Table of Contents

A. Program Policies
   1. Student Placement
   2. Clinical Instructor Policies
   3. Performance Evaluation of Clinical Faculty and Students
   4. Student Safety and Privacy
   5. Essential Functions
   6. Compliance
      i. CHS Drug and Background check policy

B. DCE Position Description

C. Forms
   1. Clinical instructor information
   2. PT Program Student Memorandum

D. APTA links
   1. Education section
   2. APTA clinical education resources
   3. Guidelines for clinical educators
   4. APTA physical therapist student evaluation
   5. DCE evaluation forms
**THE UNIVERSITY OF TEXAS AT EL PASO**  
College of Health Science  
Physical Therapy Program

<table>
<thead>
<tr>
<th>TITLE</th>
<th>Policy # 1 Clinical Education-Student Placement</th>
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<td>Student Placement</td>
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**Definition:** This policy delineates the process for student assignment to clinical sites and removal of students if necessary.

**Purpose:** To insure equitable and appropriate clinical education assignments.

**Standard:** Clinical faculty and students are provided with the current policies and procedures and information that may affect their clinical education placement. (CAPTE 4J, 4O, 5D, 8F, 8G)

**Site Availability:**
1. Students are not allowed to develop their own clinical rotation sites. If they are interested in a site with whom UTEP does not affiliate, the contact information may be obtained and given to the DCE.
2. Clinical education dates for the calendar year are determined and voted on at the annual retreat or faculty meeting in the year preceding the dates in question.
3. The DCE mails and/or e-mails the slot requests March 1-15 for the next calendar year.
4. Sites are to return the slot forms by April 30 to offer availability for the next year.
5. The lists are developed by the DCE and distributed to students from 3-6 months in advance.

**Student Placement:**
1. Only those students who are academically prepared will be assigned to clinical sites. All students must pass safety criteria of any practical examination prior to attending a clinical experience.
2. Students on academic probation are not allowed to attend any clinical experience.
3. A list of all available internship sites will be given to students prior to assigning clinical experiences. Information on the different sites is located in files on the 3rd floor and on the PT Program website which is password protected.
4. Students will not be able to complete all of their internships in one geographical area.

5. Marital status is not necessarily a factor in internship placement. If a student has special circumstances or requests, students must submit in writing. All available slots for students need to be utilized. Single parents are the only group that will have priority to be placed in the El Paso, Las Cruces area.

6. Students research the sites and develop a “wish list” with rationale for their choices.

7. The DCE will complete the assignment and inform students of their assignments so that housing and travel arrangements can be made in advance.

8. If a student is cancelled from a site, the DCE will attempt to place the student in the same geographic location if a site can be found.
**THE UNIVERSITY OF TEXAS AT EL PASO**  
College of Health Science  
Physical Therapy Program

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<th>TITLE</th>
<th>Policy # 2 Clinical Instructor Policies</th>
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<tr>
<td>Clinical Instructor Qualifications</td>
<td>Effective: 01/01/2012</td>
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**Definition:** This policy delineates the qualifications to serve as a clinical instructor and the rights and privileges and responsibilities as a clinical faculty member.

**Purpose:** To provide a minimum set of qualifications for clinical instructors to serve as clinical faculty members.

**Standard:** Clinical faculty members will possess the APTA recommended qualifications to serve as a CI and understand their rights, privileges and responsibilities to serve as a clinical instructor. (CAPTE 4O, 5D)

**CI Qualifications:** (modified from APTA Clinical Instructor Guidelines)

1. The clinical instructor (CI) demonstrates clinical competence including legal and ethical behavior that meets standards of practice. One year of experience is recommended for full time rotations.
2. The clinical instructor demonstrates effective verbal and written communication skills.
3. The clinical instructor demonstrates effective professional behaviors.
4. The clinical instructor demonstrates effective instructional skills.
5. The clinical instructor demonstrates effective supervisory skills.
6. The clinical instructor demonstrates performance evaluation skills.

**CI Responsibilities: The CI must:**

1. Supervise the student following facility policy and other agency regulations.
2. Communicate between CCCE and DCE when necessary
3. Organize and plan the student’s learning experiences with student input.
4. Teach (styles may vary with each student) the student based on the site’s clinical curriculum.
5. Plan remediation when necessary and notify DCE. Follow up visits by the DCE will be conducted on an agreed upon time frame with the CI and student.
6. Evaluate student performance with objective, honest, specific feedback in both formative and summative evaluations
7. Counsel with student when necessary.
8. Inform the DCE if a student is performing at an unacceptable level by midterm or any other time.

CI Rights and Privileges:
1. The CI has a right to know the level of preparation for the incoming student.
2. The CI has a right to contact information for the DCE to contact the DCE when needed.
3. The CI has the right to remove a student at any time due to violation of contractual agreement or perceived threat to patient safety.
4. The CI has library privilege opportunity and has to inform the DCE. The CI has to complete the online library patron form.
5. The CI has privileges to attend free or discounted CCU courses sponsored by the program. The program provides the Texas Clinical Instructor Certification course every 2 years.
Definition: This policy delineates the process for student and clinical faculty (CCCE and CI) performance evaluation.

Purpose: To insure students are meeting grading criteria and clinical faculty are meeting their respective responsibilities. When the above is not met, the DCE intervenes.

Standard: Clinical faculty and students understand their respective responsibilities regarding success in the clinical education components. (CAPTE 1C-4, 2C, 40, 6F, 6L, 6M)

Student Evaluation, Retention and Progression
1. The PT MACS is used as the evaluation tool for full-time 8 week and 12 week clinical experiences.
2. Students are given specific grading criteria for each rotation which is sent to the CCCE prior to each clinical experience.
3. There is a scheduled conference either by telephone or by site visit between the DCE and the student at mid-term of the full time clinical experiences. The student should be present with the PT MACS for the scheduled visit. If the student or clinical instructor (CI) is not scheduled to work on that day, the DCE should be notified as soon as this fact is known by the student so that the time can be rescheduled. Otherwise the student is expected to be available for conferences.
4. 100% attendance is mandatory during the clinical experience and students will abide by the facility's schedule. If the student misses a work day, he/she must call the facility or CI as well as the DCE.
5. All facility policies must be followed by the student. This includes but is not limited to dress code, use of electronic devices while on the job, and work schedule. Students will work the schedule of the CI.
6. Student self-assessments must be recorded in the evaluation tool on all skills attempted. It is the student’s responsibility to evaluate his/her own performance prior to being evaluated by the clinical instructor.

7. The midterm summative evaluation must be completed by the CI prior to the DCE midterm visit.

8. It goes without saying that the student's professional behavior is above reproach. All university policies regarding substance abuse and academic dishonesty are applicable in the clinical setting.

9. If a student is performing at an unacceptable level by midterm or any other time, the CI must inform the DCE immediately.

10. Remediation plans are developed by the CI and DCE when necessary. Follow up visits by the DCE will be conducted on an agreed upon time frame with the CI and student.

11. The site has the right to remove a student at any time due to violation of contractual agreement or perceived threat to patient safety.

Clinical Faculty Evaluation and Retention:

1. The student must complete the entire "APTA Physical Therapist Student Evaluation" at the end of the rotation. If the facility requires the midterm portion to be completed, then the student must abide. The evaluation should be discussed with and signed by the CI. The evaluation is given to the DCE per the grading criteria.

2. The DCE collates data from the APTA evaluation and analyzes those data on an annual basis.

3. The DCE evaluates the CI during the midterm visits. If there is found to be conflicting information between the CI and student, the DCE will investigate further. If needed, the DCE will bring the CCCE into the discussion to determine if action needs to be taken.

4. If CIs are not found to be capable of effectively supervising students, the DCE will inform the CCCE.
### Definition
This policy addresses all of the program student safety, privacy and confidentiality policies with respect to clinical education, and how they affect the physical therapy students.

### Purpose
The faculty has an obligation to ensure students are safe in their learning environment and understand that their privacy and dignity will be maintained.

### Standards
Student safety and privacy are a priority in academic and clinical education. (CAPTE 3D, 5B, 5D)

### Policies
1. All students are provided a consent to participate in Clinical Education. The memo is in the forms section of this manual. It describes their rights and risks of participating in clinical education.
2. Safety Regulation and Emergency Procedures: Students should be provided with information from the clinical instructor (CI) regarding emergency procedures on site for each of their clinical experiences.
4. Clinical education documents are kept in the DCE’s office for 5 years after graduation.
5. Health status, background check and drug clearance status are sent electronically by the College of Health Science compliance office to either the nursing educator or the CCCE. See policy #6 for more information.
6. Students are required to purchase professional liability insurance annually.
Definition: This policy addresses the technical standards to participate in clinical education and the procedure for requesting modifications.

Purpose: To allow students to participate in clinical education with reasonable modification.

Standards: Students sign off on technical standards at admission and work with the Center for Accommodations and Support Services (CASS) in the event reasonable modifications are needed. (CAPTE 5A, 5B, 5D)

Policies:
1. Students are given the list of essential functions (found at the end of this document). After being accepted into the DPT curriculum, students must sign that they can complete the essential functions with or without accommodation prior to matriculation.
2. Students are made aware of the CASS in orientation. If students are requesting accommodation they must have a physician referral for the accommodation.
3. When a student is assigned to a clinical site and accepted by the site, the information is communicated via CASS through DCE and through CCCE to determine if the site can make the reasonable accommodation(s).
4. If a site cannot make the reasonable accommodation, then the DCE will find another site to place the student.
THE UNIVERSITY OF TEXAS AT EL PASO
College of Health Science
Physical Therapy Program

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**Definition:** This policy addresses the College of Health Science on drug and background check clearance in order to participate in clinical education. It also addresses the other items for which students must maintain compliance.

**Purpose:** To allow students to participate in clinical education and maintain hospital compliance requirements.

**Standards:** Students will remain in compliance with all items listed below. (CAPTE 3G, 5B, 5D, 7D-1)

**Policies:**
1. The College of Health Sciences drug and background clearance check is attached to the back of this document. This policy covers the rationale for undergoing drug and background checks, the timing, the scope of the drug screen, and the consequences for failing the drug screen or background check.
2. Students undergo the background check and drug screen in the first semester of the program.
3. If a clinical site requires another background check or drug screen within a certain time frame prior to the clinical experience, then students must abide to these checks at their cost.
4. Students must go through the UTEP Student Health Center to give proof of current immunizations and annual negative ppd. Immunizations include Tetanus/Diphtheria every 10 years, Chicken pox titer, MMR vaccines and titers, Hepatitis B series with titer, and any facility specific immunizations. El Paso hospital sites all require the flu vaccine annually as do other hospital systems outside of El Paso.
5. Students must go through the College of Health Science Compliance office to demonstrate proof of current American Heart Association Healthcare Provider CPR certification every 2 years, current liability insurance annually, community wide orientation annually, background check and drug screen clearance upon admission.
The DCE abides by the APTA Model Position Description for the DCE.

**Model Position Description for the ACCE/DCE: PT Program**

This comprehensive position description was initially compiled in 1991 based on position descriptions provided by individual Academic Coordinators of Clinical Education (ACCEs) throughout the United States. This current version of the model position description was developed based upon Academic Coordinators/Directors of Clinical Education suggested revisions to the 1999 model position description. The position description represents an aggregate perspective of a broad continuum of activities and responsibilities assumed by ACCEs/DCEs in physical therapist and physical therapist assistant programs in 2002. This description is meant to serve as a resource and guide and primarily emphasizes roles and responsibilities associated with the management of the clinical education program with the understanding that additional responsibilities are expected of a faculty member related to teaching, service, and scholarship. Expected roles and responsibilities for this individual ultimately lie with the individual academic program and institution.

**Physical Therapist (PT) Program**

**Position:** Academic Coordinator/Director of Clinical Education (ACCE/DCE)
**Reports to:** Program Director/Chair, Dean, others

**Minimum Requirements (no specific order)**
- Graduate of an accredited physical therapist professional program or deemed equivalent non-accredited program.
- Earned post-professional master's degree in physical therapy, education, clinical specialty, or other related fields of study.
- Licensed or eligible for licensure in the state where employed.
- Minimum of 3 years' experience as a licensed physical therapist.
- Minimum of 3 years of clinical teaching and/or clinical coordination experience.
- Strong communication, organization, interpersonal, problem-solving, and counseling skills.
- Current knowledge and skill in the use of information and computer technology (e.g., word processing, e-mail, database) or proven ability to learn these skills.
- Able to work with students with special needs based on the Americans with Disabilities Act (ADA).
- Knowledge of legislative, regulatory, legal, and practice issues affecting clinical education, students, and the profession.
- Able to meet faculty requirements as stated in the Evaluative Criteria for Physical Therapist Education Programs.
• Design and conduct independent and/or collaborative research in clinical education or related areas.
• Member of the American Physical Therapy Association.
• Able to initiate, administer, assess, and document clinical education programs.
• Able to work independently and coordinate work with colleagues and peers.
• Able to travel, as needed.

Preferred Requirements
Possess all minimum requirements, with the addition of ... (no specific order)
• Prior teaching experiences in a physical therapist academic program and/or administrative experience in clinical practice.
• Earned doctoral degree or enrolled in or desire to pursue doctoral studies.
• Knowledge of educational, management, and adult learning theory and principles.
• Active in clinical practice, especially as applicable to clinical education.
• Active in professional activities at local, state, and/or national levels.
• Earned status as an APTA Credentialed Clinical Instructor.

ACCE/DCE Position Description
The ACCE/DCE holds a faculty (academic or clinical) appointment and has administrative, academic, service, and scholarship responsibilities consistent with the mission and philosophy of the academic program. This individual demonstrates competence in clinical education, teaching, and curriculum development. In addition, the ACCE/DCE primary responsibilities are to plan, coordinate, facilitate, administer, and monitor activities on behalf of the academic program and in coordination with academic and clinical faculty. These activities include but are not limited to the following:

• developing, monitoring, and refining the clinical education component of the curriculum,
• facilitating quality learning experiences for students during clinical education,
• evaluating students' performance, in cooperation with other faculty, to determine their ability to integrate didactic and clinical learning experiences and to progress within the curriculum,
• educating students, clinical and academic faculty about clinical education,
• selecting clinical learning environments that demonstrate characteristics of sound patient/client management, ethical and professional behavior, and currency with physical therapy practice,
• maximizing available resources for the clinical education program,
• providing documented records and assessment of the clinical education component (includes clinical education sites, clinical educators, etc), and
• actively engaging core faculty clinical education planning, implementation, and assessment.

The ACCE/DCE serves as a liaison between the physical therapy program and the clinical education site as part of his/her responsibilities. The ACCE/DCE, in cooperation with other academic faculty, establishes clinical education site and facility standards, selects and evaluates clinical education sites, and facilitates ongoing development of and communication with clinical education sites and clinical faculty.
ACCE/DCE Position Responsibilities
The ACCE/DCE is responsible for coordinating and managing the efforts of the academic program and clinical education sites in the education and preparation of PT and PTA students by performing the following activities:

I. Communicates Between the Academic Institution and Affiliated Clinical Education Sites

A. Communicates news, and current information (e.g., curriculum, clinical education objectives, staffing changes, and site availability) among all concerned stakeholders (e.g., the academic institution, clinical education sites, clinical faculty and students) to maintain current knowledge of the educational program, the clinical education site, and health care changes affecting clinical practice and education.

B. Provides ongoing communication with clinical educators at each clinical education site to include:
   - philosophy of the academic program;
   - academic program curriculum and specific syllabus and learning objectives for each clinical experience and behavioral expectations that may not be addressed by learning objectives;
   - policy and procedures of the academic program pertaining to clinical education;
   - current materials required for accreditation;
   - clinical education contractual agreement negotiated and maintained between the academic program and each clinical education site;
   - dissemination of appropriate student and related information (e.g., health insurance, liability/malpractice insurance, state/federal laws and regulations such as ADA);
   - collection of information about clinical education sites for use by students in their selection of or assignment to clinical education sites;
   - provision of dates for each clinical education experience;
   - academic program requests from clinical education sites regarding the number and type of available student clinical placements;
   - coordinating student assignments (consideration might be given to items such as patient variety, health care settings and size, types of learning experiences, clinical site and student expectations, strengths/limitations of clinical experiences);
   - clinical faculty development opportunities including educational seminars and faculty availability as a resource in their areas of expertise, and;
   - maintenance and distribution of a clinical education manual.

C. Communicates and oversees communication with Center Coordinators of Clinical Education (CCCEs), Clinical Instructors (CIs), and students to monitor progress and assess student performance. Provides guidance and support as required to problem solve and discuss pertinent issues with student(s), CIs, and/or CCCEs.

D. Places, supervises, and communicates with students while on clinical experiences. Responsibilities associated with these roles include, but are not limited to:
   - informing students of clinical education policies and procedures;
• supplying relevant clinical education site information to facilitate students’ selection of or assignment to clinical education sites (eg, learning experiences, clinical site prerequisites, housing availability);
• providing a process for students to assess their performance and satisfaction;
• preparing clinical rotation assignment schedules and coordinating information dissemination to clinical education sites;
• assisting with educational planning, behavior/performance modification, remedial education, referral to student support agencies (financial aid counseling as required), and;
• arranging for periodic and or impromptu visits/communication to students, clinical education sites and clinical faculty as needed to problem solve, support, and discuss pertinent issues with student(s), CIs, and/or CCCEs.

E. Evaluates each clinical education site through student feedback, on-site visits, and ongoing communications and routinely shares this information with academic and clinical faculties. Provides feedback to clinical educators concerning their effectiveness in delivering clinical learning experiences based on student feedback and through direct observations.

II. Clinical Education Program Planning, Implementation, and Assessment
A. Performs academic responsibilities consistent with the Commission on Accreditation in Physical Therapy Education (CAPTE), and with institutional policy.
• Coordinates and teaches clinical education courses and other related course content based on areas of content and clinical expertise.
• Directs effort and attention to teaching and learning processes used throughout the curriculum (eg, management and education theory, adult learning).
• Monitors and documents the academic performance of students to ensure that they successfully achieve the criteria for completing clinical learning experiences.
• Reviews and records student evaluations from CIs and determines the final grade for all clinical education courses in the curriculum.
• Utilizes intervention strategies with CIs, CCCEs, and students who excel or demonstrate difficulties while on clinical education experiences or require learning strategies where a disabling or learning condition is present.
• Develops remedial experiences for students, if necessary. Confers with the appropriate faculty (clinical and academic), the Program Director, Dean, Administration and other individuals (eg, counseling staff) where applicable.

• Provides direct input into curriculum design, review, and revision processes by:
• Collecting and organizing pertinent information from clinical education sites and students and disseminating this information to faculty during curricular review processes in a timely manner.
• Preparing reports and/or engaging in discussions with faculty on student progress in clinical education.
• Keeping faculty informed about the clinical education program, pertinent policies and procedures, and changes influenced by accreditation.

• Coordinates and/or provides leadership for a Clinical Education or Program Advisory Committee consisting of area clinical educators, employers, or other persons, where feasible.

• Participates in academic program meetings, institutional governance, and/or community service activities as appropriate to the mission of the academic institution.

• Develops and implements a plan for self-development that includes the participation in and enhancement of teaching, delivery of physical therapy services, and development of scholarly activities (eg, scholarship of teaching, application, integration and discovery). (Refer to CAPTE Position Paper on Scholarship Expectations [PT Criterion 2.2.4.2], December 2000)

• Functions as a faculty member in other job responsibilities as delegated by the Program Director/Chair or as required by the academic institution, Dean or other Administrator.

• Monitors the changing health care delivery system and advises the Program Director and faculty of changing trends and potential impact on student enrollment, instruction, curriculum design, clinical education, and equipment needs.

• Develops and administers information and education technology systems which support clinical education and the curriculum.

• Participates in regional, state, and/or national clinical education forums, clinical education related activities, and programs designed to foster clinical education (eg, Clinical Education Consortia, Clinical Education Special Interest Group (SIG) of the Section for Education, Chapter Clinical Education SIGs, and APTA Education Division activities).

B. Manages administrative responsibilities consistent with CAPTE, federal/state regulations, institutional policy, and practice setting requirements.

• Administers a system for the academic program’s clinical education records which include:
  • current database of clinical education sites;
  • current information on clinical education site and clinical faculty;
  • status of negotiated clinical education agreement between the academic program and clinical education site;
  • utilization of clinical education sites;
  • reports on the performance of students in clinical education, and
  • reports on clinical site/faculty performance in clinical education.

• Acts as an intermediary among the appropriate parties to:
  • facilitate the acquisition of clinical education agreements;
  • administer policies and procedures for immunization, preventive health care practices, and for management of student injury while at clinical sites, and
• ensure liability protection of students (and faculty if required) inclusive of professional, governmental, institutional, and current risk management principles.

• Assists the Program Director in the development of a program budget by providing input on items related to the clinical education program and overall program budget.

• Manages fiscal allocations budgeted for clinical education.

• Develops, implements, and monitors adherence to policy and procedures for the clinical education component of the curriculum.

• Develops, administers, and monitors the academic program's evaluation process for the clinical education component, including instruments used for evaluation of student performance, clinical education sites and faculty.

• Participates in the preparation of accreditation documentation and outcome performance assessment of students in the physical therapy program.

III. Clinical Site Development

A. Develops criteria and procedures for clinical site selection, utilization, and assessment (eg, APTA Guidelines for Clinical Education).

B. Establishes, develops, and maintains an adequate number of clinical education sites relative to quality, quantity and diversity of learning experiences (i.e., continuum of care, commonly seen diagnoses, across the lifespan, health care delivery systems, payers, cultural competence issues) to meet the educational needs of students and the academic program, the philosophy and outcomes of the program, and evaluative criteria set by CAPTE.

C. Provides clinical education site development opportunities through ongoing evaluation and assessment of strengths and areas needing further development or action (eg, in service training, discontinue student placements).

IV. Clinical Faculty Development

A. Collaborates with clinical faculty to promote, coordinate, plan, and provide clinical faculty development opportunities using effective instructional methodologies and technologies.

B. Encourages clinical faculty to participate in local, statewide, and national forums designed to foster and discuss issues addressing clinical education.

C. Maintains knowledge of current trends in health care and its affect on clinical education and apprises clinical educators and faculty of any changing trends.

D. Mentors other academic faculty about their role and responsibilities related to clinical education (eg, clinical site visits, determining readiness for the clinic).

Last Updated: 6/11/2012
To: □ DCE

From: ____________________, SPT

Fax: 915-747-8211

Pages: 1

Phone: 915-747-8215

Date:

Re: CI information

□ Urgent   x For Review   □ Please Comment   □ Please Reply   □ Please Recycle

My CI is ____________________________ and we are located at this physical address__________________________________________________

The best FACILITY phone number to reach me at work is _____________________.

The best phone number to reach my CI is______________________________.

My CI’s e-mail address is______________________________________________.

My (student) cell number is____________________________________________.

My schedule is _____________________________(days of the week)

And I work______________________________ (hours am to pm).

My CI prefers these proposed midterm visit choices:

1. Date___________ Time___________________________________

2. Date___________ Time___________________________________

3. Date ___________ Time____________________________________

Other important information:

__________________________________________
Memorandum of Understanding

Student Consent for Clinical Educational Experiences

I understand that a portion of my education in the UTEP DPT Program will include a minimum of four full-time clinical education experiences in health care facilities throughout the country. I understand that there are other clinical experiences related to the didactic portion of the curriculum in which I will visit local clinics. I further understand that all expenses related to clinical education experiences are my sole responsibility. One purpose of clinical education is to acquaint students with the reality of clinical practice.

I understand that during any clinical experiences I will be subject to the known and unknown risks members of my profession experience in the provision of health care. These may include exposure to people with infectious and communicable diseases; mental illness; and risks attendant to the work environment. I realize, however, as a student, I am not eligible for coverage under the University’s nor the healthcare facility’s worker’s compensation insurance, and that there is no mechanism for compensation in the event I am injured during my clinical experience.

Every attempt has been made by the CHS to protect my interests. I have been provided basic instruction in prevention procedures including infection control and in the application of reasonable and prudent clinical practices which can serve to limit unnecessary exposure and constitute a measure of safety for me and the patients I manage. I understand that it is my responsibility to apply these procedures and to take appropriate steps to protect myself and my patients. As a condition of placement in a healthcare facility for clinical experiences, I may be required to show proof of health insurance. Further, I will be expected to abide by whatever policies the facility has regarding risk exposure management for its employees, even though I am not considered by UTEP nor the facility to be an employee of the facility. I will carry at all times proof of the following: 1) current CPR certification (AHA Healthcare Provider), 2) current city wide orientation, 3) current immunization record to include hepatitis B, influenza and other childhood immunizations and/or titers, 4) annual ppd test or chest x-ray (every 5 years) with results showing negative for TB, 5) background check clearance, 6) negative drug screen for proof of health clearance and 7) current liability insurance. If at any time I am asked to show proof of the above during the academic or clinical experience and I do not have proof, it is cause for disciplinary action which may include failure of the clinical experience or academic course and may result in disenrollment from the Doctor of Physical Therapy Program. I understand that each facility may require an additional background check or drug screen prior to the start date of each rotation.

The DCE for the Program in which I am enrolled has offered to answer any questions I may have about these risks and the precautions I can take to avoid them. If I have any questions before, during or after the clinical experience, I may contact my DCE or Program chair or appropriate faculty member. Also, I understand that I may stop any participation in the clinical experience at any time if I think my personal safety or that of the patients I manage is in jeopardy.

I have a right to privacy, and all information obtained in connection with any clinical experience that can be identified with me will remain confidential as far as possible within state and federal law. I understand that my student evaluation of each clinical experience will be made available to future students unless I make a formal written request to withhold my evaluations.

I voluntarily agree to participate in clinical education experiences arranged by the UTEP DPT Program.

PRINT NAME/Signature of Student    Date

Using language that is understandable and appropriate, I have discussed the items listed in the memorandum with the student.

Signature of DCE    Date
THE UNIVERSITY OF TEXAS AT EL PASO
College of Health Science
Physical Therapy Program

APTA LINKS

1. Education Section:
   http://www.aptaeducation.org/

2. Clinical education resources:
   http://www.apta.org/Educators/Clinical/EducationResources/
   a. Minimum required skills of PT Graduates at Entry level
   b. PT clinical education principles

3. Guidelines
   a. Clinical Education Sites:
      http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Education/
      ClinicalEducationSitesBOD.pdf#search=%22clinical education
      guidelines%22
      (guidelines and self assessments are for members only)
   b. CCCEs
      http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Education/Cente
      rCoordinatorsClinicalEducationBOD.pdf#search=%22clinical education
      guidelines%22
      (Reference Manual for CCCE, guidelines and self assessment are for
      members only)
   c. Clinical Instructors:
      http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Education/
      ClinicalInstructorsBOD.pdf
      (guidelines and self assessments are for members only)

4. APTA physical therapist student evaluation
   http://www.apta.org/Educators/Assessments/

5. DCE Evaluation Forms:
   http://www.apta.org/Educators/Assessments/ACCE/DCE/