.0 out of 4.0, calculated at the end of Term 3.2 for the first clinical experience, at the end of Term 5.1 for the second clinical experience, and at the end of Term 5.2 for the terminal clinical experience.

Students on an Academic Development Plan (ADP) may proceed to an upcoming clinical education experience provided that they are projected to meet all of the requirements outlined within their ADP prior to entry into the clinical experience, which includes meeting the benchmark cumulative GPA of 3.0 out of 4.0 by the end of the term preceding the clinical experience in question.

5.2. Clinical Readiness Skills Check

Students are required to demonstrate readiness for their first full-time clinical experience through a comprehensive Clinical Readiness Skills Check. This skills check is designed to evaluate the students' performance across three levels of competency: (1) Tier 1 skills - Essential safety behaviors, (2) Tier 2 skills - Core patient management skills, and (3) Tier 3 skills - Communication, clinical reasoning, and professional behaviors. The Clinical Readiness Skills Check is conducted as a separate testing day immediately following completion of the DPT 637A: Cardiopulmonary Practice course (Year 1, Term 3.2). Performance is graded on a pass/no pass (P/NP) basis. Although not included in the grading for the Cardiopulmonary Practice course, a passing result for this skills check is required for both successful course completion and for entry into DPT 645A: Physical Therapy Practice I.

5.3. Professional Behavior Expectations

Professionalism within the didactic curriculum is defined on the Academic Policies page of the SCU Catalog. Professional Behavior as detailed in the DPT AZ Student Handbook, is assessed as a core clinical readiness skill in all patient management courses taken prior to entry into each clinical education experience using a dedicated standardized rubric. Students are required to achieve a cumulative grade of $\geq 70\%$ for Professional Behaviors assessed via this rubric to be granted entry into each clinical education experience.

5.4. Student Readiness/Faculty Clearance

No less than six (6) weeks prior to each clinical education experience, the DCE will request feedback from DPT core faculty members on the clinical readiness of each student. Readiness is objectively determined by core faculty using a variety of criteria, including student progression throughout the curriculum, successful completion of all practical examinations and skills checks, and successful remediation of any faculty concerns related to patient management skills, professionalism, and/or safety. The Student Success Committee (SSC) reviews the readiness of each student based on these criteria and provides their recommendations during a dedicated clinical readiness faculty meeting.

5.5. Mandatory Training

Students must successfully complete and remain current with the following University-mandated and program-provided trainings to be cleared for entry into clinical education:

- HIPAA/privacy
- FERPA/privacy
- Title IX (Lasting Choices/Preventing Sexual Violence)
- Mandated Reporter Training
- OSHA
- WHO PPE
- Blood Borne Pathogens/Universal Precautions

Some clinical sites may require additional health or educational training requirements beyond those required by the program. Students are required to complete these requirements to be granted entry into the associated clinical experience.

5.6. CPR Certification

Students must carry active CPR certification in American Heart Association Basic Life Support, which should remain current for the full duration of each clinical experience. Proof of compliance must be uploaded into Exxat.

5.7. Health Clearance

5.7.1. Tuberculosis (TB)

The program follows the University's Tuberculosis (TB) Clearance Requirements as described in the SCU Clinical Handbook. Additional requirements include that the two-step test must be performed and interpreted by a licensed healthcare provider. Information on testing requirements can be found in Exxat.

5.7.2. Immunization

Students must be current with immunizations and provide proof of immunity, based on program- and site-specific requirements. All requirements must be satisfied as outlined in Exxat, by uploading associated compliance documentation. Non-compliance with site-specific immunization requirements may prevent the student from being able to participate at an assigned clinical site. The program may attempt to provide alternative work assignments when possible. However, the program is not obligated to identify a clinical site that will accommodate the student, which means that the student may be at risk of a delayed graduation or of administrative dismissal from the program due to an inability to complete the degree requirements.

5.7.3. Site-Specific Requirements

Students must comply with any site-specific health clearance requirements as a prerequisite for participation. Students are responsible for contacting the Site Coordinator of Clinical Education (SCCE) to determine their site-specific health clearance requirements. All site-specific requirements are completed at the student's own expense, unless otherwise notified by the DCE. All site requirements must be completed 2 weeks before the clinical experience begins, unless otherwise notified by the DCE. Failure to complete site-specific requirements by the indicated deadline or to maintain requirements throughout the clinical education course may result in a delay in the start of the clinical placement, cancellation of the clinical placement, or earning a grade of 'No Pass' in the course, which may delay or preclude graduation.

5.8. Criminal Background Check and Drug Screening

Students must successfully complete a criminal background check through Universal Background Screening upon matriculation to the DPT program. This background check is integrated within Exxat for record keeping. Additional background checks and drug screens may be required by an assigned clinical site. These must be completed in accordance with the site-specific policies prior to the deadline assigned to allow for processing time. All costs associated with background checks and drug screens are the responsibility of the student.

5.9. Student Health Insurance

Students are required to maintain active health insurance while enrolled in the program. A copy of the current insurance card(s) should be uploaded through Exxat and will require program approval prior to matriculation into the program. Students are responsible for the cost of any and all emergency and/or routine medical services required during both on- and off-campus education activities and on-ground clinical experiences.

5.10. Personal Information

Students are required to maintain current personal information within Exxat, which includes current residential address, cell phone number, email address, and emergency contacts, among other pertinent information.

5.11. Professional Liability Insurance

Students are not required to obtain their own professional liability insurance. SCU maintains professional liability insurance for all students. Please see the SCU Clinical Handbook under "Professional Liability Coverage and Guidelines."

5.12. Required Equipment and Resources

Although clinical sites typically supply students with essential examination equipment during clinical education experiences, students are encouraged to bring the SCU DPT Student Kit with them daily to ensure they may fully participate in patient examinations.

6. Clinical Education Accommodations Policy

A student with a documented disability, medical condition, or religious reason may request an accommodation to clinical education requirements, including associated standards of professional appearance, with the proviso that required accommodations cannot jeopardize the health and safety of students, patients, or others. The process is student-initiated, runs through the formal interactive process described in the University's Accessibility Services and Accommodations policy in the SCU Academic Catalog, and results in a Letter of Accommodation specifying accommodations required to enable participation in clinical education. Accommodation records are governed by the Family Educational Rights and Privacy Act (FERPA).

Students seeking accommodation must contact the Student Services Office before beginning the clinical education experience in question, or as soon as possible after the need for accommodation arises. Once the accommodation request is triggered, the Accessibility Services Officer, the DCE, the supervising Clinical Instructor (CI), and other relevant academic and/or clinical personnel will determine whether the requested accommodation is reasonable, whether it would fundamentally alter the academic program or clinical requirements thereof, and whether any direct threat to the health or safety of the student or others is present. In a case where the CI identifies a situation posing immediate risk, the CI may temporarily remove a student from the clinical site, pending review by the Student Services Office. All decisions will be made in accordance with applicable disability laws governing postsecondary education, including Section 504 of the Rehabilitation Act, the Americans with Disabilities Act as amended (ADAAA), and Title VII of the Civil Rights Act, consistent with SCU's Non-Discrimination Policy.

In clinical education settings, the program has an obligation to ensure patient safety and to comply with the requirements of clinical site contracts and applicable accreditation standards. The accommodations process will account for these obligations in determining what accommodations are reasonable. Accommodations that would require the program to compromise patient safety, violate clinical site contractual requirements, or fundamentally alter the clinical education program are not required by law and will not be approved on those grounds.

Requests for religious accommodation follow the same steps with the same parties of interest as described above.

Retaliation for any accommodations request is strictly prohibited.

Students who believe an accommodation decision was made in error may appeal through the University's grievance process, described in the SCU Academic Catalog.

6.1. Implementation of Approved Accommodations in Clinical Settings

When an accommodation has been approved, the Student Services Office will issue a Letter of Accommodation to the student. The student is responsible for sharing the Letter of Accommodation with the DCE in advance of the clinical education experience in question. Once shared, coordination among the DCE, the student, and relevant clinical site personnel may occur as needed to support the reasonable provision of approved accommodations and to ensure safe participation.

Formal disclosure of accommodation information to the clinical site will occur only when the DCE, in consultation with the Student Services Office, determines that such disclosure is necessary to implement the approved accommodation or to ensure patient or student safety. Any such disclosure will be limited to the minimum information necessary for that purpose and will be handled consistent with FERPA and applicable University policy.

7. Fitness-for-Participation

Separate from and in addition to the accommodation process, any student who has a health condition, illness, injury, or other concern that may affect the student's ability to safely participate in classroom, laboratory, or clinical activities, or that may place patients, peers, faculty, CIs, clinical site personnel, or other healthcare providers at risk, must promptly notify the Program Director or designated clinical administrator as soon as the concern arises. This obligation applies regardless of whether the student is seeking or has received a formal accommodation and includes any condition that may require emergent care while the student is participating in clinical education experiences.

To meet clinical site contractual requirements and to support safe participation in the clinical environment, the DCE will be informed when it is necessary to evaluate a student's fitness for participation in clinical education. Information shared with the DCE, program faculty, and/or clinical site personnel will be limited to the minimum necessary to address student participation, patient safety, clinical site requirements, and the implementation of any approved accommodations, and will be handled in accordance with applicable law and University policy.

When an individualized fitness-for-participation concern has been identified, the Accessibility Services Officer may request that the student provide a signed medical release. Any such release will be limited in scope to the specific concern at issue and is intended solely to support the determination of whether the student can safely participate in clinical education experiences and to identify any accommodations that may be warranted. Such information will be maintained by the Student Services Office in accordance with applicable medical confidentiality requirements, including the ADA's medical record confidentiality provisions and applicable state law, and will not be placed in the student's general education record. Access will be limited to those with a demonstrated need to know in connection with the specific fitness-for-participation concern, and such information will not be disclosed beyond that purpose without the student's written consent or as otherwise required by law.

Prior to returning to clinical education participation following a health event or condition that interrupted or precluded participation as determined by the DCE in consultation with the Student Services Office, the student must present to the DCE a written release from the attending physician confirming the student's fitness to safely resume patient care responsibilities.

8. Clinical Education Placement

All logistical management pertaining to full-time Clinical Education Experiences occurs through the Exxat platform. Each enrolled student is granted access to this platform prior to matriculation into the program and will be accountable for maintaining an updated profile in addition to uploading and maintaining all compliance documentation required. Requirements and deadlines will be listed and updated in Exxat by the DCE and must be met to qualify for clinical education placement and completion.

Student placements are made by the DCE no later than the start of the term prior to the commencement of the clinical experience. Considerations in assignment of placements by the DCE are outlined below:

- The program goal is to provide a variety of clinical experiences and to equitably optimize clinical learning experiences and opportunities to meet curriculum requirements across the cohort throughout the program.
- Students' preference lists (including notes regarding clinical interests): Student preferences are only one of many factors that are considered. While some student preferences may be honored, providing a comprehensive clinical education experience for all students precludes honoring of all student preferences.
- Students' prior experience with a clinical site: Students may NOT return to a site where they have previously worked or spent substantial observation hours, where they are currently working or volunteering, where they

were previously placed for clinical experiences, or where they have a future work commitment. The DCE reserves the right to refuse assignment of a student to any clinical facility or CI where it is believed that a conflict of interest may exist, or to prevent conflicts of interest and support objectivity in student evaluations.

- Clinical site interviews when applicable.

9. Site and Practitioner Affiliations

As established by the Clinical Education Special Interest Group (CESIG) of the Academy of Education of the American Physical Therapy Association (APTA), students are not permitted to contact a potential new clinical site or attempt to establish their own clinical placement. Rather, clinical sites that the student is interested in may be provided to the DCE for future assessment as a potential University-affiliated clinical partner, as outlined in the “Student Proposal for New Clinical Placements / Affiliations” section below.

10. Affiliation Agreements

Before any clinical placement, a fully executed affiliation agreement between the clinical site and University must be in place. The DCE is also required to verify the qualifications of the clinical instructor(s) assigned to supervise the student, as outlined in the “Criteria for Clinical Instructors” section below.

All agreements are reviewed and signed by an authorized SCU designee. Affiliation agreements are stored in the Exxat database, along with information pertaining to the clinical site and its’ clinical instructors, as provided by the site.

11. Student Proposals for New Clinical Placements / Affiliations

Although use of clinical education sites that are already affiliated with the University is strongly encouraged, students are permitted to consider affiliations between SCU and sites where written agreements do not presently exist. Due to the lengthy process necessary to establish a new clinical contract, any such requests must be made at least one year in advance of the start of the clinical education experience in question. There is no guarantee that new clinical affiliations proposed by students will be pursued by the University, nor does it guarantee that a student will be placed at the site, even if they submitted the request for initiating an agreement.

To initiate the process for consideration, the student is required to meet with the DCE to determine if the affiliation that the student is requesting is compatible with University- and program-specific clinical education standards and criteria. If compatible, the DCE (not the student) may initiate contact with the SCCE of the site in question. Based on SCCE interest, the DCE will work through the site evaluation and approval process as appropriate.

12. Clinical Site Assessment and Selection

Clinical experiences are provided to students only at sites deemed to meet the Universities’ clinical education standards and criteria. The DCE verifies qualifications and capabilities of the personnel involved in supervising students and the adequacy of the site’s operations to support student learning goals using the following instruments and/or processes:

- **Clinical Site Information Form:** Provides relevant information about the clinical site location including but not limited to lifespan, diagnoses treated, clinic location, facility type, clinical instructors, clinic staff, interprofessional and intraprofessional interaction opportunities, and other pertinent clinic opportunities.
- **APTA’s Physical Therapist Student Evaluation (PTSE):** During the clinical experience the student completes PTSE. The PTSE (Appendix C) provides information which may be used to assess ongoing suitability of an existing clinical site. The PTSE is detailed in the “Clinical Experience Completion Requirements” section within this handbook.
- **Communications** with the facility Site Coordinator of Clinical Education (SCCE) and staff.
- **Clinical Site information visits (on ground or virtual):** Clinical site information visits are a means for the DCE to build and maintain partnerships with clinical education affiliates and ensure sites continue to meet program

standards. At these visits, the DCE shares information about clinical education expectations, including creating a safe learning environment for students and promoting the clinical competence and clinical teaching effectiveness of the Clinical Instructors (CIs). The visits also provide the opportunity to identify the site's strengths and needs related to clinical education and to discuss how the University can support their clinical education program. Visits are prioritized for new sites, sites with program-related development needs, and in situations where concerns are raised by students, CIs, or the SCCE. Reasonable attempts will be made to visit established sites every 5 years. Visits may occur in person, by phone, or by video teleconference call.

Data collected through the instruments and processes described above are utilized to identify areas of strength and deficiency which facilitate communication with the CI and SCCE regarding concerns and development needs.

Data related to student feedback, CI qualifications and performance, site-specific resources, and clinical education outcome alignment with curriculum objectives are also collected and collated across all of the program's affiliated CIs and clinical sites on an ongoing basis to assess for and address pertinent themes. This ensures that clinical sites and their relevant CIs continue to meet University and program standards and criteria and provide quality learning experiences for all students.

13. Settings

Students must complete three distinct clinical education experiences. This must include at least one clinical education experience with a focus on Inpatient care and at least one in Outpatient care during the clinical education component of the curriculum to meet program-specific goals. Factors considered when selecting distinct clinical experiences for each student include but are not limited to:

- **Demographics:** Patient and/or client demographics (e.g., age, gender, occupation, health history, income level, primary language, insurance type).
- **Diagnoses:** Patient and/or client diagnoses (e.g., orthopedic, neurologic, pelvic health, sports medicine, oncologic, wound care).
- **Facility Location** (i.e., urban, suburban, rural).
- **Facility Type** (e.g., outpatient hospital, freestanding outpatient clinic, emergency department, urgent care, acute hospital, acute rehab facility, skilled-nursing facility, extended care facility, home health, school system).

13.1. Inpatient Experiences (IP)

Inpatient experiences are those where patients and/or clients are admitted to a facility overnight or for an extended period. They may include home health for patients and/or clients where “hospital at home” is arranged. These are referenced in Exxat as an “IP” experience.

13.2. Outpatient Experiences (OP)

Outpatient experiences are those where patients and/or clients are not admitted to a facility. These are referenced in Exxat as an “OP” experience.

The DCE recognizes that students’ interests vary but reserves the right to mandate certain clinical education experiences to provide appropriate depth and breadth of physical therapy practice. At each clinical site, the clinical education faculty will assist students in determining the best mix of clinical experiences to prepare the student for entry-level physical therapy practice based on site-specific availability. Variety of student experiences during each clinical education experience will be tracked by the DCE.

14. Scope of practice

While engaged in a clinical education experience, students are not employees of any clinical affiliate and should not be a substitute for or take on any responsibilities of a regular staff member's assignments or duties. Students are allowed to

participate in the continuum of physical therapy care under the direct supervision of a licensed physical therapist and must abide by all facility policies and local, state, and federal laws and regulations pertaining to physical therapy practice. This includes compliance with HIPAA as students will have access to confidential information related to patients/clients in the facilities they are assigned. Violation of HIPAA or any other policy or law may result in sanctions including potential dismissal from the program.

15. The Role of the Supervising Clinician

All clinical faculty, including Clinical Instructors (CIs) and Site Coordinators of Clinical Education (SCCEs), are considered extensions of the program's academic faculty. The University values the contributions of all clinical educators and their efforts to create positive clinical education experiences for our students.

15.1. Criteria for Clinical Instructors:

- Licensed physical therapist in good standing in their state of clinical practice.
- Minimum of one year of full-time equivalent post licensure clinical experience.
- Proven to be effective role models and clinical teachers based on student feedback.
- Demonstrates clinical competence, and legal and ethical practice.
- Demonstrates effective student supervisory and teaching skills based on student feedback.
- Demonstrates effective communication skills with physical therapy students and program faculty.
- Preferably have earned an APTA Certified Clinical Instructor credential or other formal training related to clinical education.

15.2. Expectations of Clinical Instructors:

- Provide appropriate levels of supervision and effective and meaningful feedback to students to enhance their learning.
- Create a safe, non-threatening learning environment for students.
- Collaborate with the student, and SCCE and DCE as needed, to develop appropriate learning experiences which allow students to achieve identified clinical education goals and grading benchmarks.
- Evaluate student performance in cognitive, psychomotor, and affective domains using the Clinical Internship Evaluation (CIET) tool.
- Model professional skills and ethical behavior.
- Demonstrate a willingness to work with students by pursuing learning experiences to develop knowledge and skills in the physical therapy clinical setting.
- Demonstrate a systematic approach to patient and/or client care.
- Demonstrate a systematic approach to their job responsibilities.
- Demonstrate critical thinking in the delivery of healthcare services and/or managing job responsibilities.
- Demonstrate appropriate time-management skills.
- Demonstrate positive representation of the physical therapy profession, including responsibility for professional self-development.

15.3. Assessment and Evaluation by Clinical Instructors

Students and CIs are expected to communicate frequently regarding goals, expectations, progress, and feedback. Establishment of mutual objectives for the clinical experience should occur in the first week. These objectives are reported by the student during the Week 2 Check-in.

If a CI develops concerns during a clinical education experience, the CI will follow the process outlined in the "Course Grading for Clinical Education Experiences" section within this handbook. If the student develops concerns during a clinical education experience, the student should follow the process outlined in this DPT Clinical Education Handbook within the "Student Grievance Procedure & Fair Process" section.

15.4. CIs and SCCEs: Modeling Privacy and Confidentiality

CIs are expected to model professional behaviors concerning privacy and confidentiality. In addition to following HIPAA, CIs are also expected to follow The Family Educational Rights and Privacy Act (FERPA). FERPA requires that all individuals who have access to student records maintain confidentiality, including students, University staff and faculty, CIs, and other clinical site personnel who interact with the student. Providing information about a student to any individual not associated with the academic program that may lead to confirmation of the individual being a student, or of their location, is not permitted. If an individual calls asking about a student, the CI should simply take a message (not confirming the student's presence or whether or not they are a student) and then forward the message to the student.

Any information received by a clinical education site or CI regarding a student's academic record is to be kept confidential. CIs should never discuss the progress, performance, or evaluation of a student with anyone other than the SCCE or DCE. CIs may ask employees, patients and/or clients and their families, and other students about their interactions with and observations of the student to assist in the assessment of professional behaviors.

16. Clinical Education Placement Notification

Both students and SCCEs are notified of finalized and published clinical placements through an email disseminated from the Exxat system. The DCE completes the placement process and sends notifications as early as possible, but no later than the start of the semester before the clinical education experience. The email to each SCCE includes but is not limited to all pertinent details of the student contact information, the student's Exxat profile, and the link to the universities clinical education site in Exxat which houses handbooks, syllabi, etc. The SCCE is responsible for forwarding this information to the assigned CI.

The student is expected to email the SCCE according to the timeline outlined in the "Contacting Clinical Sites" section below. Note: Any delay in this communication by the student can result in delayed start of the clinical experience or cancellation of the clinical experience which may result in delayed graduation.

While the DCE performs due diligence in confirming clinical site availability, unforeseen circumstances related to factors such as staffing changes and patient and/or client census fluctuation may occur at the site, necessitating a student placement cancellation or modification. If, upon collaboration between the DCE and SCCE, it is determined that the student placement can no longer be supported at the site, the DCE will communicate a contingency plan to the student via SCU email in which a different site placement will be secured based on site availability and other considerations for site placement detailed earlier.

17. Expectations for Communication

Clinical education can involve unforeseen or short notice changes, and all involved must communicate efficiently and effectively to ensure seamless execution. The program's primary mode of communication is via University-assigned email accounts. The program will not use personal email accounts for communication. Therefore, it is imperative that students check their SCU email account daily. In addition, the program may also use cell phone, voicemail, U.S. mail, and text messaging to contact students when necessary. Students are expected to respond to all program communication within 2 business days. Students may contact the program office or the DCE directly by email or phone at any reasonable time within this 2-day period. A failure to respond may be viewed as unprofessional behavior and a violation of the student code of conduct. For urgent situations, the DCE should be contacted immediately by email or phone.

18. Contacting Clinical Sites

Students should refrain from contacting any clinical sites prior to finalized and published assignment of clinical education experiences unless directed to do so by the DCE. Upon receipt of clinical placements or no later than eight (8) weeks prior

to the start of the clinical education experience, students are required to contact their respective Site Coordinator of Clinical Education (SCCE) to:

- Introduce themselves.
- Confirm the dates of the clinical education experience.
- Obtain information about the clinical education experience requested by the DCE, such as the contact information of the assigned Clinical Instructor (CI).
- Exchange personal information such as address, phone number, and SCU email, as the SCCE may wish to send the student information pertaining to the clinical placement.
- Obtain necessary information to prepare for the first day, such as directions, parking, standards of professional appearance, schedule, and assigned CI information.
- Confirm the site has access to your Exxat profile, the University's clinical documentation management system.
- Confirm site-specific health requirements.
- Any other specific requirements of the facility (e.g., onboarding requirements).

This initial contact with the SCCE must be performed utilizing your SCU email address/account. Any delay in this communication by the student can result in a delayed start or even cancellation of the clinical education experience which may result in delayed completion of the program and ultimately graduation.

19. Student Requests to Alter Clinical Placements

Once the student and the facility have been given notice of the dates of the clinical placement, the student has a commitment to that facility. To honor these commitments, requests by students to alter any aspect of a clinical experience, such as the time frame, emphasis of clinical experience, and site location after a facility has been notified are discouraged. Requests to alter clinical placements during a clinical education experience due to an emergency or medical issue will be considered on a case-by-case basis.

All reasonable requests made by a student to change any aspect of a clinical education experience must be made to the DCE in writing at least sixteen (16) weeks prior to the start of the experience. Written requests must address specific aspects of the assigned clinical placement the student wishes to alter and the rationale for requesting the change. The DCE will review the request, and a written response will be sent to the student via their SCU email within fourteen (14) days.

20. Termination of Clinical Placements

Students shall abide by the policies, procedures, rules, and regulations of the clinical education site throughout the clinical education experience. SCCEs and CIs have the authority and the responsibility to remove any student from the clinical site who is demonstrating behaviors that pose a safety risk to the student, self, or others. If this occurs, the SCCE or CI shall contact the DCE to discuss the situation and look for a potential resolution before permanent dismissal of the student from the clinical site is considered.

If a student is permanently dismissed from a clinical experience due to unsafe or inappropriate behaviors or violation of a clinical site's policy, the dismissal is reviewed by the DCE, through discussions with the student and the CI/SCCE, for consideration of a remediation plan and/or a grade of No Pass (NP) for that clinical education course.

21. Standards of Professional Appearance for Clinical Education

Professional appearance in clinical settings reflects SCU's commitment to patient safety, infection control, and the dignity of the individuals we serve. These standards establish a baseline for all SCU graduate health sciences students engaged in any clinical education experience, preceptorship, or field experience regardless of site, program, or year of study.

Site- and program-specific requirements together with University policy form a hierarchy: where a site or program imposes stricter standards, those stricter standards govern. Where a site and/or program is silent, University policy governs.

Clinical sites may occasionally permit attire that differs from the standards of the program or University (for example, casual attire such as jeans or other non-professional clothing). In circumstances where clinical site policies conflict with the program standards, students must make the DCE aware of the clinical site's pertinent policy for review and approval, in consultation with the Program Director. Failure to maintain program standards of appearance during clinical education experiences may be considered a violation of program expectations and the University's Student Code of Conduct.

In cases where the clinical site requires specific attire for patient safety, infection control, environmental conditions, or other operational needs that differ from program standards of appearance, the clinical site policy should be followed, and the DCE should be made aware of this requirement. Students are responsible for knowing and meeting all requirements.

SCU Health Leadership, Program Directors, DCEs, CIs, and site-specific authorities each retain the right to enforce and supplement these standards within their respective jurisdictions, consistent with applicable law and SCU's Non-Discrimination Policy. The AVP of Student, Alumni, and Career Services, who oversees the Student Services Office, is available as a resource for questions not resolved at the program level.

A student who arrives at a clinical site out of compliance with these standards may be sent home for that day and required to return in compliant professional appearance before resuming clinical hours. Repeated or willful non-compliance constitutes a professionalism concern and will be addressed through the student conduct process and consistent with program policy.

21.1. Universal Baseline Standards of Professional Appearance

The following requirements apply in all SCU-affiliated clinical settings, at all times when a student is present in a patient care or clinical learning environment.

Identification

Students must wear an official SCU-provided ID badge or nametag that identifies the student by name, identifies their program, and indicates their status as a student. ID badges may not reflect prior credentials, licenses, or professional titles that are not associated with the current program enrollment. Where a site issues its own ID, both the site ID and SCU identification must be displayed unless the site explicitly instructs otherwise.

General Attire Standards

1. Clothing must allow faculty, staff, patients, and visitors to easily identify students.
2. All clothing must be clean, unwrinkled, and undamaged.
3. Attire must be free of images, wording, or logos except those required by the site, program embroidery, the student's embroidered name, or the required ID.
4. Clothing must provide full, opaque coverage appropriate to a professional clinical environment and may not expose undergarments or private body areas in any position when performing typical work tasks (e.g., bending, squatting) or become transparent under clinical lighting or when wet.
5. Clothing must not restrict safe and necessary movement, be overly tight or sheer, or expose skin below the neckline or above the upper arm or lower thigh.

Footwear

Closed-toe, closed-heel footwear with non-skid soles that protects the foot is required in most settings. Sneakers, athletic shoes, or aquatic shoes are permitted where allowed by the site. Safety, foot protection, and functional appropriateness are always the primary considerations. Exceptions apply in settings where closed footwear is considered by the clinical site to be inappropriate or unsafe based on the specialized clinical context. In such case, footwear appropriate to the setting is required, as determined by the clinical site.

Jewelry

Jewelry must not dangle, protrude, or create entanglement or puncture risk during patient interactions and/or when moving and working within the clinical environment. Additional site-specific restrictions may apply.

Personal Hygiene and Grooming

- **General hygiene:** Students must maintain personal hygiene consistent with a clinical healthcare environment, including avoidance of strong odors from any source.
- **Fragrance:** Perfumes, colognes, scented lotions, and scented aftershave products must not be worn. Unscented personal care products are required.
- **Hair:** Hair must be clean, groomed, and managed so as not to interfere with patient care or clinical function. Protective and natural hairstyles, including but not limited to locs, braids, twists, and Bantu knots are fully permitted. No restriction is imposed based on hair texture or cultural hair practices.
- **Facial hair:** Facial hair, if present, must be neatly groomed. Site-specific requirements regarding facial hair for respiratory protection compliance take precedence.
- **Fingernails:** Natural nails must be clean, well-manicured, and short (extending no more than 2mm beyond the fingertip). If nail polish is worn, when permitted by the clinical site, it must be freshly applied, unchipped, and a solid color or clear. Artificial nails, gel nails, nail wraps, or any nail enhancements must not be worn during direct patient care or when performing tasks that require hand hygiene, per Center for Disease Control and prevention (CDC) infection control guidance.
- **Cosmetics:** Cosmetics, if worn, must be conservative and not distracting in a clinical environment; determination of compliance with this standard is made at the site level.

Tattoos and Body Piercings

Visible tattoos and body piercings are permitted in SCU-affiliated clinical settings unless a specific site requires otherwise. Tattoos depicting offensive, discriminatory, or graphic content must be covered in all clinical settings. Students must confirm site-specific tattoo and piercing policies before beginning a clinical education experience, as requirements vary.

Permitted Attire (unless the clinical site dictates otherwise)

- Professional dress consistent with the setting
- Scrubs - solid color, clean, unwrinkled, appropriately sized
- Polo with solid-color dress slacks (black, navy, grey, brown, or khaki)

21.2. Legal and Regulatory Framework governing Standards of Professional Appearance

The Standards of Professional Appearance described above are intended to comply with, and must be interpreted consistently with, the following legal authorities:

- **California CROWN Act (SB 188, Gov. Code § 12926):** This policy does not restrict, and will not be applied to restrict, natural or protective hairstyles associated with race or ethnicity, including locs, braids, twists, Bantu knots, and similar styles.
- **Americans with Disabilities Act as amended/Section 504:** Accommodation requests from students with disabilities are governed by the interactive process described in SCU's Clinical Education Accommodations Policy outlined within this handbook, consistent with ADA and Section 504 obligations applicable to postsecondary institutions.
- **Title VII of the Civil Rights Act:** Religious accommodation requests are governed by the interactive process within SCU's Clinical Education Accommodations Policy outlined within this handbook; this policy does not override Title VII obligations.
- **CDC Hand Hygiene and Infection Control Guidelines:** The artificial nail prohibition during patient care is grounded in CDC infection control evidence and is non-negotiable regardless of accommodation requests involving patient safety.

- **OSHA and Site Safety Requirements:** Footwear, jewelry, and other safety-related provisions are consistent with applicable occupational safety requirements.
- **Family Educational Rights and Privacy Act (FERPA):** For the full FERPA treatment applicable to accommodation records, see SCU's Clinical Education Accommodations Policy outlined within this handbook. Questions regarding FERPA rights should be directed to the Office of the Registrar.
- **ADA Medical Record Confidentiality (42 U.S.C. § 12112(d)):** For guidance applicable to medical information obtained through medical release requests, or return-to-participation clearance processes, see SCU's Clinical Education Accommodations Policy outlined within this handbook.

22. Attendance Policy

Clinical education experiences are an essential part of the curriculum, requiring 100% physical attendance. Students are expected to meet the time requirements of the site and the minimum requirements of the program. Students are expected to have a minimum average of 35 hours per week at the clinical site involved in patient and/or client care-related activities, including but not limited to: examining, evaluating, treating, observing, documenting, learning about patient and/or client care activities, observing activities that impact patient and/or client care provided (e.g., surgery, other disciplines), and preparing for patient and/or client care. The student also engages in Patient Management Preparation Activities for an average of 5 hours per week.

Students are expected to work under the direct supervision of the licensed CI which includes mirroring their schedule. This schedule may include weekends, nights, and/or holidays. Students are expected to become an integral part of the health care team to which they are assigned.

Repeated unexcused tardiness or absence from the clinical education experience is a professionalism concern, may result in dismissal from the clinical site, and may delay progression through the program and ultimately graduation.

23. Optional Experiences

Students may be provided opportunities to participate in learning experiences unique to the clinical site, such as case presentations, grand rounds, surgery observation, in-services, meetings, continuing education, interprofessional co-treatments, specialty clinic observations, and more. While a student cannot be forced to participate in an experience that is optional and not required for the current management of the patients and/or clients on their caseload, it is highly encouraged and is seen as contributing to the CIET requirement for student initiative.

24. Lunches and Breaks

The students should clarify the lunch/break schedule utilized at the site prior to the first day if possible. If, after attempts to clarify, the student needs assistance with adapting the break schedule secondary to accommodations or other essential reasons, they should reach out to the DCE as soon as possible.

25. Punctuality

Students should plan to be 10-15 minutes early to the clinic site and ready to treat patients and/or clients at the appropriate time. If an unforeseen situation occurs that will result in the student being tardy, the student is required to contact their CI using the CI's preferred method as soon as possible regarding their tardiness and estimated arrival time. The student's timesheet should appropriately reflect the tardiness, and the student is expected to still achieve the minimum average of 35 hours per week at the clinical site.

26. University Holidays/Closure

Students are expected to mirror the CI's schedule, which means a student may be required to attend a clinical experience on a holiday if the assigned CI is working. Therefore, the student's schedule may differ from holiday closures observed by SCU.

If a student knows they cannot work on a holiday during a clinical education experience, they should discuss this with the CI and then submit a planned absence request in Exxat no later than the first week of the clinical course. This planned absence request does not count towards the two absences permitted under the planned absence policy. The student is still expected to achieve the minimum average of 35 hours per week at the clinical site regardless.

27. Planned Absence Requests

Students are allowed a maximum of two planned absence requests for all clinical education courses combined and both cannot occur during any 8-week clinical experience period. Requests must be submitted at least four weeks in advance through the Exxat system to the DCE. Requests may prompt a meeting with the DCE to discuss a plan for the student to achieve the minimum average hours per week, based on the situation, and a determination of how to contact the CI to establish an altered schedule. After the discussion, the request will be approved or denied. If approved, students must notify their CI on the first day of the rotation or within one business day of approval from the DCE. Additional time-off requests may be submitted, are not guaranteed, and will be evaluated on a case-by-case basis.

If it is determined at any point that achievement of the minimum average of 35 hours per week is at risk, any previously approved request may be subject to revocation by the DCE.

28. Unplanned Absences

If the student is absent due to an unplanned reason, including but not limited to illness, family emergency, or death in the family, the CI needs to be notified first and as soon as possible via the CI's preferred contact method. The student then needs to send an email to the DCE, CI, and SCCE (if required by the clinical site) explaining the reason for the absence. A plan for making up the missed time to still achieve the minimum average of 35 hours per week should be developed collaboratively between all involved parties and communicated with the DCE.

29. Attending Professional Conferences and Events

Students may choose to attend approved professional development opportunities related to physical therapy, even when these occur during their clinical education experiences. If a student is considering attending an event, event attendance should be discussed with the DCE at least four weeks prior to the event to receive approval, though earlier notice is strongly encouraged. If the request is approved, the student is expected to let the CI know of the planned absence on the first day of the clinical experience or one business day after receipt of approval. Students should document their event session attendance time for the conference in Exxat timesheet, excluding travel time and days. Professional event attendance counts toward the clinical site time requirement (minimum average of 35 hours per week), so students do not need to make up hours. Travel time and days do not count toward the minimum clinical site time requirement. Professional development opportunities should be attended judiciously, keeping in mind the need for the student to achieve the required outcomes for the clinical course. If it is determined at any point that the student is not on track to achieve the required course outcomes, any previously approved request may be subject to revocation by the DCE.

30. Leave of Absence

For information about leave of absence, please refer to the "Leave of Absence" policy in the University Catalog. A leave of absence may result in deceleration or delayed graduation.

31. Clinical Instructor Absence

If the assigned CI cannot supervise the student for a day or more, a secondary CI should be selected by the clinical site that meets the requirements as listed in the 'Criteria for Clinical Instructors' in this handbook, and the DCE should be notified who the physical therapist is and how they meet the requirements to be a CI within 1 day of selection. Other options during CI absence may include but are not limited to scheduling optional experiences or observing treatments by related disciplines that inform the patient and/or client care provided by the CI. These optional and observational experiences should be used judiciously, keeping in mind the need for the student to achieve the required outcomes for the clinical education course.

32. Clinical Education Completion Requirements

To successfully complete the clinical education curriculum, students must receive a grade of pass (P) for all clinical education courses, successfully complete and submit all course-related evaluations, assessments, and assignments, successfully complete required clinical experiences, and submit all required Exxat timesheets.

32.1. Week 2 Check-In

Students and CIs are required to complete the Week 2 Check-In Form (Appendix A) during week 2 of each clinical experience. Herein, students are required to reflect on the first two weeks at the site and share any concerns. CIs also assess the professionalism of students during the first two weeks and share any concerns about student performance with the DCE. Check-ins are reviewed by the DCE, and should the check-in suggest the need for follow-up, the DCE will contact the student and/or the CI.

32.2. Midterm Assessment

Each student will be visited by a DPT faculty member a minimum of two (2) times over the course of their three (3) clinical education experiences. Midterm visits may occur in person, by phone, or by video teleconference call.

The purpose of the visit is to “check in” with the student and CI to assess progress toward goals and identify any concerns. The visit is documented for use by the DCE via the Midterm Site Visit Documentation form.

A full midterm assessment includes:

- The personal check-in described above.
- Review of the student’s progress toward meeting the stipulated professional behavior and patient management benchmarks of the Clinical Internship Evaluation Tool (CIET) by the end of the clinical experience, as described below. Students not expected to reach the stipulated benchmarks are placed on an Individualized Course Learning Contract by the DCE in collaboration with the CI to develop goals and strategies to assist with successful remediation for the remainder of the clinical education experience. The Individualized Course Learning Contract may include mandatory synchronous online tutoring conducted by a core faculty member, as the students’ needs require.
- Completed Midterm Site Visit Documentation Form: Students who are identified at risk to not meet the expected progression standards within the clinical experience, may also be placed on an Academic Development Plan (ADP) by the DCE. This will occur in collaboration with the CI, to develop strategies to assist with successful remediation for the remainder of the clinical experience. For details, please see the “Course Grading for Clinical Education Experiences” and “Procedures for Remediation” section below.

32.3. Clinical Internship Evaluation Tool (CIET)

The CIET is a structured self-assessment tool completed by the student through the Exxat system at both the midterm and final points of the clinical experience. The CIET tool asks the student to evaluate their own performance across key domains of clinical practice, including professional behavior (safety, ethical conduct, initiative, and communication) and patient management (examination, evaluation, diagnosis and prognosis, and

interventions). Students are expected to thoughtfully reflect on their current level of performance, identify areas of strength, and recognize areas where further development is needed. This self-assessment serves as the starting point for a collaborative conversation between the CI and the student about progress made toward entry-level competency, expectations for the remainder of the clinical experience, and strategies for continued improvement. Completing the CIET self-assessment thoughtfully and comprehensively helps the student develop self-reflection skills that are essential for professional growth and lifelong learning. An accurate self-assessment also helps the CI provide more meaningful feedback and ensures that both student and CI share a clear understanding of the students' current capabilities, progress, and goals for continued development during the clinical experience.

The CIET tool is stored and utilized within Exxat, ensuring that students, CIs, and the DCE have secured and confidential access to the assessment. Prior to first use of the CIET, all students, CIs, and DPT AZ faculty must watch the training video to establish familiarity with the operational definitions and ratings of the tool.

By the end of the terminal clinical experience in DPT 665A: Physical Therapy Practice III, the student must achieve entry-level competency, which is defined as achieving the following minimums: "Always" for all Professional Behaviors, "At That Level for All Patients" for Patient Management, and a Global Rating of Student Clinical Competence of at least 7.

32.4. Clinical Education Course Assignments

Meeting of practice expectations required by the Commission on Accreditation in Physical Therapy Education (CAPTE) that do not align with learning outcomes of the CIET are evaluated by appropriate course-level assessments within each clinical education course, all of which the student is required to pass. These assignments must be completed and submitted prior to receiving a grade for each clinical education course. Failure to complete required course assignments may delay progression in the curriculum or preclude graduation.

Details specific to course-related assignments may be viewed within the corresponding syllabi.

32.5. Exxat Timesheets

Exxat timesheets are official electronic records used to document clinical education hours during each full-time clinical experience. Students are responsible for accurately recording the number of hours worked each day in the Exxat system, including start and end times and any required notes related to attendance. Timesheets must be updated by the stipulated deadline each week and submitted to the CI at the end of each designated reporting period. The CI will then review and verify the accuracy of the recorded hours before approving the submission. Exxat timesheets are then collected by the program as proof that the student has completed the minimum number of supervised clinical hours required for graduation. Maintaining accurate timesheets demonstrates professional accountability and supports clear communication between students, CIs, and the program regarding clinical education participation. Failure to submit patient and/or client care hours and/or willful misrepresentation of actual patient and/or client care hours will be considered a violation of the University's Academic Integrity Code and could lead to dismissal from the University.

Patient and/or client care activities recorded as clinical education hours include but are not limited to: time spent examining, evaluating, treating, observing, documenting, learning about patient and/or client care activities, observing activities that impact patient and/or client care provided (e.g., surgery, other disciplines), and preparing for patient and/or client care. Specifics about required hours can be found in the "Student Schedule During Clinical Education" section below.

32.6. Physical Therapist Student Evaluation (PTSE)

Students are responsible for completing the PTSE through the Exxat system at the Midterm and Final points of each clinical education experience. The PTSE allows the student to evaluate the quality of the clinical learning environment and the effectiveness of the clinical instruction provided by the CI and the clinical site. The evaluation includes questions about the organization of the clinical experience, availability of learning opportunities, quality of supervision and feedback, opportunities to develop clinical skills, and the overall educational climate of the

clinical setting. Students are expected to complete the PTSE honestly, thoughtfully, and comprehensively based on their actual experience at the clinical site. Student feedback provides valuable information to the program about the strengths of each clinical site and areas where improvements may be needed. This information is reviewed by the DCE to support continuous quality improvement of clinical education experiences and future clinical placements. Completion of the PTSE is considered part of the students' professional responsibilities as a DPT student. Providing accurate, constructive feedback demonstrates professional integrity, accountability, and respect for the collaborative partnership between the program and the clinical education site.

32.7. Student Post-Course Evaluation - Clinical Education

After each clinical education course, students will complete the Student Post-Course evaluation - Clinical Education survey with items that ask them to rate the associated clinical experience to aid the program and the University in continuous improvement of clinical education experiences provided.

33. Course Grading for Clinical Education Experiences

A grade of Pass (P) or No Pass (NP) is assigned for each clinical education course.

The course grade is determined by the DCE upon review of the final CIET ratings, supporting documentation by the CI of the ratings, interviews (if needed) conducted by the faculty with the CI/SCCE/student, the student's self-assessment, and required assessments, evaluations, and assignments. If discrepancies in assessment amongst the stakeholders are present, additional considerations may include the clinical setting, progression of performance from midterm to final evaluation, and any safety concerns noted.

Any student who receives a grade of NP at the end of the first and/or second clinical education course, will be required to decelerate within the program, and repeat didactic coursework leading up to the clinical education course in question, as deemed necessary, on a case-by-case basis. Academic dismissal may occur when a student earns a grade of NP on a clinical course retake or when a student earns a grade of NP on any subsequent clinical education course after having previously passed a retake.

Additionally, any student who earns a grade of NP in the terminal clinical education experience, will be required to repeat that experience in a comparable setting at a different clinical site. The duration of the remediated clinical education experience will vary on a case-by-case basis but will not exceed the 15-week length of the program-specific terminal clinical experience. Should the student receive a grade of no pass at the end of the remediated clinical education experience, the student may be subject to academic dismissal.

The student may appeal a grade of NP using the "Grade Appeal" policy in the SCU Academic Catalog.

34. Procedures for Remediation

If the CI indicates on the Midterm Site Visit Documentation Form that a student is in danger of not meeting the CIET benchmarks for professional behavior and/or patient management, the student will immediately be placed on an Individualized Course Learning Contract by the DCE. The remediation components within this learning contract will be decided in consultation with the CI, the student, and the student's coach, and may include remediation activities such as mandatory tutoring and submission of video skills checks.

Two weeks following midterm, the DCE will contact the CI for an updated prediction of the student's ability to meet the required CIET benchmarks by the end of the clinical experience. A negative response on either the professional behavior or patient management components of the CIET will result in the student being placed on an Academic Development Plan (ADP) by the DCE. Components of this plan will be dependent on the identified student needs but will represent an escalation in remediation intensity. A positive response from the CI will result in the student continuing on the assigned Individualized Course Learning Contract until final assessment by the CI at the end of the clinical experience.

35. Assessment of Clinical Education Effectiveness

35.1. Clinical Education Faculty (SCCE, CI) Feedback

Site-specific SCCEs and/or CIs are surveyed at the end of each clinical education course regarding the DCEs communication, programmatic coordination, student development, clinical education faculty development, and the general structure of clinical experiences using the CI/SCCE Evaluation of Clinical Education and DCE.

35.2. Student Feedback

Students evaluate the clinical education program and DCE prior to graduation via the program-level Exit Survey. Clinical education-related items contained within this survey assess the students perceptions of the quality, quantity, and variety of clinical sites and the appropriate length and placement of clinical experiences within the DPT AZ curriculum as perceived preparation for their roles and responsibilities as physical therapists.

35.3. Alumni Feedback

Program graduates will be surveyed one year after graduation from the program via the Alumni Survey using the same clinical education-related items contained within the Exit Survey to assess alumni perceptions of the quality, quantity, and variety of clinical sites and the appropriate length and placement of clinical experiences within the DPT AZ curriculum as actual preparation for their roles and responsibilities as physical therapists.

35.4. Program Faculty Feedback

The Annual Faculty Survey is used to evaluate the effectiveness of the clinical education program and the DCE as the facilitator of the program in meeting program outcomes. This evaluation includes items related to analysis of student performance data, DCE performance, and clinical education curriculum alignment with the over-arching program curriculum.

35.5. Composite Feedback on DCE Competencies

To ensure appropriate depth of evaluation of the DCE's effectiveness in planning, developing, coordinating, and facilitating the clinical education program, feedback is obtained from multiple parties of interest, which is then reviewed by the Program Director as part of the annual DCE assessment. Parties of interest providing relevant feedback are discussed below. The effectiveness of the DCE is also assessed annually by the Program Director during the Faculty Performance Appraisal process.

35.6. Clinical Site Evaluation of the Clinical Education Program

The SCCE and/or CI completes an evaluation at the end of each clinical education course on their overall experience, interactions with the DCE, and the clinical education program as a whole using the CI/SCCE Evaluation of Clinical Education and DCE.

35.7. SCCE Evaluation of the Clinical Education Program

The CI/SCCE Evaluation of Clinical Education and DCE will be used to survey SCCE's regarding their experience working with the DCE and the clinical education program on an annual basis at minimum.

36. Student Supervision During Clinical Experiences

Supervision of student performance is expected to be consistent with the APTA's position related to student supervision as well as with any applicable state law or reimbursement guidelines. APTA's supervision guidelines and information related to supervision of students for reimbursement under Medicare B are included in the 'Resources' section. Because

regulations regarding student supervision in acute and subacute settings can change frequently, any additional or updated information regarding supervision will be provided to students prior to clinical experiences.

If a student believes that supervision during the clinical education experience is not consistent with these guidelines, it is the student's responsibility to address this issue with the CI and/or contact the DCE.

36.1. Supervision Resources

- APTA Supervision: <https://www.apta.org/your-practice/supervision-teamwork>
- APTA Medicare Supervision: <https://www.apta.org/your-practice/payment/medicare-payment/supervision-under-medicare>
- FSBPT Supervision Ratios: <https://www.fsbpt.org/lrg/Home/SupervisionRatio>

36.2. Physical Therapy State Practice Act Resources

- FSBPT List: <https://www.fsbpt.org/Free-Resources/Licensing-Authorities-Contact-Information>
- Arizona: <https://ptboard.az.gov/resources/statutes-rules>
- California: https://www.ptbc.ca.gov/laws/pt_practice_act.shtml

37. Student Grievance Procedure and Fair Process

Should a conflict or concern arise between the student and the CI, the student is expected to follow the appropriate resolution procedures as outlined below in the order identified. The process described below constitutes Step One of the University's "Informal Grievance" process:

1. Notify the DCE immediately of any grievance or concern. The DCE will discuss the concern with the student and assist in the development of a resolution.
2. Approach the CI to attempt resolution of the grievance.
3. If, through discussions with the CI and guidance from the DCE, the grievance has still not been addressed, the facility's SCCE may become involved. Either the student or DCE can contact the SCCE.
4. If discussions with the SCCE fail to satisfactorily resolve the grievance, the DCE will facilitate a conversation between the student, CI, and/or SCCE to discuss the grievance, with an aim toward resolution.
5. If the student is still concerned that the grievance was not resolved satisfactorily, the student can request a review of the proposed resolution by contacting both the SCU DPT Program Director and Dean of the College of Health Sciences for resolution. Requests for review by the Program Director and Dean must be submitted in writing within ten (10) days from the date the original decision by the DCE was rendered.

If the student is still concerned that the grievance was not resolved satisfactorily by the Program Director and Dean, the student may proceed with the Formal Grievance policy outlined in the "Student Grievances" policy in the SCU Academic Catalog, as outlined in "Step Two: Submit a Formal Grievance".

Retaliation of any kind following submission of a grievance is prohibited.

38. Clinical Education Complaints

Clinical education sites are asked to submit any complaints/concerns about the student or program that have not been brought up during check-ins or site visits via email to the DCE. Upon receiving the emailed concern, it is initially addressed at the level closest to the concern. The DCE shall respond to all concerns within ten (10) business days to further discuss and resolve the issue. If the concern is not resolved by the DCE, the clinical site should follow the "Program Complaint Process" found on the Doctor of Physical Therapy Phoenix Metro webpage. Retaliation of any type following complaint submission is prohibited.

39. Clinical Code of Conduct

Students are expected to follow the Clinical Code of Conduct in the SCU Clinical Handbook. Additionally, students should act in a manner consistent with the APTA Code of Ethics.

40. Personal Electronic Devices

University policy applies. Personal electronic devices may only be utilized in accordance with the Electronic Devices policy in the SCU Clinical Handbook and clinical site policy.

41. Social Media

University policy applies. Care should be taken to comply with HIPAA and FERPA laws concerning social media. Students are expected to maintain professionalism in accordance with the Professionalism policy in the SCU Clinical Handbook. Following this policy:

- Students must not post any negative or disparaging information about any clinical affiliates, their patients and/or clients, their visitors, their vendors, their healthcare staff, or their former and current employees.
- Students must not engage in any activity that reflects negatively on a clinical affiliate.
- Students must not ask to "connect" with patients and/or clients, their family members, or their visitors on social media.
- Students should be cautious, considerate, and selective about asking to "connect" with any clinical site's healthcare staff, their former and current employees, and their vendors.

Any violation of confidentiality regarding patient and/or client information may be considered grounds for course failure, program dismissal, and/or criminal and/or civil liability.

42. Non-compliance with Policies

Non-compliance with policies means that the student does not meet the expected professional standards for the program and may result in low 'Professional Behaviors' rating on the CIET evaluation or further consequences, including dismissal from the University. Failure to comply with schedule policies may result in disciplinary action, remediation, or dismissal from the clinical rotation. The DCE and/or ADCE reserve the right to assign alternative clinical experiences to fulfill their requirements if make-up time cannot be completed at the original site.

43. Bloodborne Pathogen / Tuberculosis (TB) Exposure

If a student is exposed to either a bloodborne pathogen or TB while the student is present at an assigned clinical education experience, the student is required to alert the DCE of the exposure as soon as possible after receiving appropriate medical care and following the site-specific policy. The student should email a copy of any exposure or incident reports completed at the clinical site to the DCE as soon as they are able to.

44. Appendix A: Week 2 Check-In Form

Southern California University Doctor of Physical Therapy

Week 2 Check In Form

Student Questions:

1. Reflect on everything you have seen and participated in during the first 2 weeks of your clinical experience. Do you have any concerns about the experience you are getting or will potentially get at this clinical site?
2. Do you have any concerns about your preparation to be able to be successful at this clinical site?
3. In 400 words or less, give me 3 examples of what you have been participating in with patients and/or your CI in the first 2 weeks of this clinical experience.

CI Questions (that will be provided via email survey to the CI directly):

1. Has the professionalism of the student been appropriate in the first 2 weeks without any concerns?
2. Are there any current areas of concern in student performance that you would like assistance with?

Objectives made by Student and CI (separate from expectations on CIET or in syllabus). Make sure to write in terms of SMART principles.

- 1.
- 2.
- 3.