

Wichita State University Department of Physical Therapy

Clinical Education Handbook Revised May 2024

Drug Screen HIPAA Compliance & Blood Born Pathogen Training Clinical Education Tuition Potential Health Risks

Clinical Education Policies

Federal Education Rights and Privacy Act (FERPA) **Clinical Rotation Guidelines** Student Code of Conduct Student as Representative of the University **Dress and Appearance Guidelines** Student Absences Student Impairment Mental Health Exposure to Workplace Injury Client Incident or Injury Communicably Infectious Diseases Students with Infectious Diseases Treatment of Patients with Infectious Diseases Incident Reporting Needle Stick or Blood-to-Blood Exposure Protocol DCE Responsibilities with Incident Reporting Patient/Client Rights Clinical Site Property **Professional Conduct Clinical Education Costs**

Clinical Education Curriculum

PT 741- PT 955 Objectives

Evaluation and Grading of Clinical Courses

Assignment of Grades for Clinical Courses Student Evaluation of CI and Clinical Assignment Evaluation of the DCE and the ADCE Clinical Internship Evaluation Tool (CIET) Failure to Meet Clinical Guidelines Clinical Remediation Guidelines for CI Clinical Remediation Guidelines for DCE

Other Information

Clinical Faculty Privileges04 Tf 1 0 0 1BTf : 0 1 184.58 288.05 Tm 0 g 0 G [(C)5(I)5(i)5(ni)6(cal)6()-4(EXXAT

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.

The DCE is also the IOR (Instructor of Record) for PT 953, PT 954, and PT 955 (Fulltime clinical rotation courses for our 3 optimize program features. The CPC 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 rotations.

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 limited staff, the department director may serve as the SCCE. The SCCE should be proficient as a clinician, organized, experienced in clinical education, supportive of 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 WSU DPT Clinical Education Team and the clinical affiliate on clinical education information. The SCCE is responsible for providing the school with yearly updated information.

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 students 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 schools Student Performance Report, which provides feedback to the student and to the school regarding the students clinical performance. V@ \hat{AO} de $\hat{A} \otimes \hat{A} \otimes \hat$

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 <u>CI</u> <u>Credentialing Program</u> and, since 1998, scheduled workshops may be found on the APTA website. CI qualifications follow CAPTE standard 4P.

Your Clinical Education faculty and staff at Wichita State University

Assistant Director of Clinical Education

Dr. Adam Veenis, PT

Assistant Director of Clinical Education Dr. Brent Ehresman, PT

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.

Assume responsibility for own learning and always demonstrate professionalism. Inform the DCE, ADCE, and/or CPC as soon as a problem related to clinical education is identified.

Abide by the requirements of the written agreement between the program and each clinical site.

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Fulfill all duties and tasks as instructed 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 CIs 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 Physical Therapy Program at WSU currently affiliates with a variety of clinical sites throughout the United States. These sites include hospitals, rehabilitation centers, private outpatient clinics, school systems, pediatric facilities, skilled nursing facilities, home health agencies, and sports facilities.

Current Sites

Currently the Physical Therapy 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 student may inquire about a new potential site; however, the Clinical Education Faculty & Staff make the final d(ab)3(l)55(na)3(l)5()-4(d(ab)3(l)i0.00000912 0-4(f)-4(i)5(20nBTT/F3 11.0

The evaluations and communication with clinical sites meet the CAPTE Standard 4L.

Clinical Education Grievance: Wichita State University & Graduate School Policies

Grievance Procedures for Graduate Students

Depending on what the student's concern is about, the dispute will be resolved by different units on campus.

Grades: Disputes about grades are resolved through the Court of Student Academic Appeals. Unless exceptional documented circumstances concur, the student must file the appeal within one semester after the grade is assigned (excluding summer).

Academic Misconduct: Appeals for Academic Misconduct are handled through the Student Conduct and Community Standards.

Discrimination and harassment: These concerns are examined by the Office of Civil Rights, Title IX & ADA Compliance (CTAC).

Other academic matters: This may be initiated for circumstances which are within one year of the time of occurrence and may be handled through the **Graduate School.** Please find more information here.

Dismissals: Students must indicate in writing to the Graduate Dean their decision to appeal the dismissal decision. This written statement must be received within 10 business days of the notification of the dismissal decision. The appeal is resolved by the Graduate Council. Please find more information here.

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

Dissemination of Student Information to Assigned Clinical Sites

 Every effort is made to communicate with the student and CI during each rotation.

Clinical Education Requirements

Students are expected to adhere to all rules, policies, and regulations of Wichita State University,

Physical Examination

Students are required to complete a **physical examination annually**. This examination may be scheduled with their physician or with Student Health Services in the Student Wellness Center of the Steve Clark YMCA building on WSU Campus, 316-978-4792. 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:

Documentation of a negative Tuberculosis (TB) skin test

• If you have a positive TB skin test, documentation of a negative chest xray is required.

CPR Certification

Students are required to attain CPR Certification from an accredited American Heart Association for Healthcare Providers or American Red Cross BLS for Healthcare Providers to include adult, infant & c

and emergency procedures, security, and incident reporting of personal or patient injury.

Clinical Education Policies

 FERPA: Release of Student Information Policy

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Neurological Sports Wound/lymphedema

Clinical placements are arranged and approved by the DCE, ADCE, and CPC in consultation with the SCCE/CI. Placements may be changed by the DCE, ADCE, or CPC if the SCCE/CI indicates they are no longer able to accommodate. The academic program will make every effort for students to complete clinical rotations in time for graduation.

The WSU Physical Therapy program does not allow animal physical therapy for required rotations. The non-human recipient of care is not geared toward program mission, goals or outcomes nor does it contribute to entry level practice using the standard definitions and guidelines as set forth by CAPTE.

The WSU Physical Therapy program considers student preferences, economic, and social constraints during the placement process. 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. The student will complete a

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.

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 rotation, long hair 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 not allow beards for compliance with fitting of N-95 masks.

Students are expected to be neat, clean, and avoid strong perfumes or shaving lotions when in the clinic.

Chewing gum is NOT allowed in the clinic.

Dæ&@Áčå^} هَ اللَّهُ الْ phones must be stored away, unless it is being used to educate the patient. Students with visible tattoos and facial piercings (including earlobe gauging) must الإلى اللَّهُ الللَّهُ اللَّهُ مُعَلَيْعُوْمُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ مُعُلَيْ اللَّهُ اللَّهُ اللَّ

Student Absences

A full-time clinical rotation is required to consist of a minimum of 35 hours per week. Ùc å^} o Á A^~ ă â â (Á [:\ Á@ ă Á] æ Á] æ Á] o Č & [!q Á & @ å ' |^ É] & [å] * Á ^^\] å • Á] å Á 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 their clinical rotation it greatly undermines their 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/ADCE). The DCE, ADCE, SCCE, and CI will make decisions related to extenuating circumstances individually.

In case of an illness, emergency, or preapproved absence during the clinical rotation, the student must notify the CI/SCCE <u>AND</u> the DCE/ADCE at the beginning of the workday æ) $a\dot{A}$ \dot{a} \dot{a}

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 CI. A clinical rotation may need to be extended. This make-up time must be documented on the % ime Off+Á{ $\frac{1}{4}$ Å Á EXXAT.

Tardiness, unexcused absences, or abuse of excused absences will not be tolerated. Any unexcused absence or recurrence of tardiness will result in a failing grade for that clinical rotation and/or require remediation. Requests to attend professional meetings during assigned clinical days should be made known to the DCE/ADCE in coordination with the SCCE/CI. If approved, the DCE/ADCE/SCCE/CI will determine if the days need to be made up based on the

materials.

Students are to follow universal precautions such as washing hands, wearing gloves, and wearing other appropriate personal protective equipment (PPE) if necessary.

Students are to follow the housekeeping policies and procedures of the 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. Students with active hepatitis infections should have clearance by the DCE/ADCE and either their personal physician or Student Health Service (SHS) before returning to active clinical status.

If a student has possible exposure to other infectious agents, they are to inform the CI immediately and follow the facility policies and procedures. Additionally, the student must inform the DCE/ADCE

Respectful verbal and non-verbal communication with your CIs, staff, and patients,

Punctual to clinic and timely with communication,

Willingness to stay late as needed to get work done and prepare for the next day, Confident but not arrogant when working the CI, facility staff, and clients, Staying off personal electronic devices such as smart watches and phone unless

being used to educate a patient using an application,

Preparing for each patient before examinations and treatment sessions, Communicate concerns in a positive way to the CI, facility staff, and clients, Demonstrate care and empathy 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 beyond the costs of tuition. These costs include travel to/from clinical sites, 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 6A1.

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:

Follows health and safety precautions (eg, universal/standard precautions).

Administers further tests and measures as indicated.

Diagnosis/prognosis:

Determines expected outcomes (using standardized indices of functional limitations and disabilities where applicable) of physical therapy interventions (goals). (7D4, 7D5)

Selects appropriate physical therapy plan of care or makes appropriate consultations or referrals. (7D6)

Determines appropriate duration and frequency of intervention; considers cost-effectiveness. (7D6)

Determines criteria for discharge. (7D9)

Determine components of plan of care that may or may not be directed to physical therapy assistant. (7D7)

Intervention:

Adheres to evidence-based intervention during treatment selection. (7D10) Applies effective treatment using appropriate psychomotor skills.

- **x** Incorporates patient/family education into treatment.
- fi Incorporates discharge planning into treatment. Assesses progress of patient using appropriate measures. T [å Í B Í B G

Manual. Evaluation of CI and Clinical Site follow CAPTE Standard 4P and 2E.

Evaluation of the DCE and the ADCE

Each student will have the opportunity to evaluate the DCE or ADCE following clinical education courses. For the WSU PT program, **6** DCE evaluation takes place following PT 953 Clinical Education II, PT 954 Clinical Education III, and PT 955 Clinical Education V. The ADCE evaluation takes places following PT852 Clinical Education I. Evaluation of clinical education effectiveness meets CAPTE Standard 4L.

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 5D and 6D. Performance Expectations for Clinical Rotations based on CIET ratings can be found in 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 passing grade is considered an $\frac{1}{4}$ $\frac{$

A student can remediate only one clinical rotation during the curriculum. If a student receives a failing grade from one clinical 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 rĐ@Ediation. If the student fails the remediation clinical or a subsequent clinical rotation, then they will be dismissed from the program. If a student must complete a preclinical $|[cee]| A^{ \circ} |A^{ \circ}| A^{ \circ} |A^{ \circ}|$

- c. defining to the student the desired change in behavior or clinical performance, and
- d. monitoring the student's progress regularly and providing constructive feedback/coaching as needed.

Clinical Remediation Guidelines for the DCE

When a remediation 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

Appendix A: Sample of Clinical Agreement

AFFILIAT CONSUSCIPTIENT ENTERING THETN-US

- 4. To refer to the FACILITY only those Students who have satisfactorily completed the prerequisite portion of the curriculum which is applicable to the Practicum.
- 5. To notify Students: (a) that they are required to comply with all policies and procedures of FACILITY, including those regarding confidentiality of client records and information; (b) that they must conduct themselves in a professional manner at all times;

and (c) that they should promptly notify UNIVERSITY and FACILITY, as appropriate, of any concerns or problems which arise during the course of the Practicum.

6. To require Students to maintain, in the amount of \$1,000,000 per occurrence and \$3,000,000 in the

Agreement.

3. The liability of UNIVERSITY is governed and limited by the Kansas Tort Claims Act (K.S.A. 75-6101 et seq.). Under no circumstances will UNIVERSITY be responsible and/or liable for the actions of its Students.

E. ADDITIONALTERMS

- 1. This Agreement shall be in effect for a period of five (5) years from the date of execution, unless terminated by either party with not less than sixty (60) days' written 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. In the event of termination, Students who are participating in the Practicum will be allowed to complete the Practicum.
- 2. This Agreement may be revised or modified only by written amendment signed by both Parties.
- 3. To the extent FACILITY generates or maintains educational records related to the UNIVERSITY's Students, FACILITY agrees to comply with the Family Educational Rights and Privacy Act (FERPA), to the same extent as FERPA applies to UNIVERSITY and shall limit access to only those employees or agents with a legitimate educational interest. For purposes of this Agreement, pursuant to FERPA, UNIVERSITY hereby designates the FACILITY as a school official with a legitimate educational interest in

the educational records of the UNIVERSITY's Student(s) to the extent that access to the records is required by the UNIVERSITY or FACILITY for FACILITY to carry out the Field Study Experience.

- 4. The Parties acknowledge that if FACILITY is a covered entity as defined under the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. Section 1320d ("HIPAA"), to the extent that Student or UNIVERSITY personnel have access to Protected Health Information (as defined in 45 C.F.R. Section 164.501) ("PHI") or Individually Identifiable Health Information (as defined in 42 U.S.C. Section 1320d) ("IIHI") due to the Student's participation in the Practicum, the Parties agree to comply with the Health Information Technology for Economic and Clinical Heath Act ("HITECH Act"), Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. Section 1320d ("HIPAA") and any current and future regulations promulgated thereunder, including, without limitation, the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (" Federal Privacy Regulations"), the federal security standards contained in 45 C.F.R. Part 142 ("Federal Security Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements." The Parties agree not to use or further disclose any PHI or IIHI other than as permitted by the HIPAA Requirements and the terms of this Agreement. The Parties agree to make their internal practices, books and records relating to the use and disclosure of PHI available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations. UNIVERSITY may de-identify any and all PHI or IIHI for educational purposes created or received by UNIVERSITY under this Agreement, provided, however, that the de-identification conforms to the requirements of the Standards for Privacy of PHI and IIHI set forth at 45 C.F.R. Part 164, Subparts A and E. UNIVERSITY shall direct Students to comply with the policies and procedures of FACILITY, including those governing the use and disclosure of PHI and IIHI under federal law, including but not limited to those set forth at 45 C.F.R. Parts 160 and 164. Solely for the purpose of defining the Students' role in relation to the use and disclosure of FACILITY'S PHI or IIHI, the Students are defined as members of FACILITY'S workforce, as that term is defined by 45 C.F.R. 160.103, when engaged in activities pursuant to this Agreement. FACILITY shall be solely responsible for providing its policies and procedures relating to the HIPAA Requirements to Students and for training Students in accordance with those policies and procedures.
- 5. Notwithstanding anything to the contrary in this Agreement, in reference to any obligation of the

ATTACHMENT A CONTRACTUAL PROVISIONS ATTACHMENT Wichita State University | DA or from otherwise complying with the Kansas Open Records Act (K.S.A. 45-215 et seq.)

- The Eleventh Amendment: The Eleventh Amendment is an inherent and incumbent protection with the State of Kansas and need not be reserved, but prudence requires the State and the University to reiterate that nothing related to this contract shall be deemed a waiver of the Eleventh Amendment.
- 14. <u>Campaign Contributions/ Lobbying:</u> Funds provided through a grant award or contract shall not be given or received in exchange for the making of a campaign contribution. No part of the funds provided through this contract shall be used to influence or attempt to influence an officer or empl

To receive a passing grade in a clinical education course the student must meet the following expectations on the CIET:

At the conclusion of

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 $|^{\circ} a^{\circ} a$

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 the DCE/ADCE as soon as an at risk student is identified. The DCE/ADCE mp7/Up7/Up7/3(y)]TETQq0.00000912 0 612 792 reW*nBT/F3 11.04 Tf1 0 0 5 541.2

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

Appendix D: EXXAT Student Information

EXXAT Student User Guide

How to log into EXXAT Prism

How to view your assignments in EXXAT

Time off request, Patient Logs, Timesheets

Appendix E ICE Clinical Experience Form

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Students		Clinic		
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Appendix F: Clinical Education Agreement Form

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

Appendix G: Physical Examination Form 1, 2 & 3

Physical Examination Forms 1, 2 & 3

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