



DPT Program Clinical Education Handbook 2025

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Preface

Clinical education is an essential part of physical therapy education. Integration of knowledge, skills and abilities (KSA's) learned in the classroom happens most effectively when the student works with real patients/clients in an actual work situation.

The purpose of the San Diego State University (SDSU) Doctor of Physical Therapy (DPT) Clinical Education Handbook is to inform those directly involved with the clinical education process, namely academic faculty, clinical education faculty [Site Coordinators of Clinical Education (SCCEs) and Clinical Instructors (CIs)], and students, about the curriculum, expectations, rules, regulations, and policies governing and related to the clinical education component of the DPT Program. The Handbook also serves to clearly disseminate information and guidelines for use in decision-making and to provide a common frame of reference. This Handbook is intended to supplement, not replace, the SDSU University Senate Policy File, University Catalog, the SDSU DPT Program Student Handbook, and any clinical affiliate's published policies or procedures.

The student is expected to abide by the rules and policies established by this program, by each clinical affiliate, and the standards established by the physical therapy profession.

Please read this handbook carefully. Questions related to the content of this handbook should be directed to the Director of Clinical Education (DCE) or the Program Director (PD):

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To our clinical education faculty: Thank you in advance for your cooperation with the DPT Program at San Diego State University (SDSU) in providing students the opportunity to learn in a variety of clinical settings and for providing clinical instruction for the Doctor of Physical Therapy (DPT) student.

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SDSU DPT Program Overview

Mission Statement of San Diego State University

The mission of San Diego State University (SDSU) is to provide research-oriented, high quality education for undergraduate and graduate students, and to contribute to the solution of problems through excellence and distinction in teaching, research, and service.

The university strives to impart an appreciation and broad understanding of the human experience throughout the world and the ages. This education extends to diverse cultural legacies and accomplishments in many areas such as the arts and technology; the advancement of human thought including philosophy and science; the development of economic, political, and social institutions; and the physical and biological evolution of humans and their environment.

San Diego State University pursues its mission through its many and diverse departments and interdisciplinary programs in the creative and performing arts, the humanities, the sciences, and the social and behavioral sciences. <https://www.sdsu.edu/about/facts-mission-and-history>

Program Mission

The Doctor of Physical Therapy Program is committed to academic excellence and expression by fostering evidence-based practice, research, teaching, service and public engagement. We are committed to cultivating inquiry and professional leadership in our students, faculty, staff, and alumni. Our mission is to advance the health and function of the people of California and the global community by generating new knowledge and preparing physical therapists for general practice who are experts in the human movement system.

Vision

The Doctor of Physical Therapy (DPT) Program at SDSU will be recognized as a regional and national leader in physical therapy education, research, and service to the profession and community. We will be a diverse and engaged community of faculty, students, clinicians, and alumni in whom the highest moral and ethical values prevail.

Guidelines to Promote Excellence in Clinical Education Partnerships

In addition to the Guidelines referenced above, roles of the Director of Clinical Education (DCE) and our students are also described. Additional roles of the SCCE and CI are included.

Role of the Director of Clinical Education (DCE)

The DCE is the academic core faculty member who carries the primary responsibility for overseeing and coordinating the clinical education component of the program. The DCE works directly with the Assistant DCE (ADCE), other program academic faculty, clinical faculty, and students to provide a variety of structured clinical learning experiences designed to facilitate clinical competence. As DCE, he or she represents the University, provides indirect supervision of students in the clinic, and works directly with the Site Coordinator of Clinical Education (SCCE) and/or Clinical Instructor (CI) as appropriate.

Below are some key responsibilities of the SDSU DCE.

Responsibilities:

1. Serves as the key contact person/liaison between the DPT Program and clinical sites/faculty.
2. Recruits, evaluates, and retains clinical affiliating sites.
3. Communicates regularly with clinical sites and clinical instructors in planning for student clinical experiences.
4. Works with the facility and SDSU's contracts department to establish affiliation agreements that meet the needs of the University, student and facility.

5. Schedules the dates and assignments for clinical education experiences, including special scheduling (i.e., holidays, atypical arrangements, missed clinical education time).
6. Assigns students to sites for clinical experiences.
7. Provides or facilitates education and training of CIs in collaboration with the SCCEs.
8. Monitors and facilitates student progress toward individual and course goals/objectives during clinical experiences.
9. Counsels students individually, when necessary or as appropriate on clinical performance and professional behavior issues.
10. Determines the grades and assignments for clinical education courses.
11. Evaluates the effectiveness of clinical instructors, clinical facilities, and the clinical education component of the program.
12. Communicates information related to student clinical performance to student's faculty advisor as needed.
13. Maintains necessary/appropriate documentation related to student clinical performance and the DPT Program's clinical education courses.
14. Addresses any changes within the clinical education site that may affect students' clinical educational experiences.
15. Provides intervention, guidance, and problem-solving strategies for both the student and CI when necessary.
16. Delegates responsibilities as needed to the ADCE.

Role of the Site Coordinator of Clinical Education (SCCE)

The Site Coordinator of Clinical Education (SCCE) is the staff member at the facility responsible for the development and coordination of clinical education at that clinical site. The SCCE is usually a physical therapist or physical therapist assistant employed by the clinical facility. It is recommended that the SCCE have completed the APTA Credentialed Clinical Instructor Program (CCIP) and be a member of the APTA.

Responsibilities:

1. Serves as the key contact person for the DPT Program DCE in planning for upcoming clinical education experiences.
2. Facilitates the completion of the Service Learning Agreement (SLA)/Affiliation Agreement with the University.
3. Assures the DPT Program is provided with current clinical site and CI information.
4. Provides the DPT Program with current information regarding student prerequisite requirements (immunizations, laboratory tests, certifications, screenings, etc.).
5. Selects CIs to supervise and educate physical therapy students and delegate's clinical supervision of students to approved physical therapy CIs.
6. Provides or arranges for education and training of CIs in collaboration with DPT Program DCE.
7. Informs the CI of all pertinent information from the Program.
8. Oversees the orientation of the student to the clinical facility.
9. Acts as a liaison between the student and CI.
10. Supervises the performance assessment of the student.
11. Evaluates, in consultation with the DCE, the effectiveness of the clinical education program and the facility's clinical instructors.
12. Maintains necessary/appropriate documentation related to the site's clinical education program.

Role of the Clinical Instructor (CI)

The Clinical Instructor (CI) is a licensed physical therapist with one or more years of clinical experience who is selected by the SCCE to directly supervise the affiliating student. The CI provides direct supervision to the student in the clinic and delivers the data for assessment of student performance. The CI must be willing to work with students and be able to develop an appropriate environment for learning in the clinic. It is recommended that the CI have completed the APTA Credentialed Clinical Instructor Program (CCIP) and be a member of the APTA.

Responsibilities:

1. Meets requisite qualifications for serving as a clinical instructor as required by SDSU and/or the facility. See [Guidelines and Self-Assessments for Clinical Education](#)
2. Collaborates with the DCE, SCCE, and with the student to identify appropriate objectives for the clinical experience within the specific setting, identifies unique learning experiences, and provides the student with “hands on” learning opportunities.
3. Supervises the student appropriately in order to provide quality learning experiences in all appropriate areas of the patient management experience, as well as research and administration as applicable.
4. Ensures that student learning does not compromise the delivery or safety of patient/client care.
5. Provides formal and informal feedback to the student regarding his/her performance on a regular basis, including the completion of a midterm and final evaluation using the web based Clinical Performance Instrument (CPI) or other SDSU approved assessment tool.
6. Communicates with the SCCE and DCE regarding student performance; identifies problems in student's performance and conduct, communicates with the student regarding these issues and plans remedial activities in collaboration with the SCCE, DCE and the student, if necessary.
7. Completes DPT Program required documentation in a timely manner.
8. Makes an effort to address the varying needs of clinical students in terms of experience, learning style, progress within the curriculum and interpersonal communication characteristics.
9. Models professional behaviors including, but not limited to, legal and ethical physical therapy practice.

Role of the Student

The student is responsible for taking an active role in directing his or her own learning. The student will sign a student agreement for participation in clinical education.

Responsibilities:

1. Submit to the DCE clinical education preferences and all other required paperwork for clinical education placements by appropriate deadlines.
2. Plan for transportation, food, housing and other necessities associated with clinical education. By policy, during the clinical education process, students are NOT to work elsewhere that would interfere with this process.
3. Secure and wear appropriate uniform/dress designated by each site.
4. Read and abide by the policies, procedures and standards of the University, the Program, the clinical facility and the profession. This includes following facility/school policies and procedures regarding such items as confidentiality, conduct, dress, hours of attendance, etc.
5. Notify the CI in advance if the student will be unable to report to clinic as scheduled.
6. Arrange with the CI to make up missed clinical educational time and notify the DCE of these arrangements.
7. Demonstrate appropriate technical competence for the level of professional education achieved prior to a clinical education experience.
8. Participate actively in the clinical education process; develop both technical and professional skills, behaviors and attitudes.
9. Exhibit behaviors commensurate with professional behaviors and core performance standards as noted in the student handbook.
10. Communicate any issues or concerns during the clinical education experience to the appropriate individual (CI, SCCE, DCE).
11. Complete any and all assignments timely during the clinical education experience.
12. Provide formal and informal feedback to the clinical instructor and DCE regarding the learning experience.
13. Complete self-assessments of clinical performance and professional skills (see appendix).

Clinical Faculty Rights and Privileges

The Clinical Education Faculty of the SDSU DPT Program have rights and privileges including:

- Right to request a conference or to have a student removed from a clinical experience at any time.

- Right to provide feedback on the curriculum and the performance of students and to have that feedback documented.
- Opportunity to request individual training and/or information related to clinical instruction.
- Right to provide input on future program applicants.
- Right to attend annual student doctoral project presentations.
- Opportunities to attend selected continuing education programs at a reduced or free rate when sponsored by the DPT program.
- Opportunity to attend selected guest lectures in the DPT program curriculum.
- Opportunities for collaboration in clinical research.
- Opportunity to be considered a volunteer at the University and receive library access.

Clinical Education Process

Clinical Education Design

The clinical education facet of the curriculum consists of 38 weeks of clinical experiences distributed across the curriculum as follows:

- DPT 801 Initial Clinical Experience - 6 weeks, 40 hours per week during the second half of Summer Semester, Year 2. This is the initial full time clinical education experience.
- DPT 895A Intermediate Clinical Internship - 16 weeks, 40 hours per week during Fall Semester, Year 3.
- DPT 895B Terminal Clinical Internship - 16 weeks, 40 hours per week during Spring Semester, Year 3.

The first six-week Initial Clinical Experience is integrated into the didactic curriculum and is designed as an introductory experience for students to practice skills developed in university courses/labs and apply knowledge from initial coursework related to the patient management process from examination through discharge planning. The two 16-week clinical internships are designed to incorporate all core skills and knowledge into patient care as well as facilitate critical thinking skills and enhance clinical decision making. To create a more diverse and varied clinical experience in physical therapy care, students and the DCE may choose to have one or both of the two 16-week clinical internships separated into 2 x 8-week clinical internships. **The DCE has the final authority on deciding length and placement of clinical internship experiences based on clinical site and clinical instructor availability.** Some students may be allowed to complete all 32 weeks at one health care institution, but the experience must allow for the student to evaluate and provide treatment in a variety of physical therapy clinical settings.

Year 1			Year 2			Year 3		
Summer	Fall	Spring	Summer	Fall	Spring	Summer	Fall	Spring
			Didactic 6 weeks					
			Initial Clinical Experience 6 weeks					
							Clin 1 16 weeks or 2 x 8 weeks	Clin 2 16 weeks or 2 x 8 weeks

Service Learning Agreement/Affiliation Agreements

Prior to a student's participation in a clinical education experience, a Service Learning Agreement (SLA) or Affiliation Agreement must be executed with the site. The DCE initiates the agreements with the proper personnel at the clinical site. The DCE will notify the SDSU Contracts and Procurement Management (C&PM) department to review any outside affiliation agreements. If negotiations are necessary for such affiliation agreements, the DCE will provide the C&PM office with the sites contact person. The SDSU DPT Program maintains SLA's and Affiliation Agreements in the Exxat database and a local copy of the executed agreements on the SDSU network drive, which is accessible to all core faculty members. The C&PM office maintains the SLA Master List, which is accessible on the SDSU intranet. The DCE references pertinent information prior to and in preparation for placing students in appropriate facilities for clinical education experiences.

Site Selection and Clinical Faculty Qualifications

Clinical education is carried out in facilities that meet the qualifications established by SDSU. The SDSU DPT program has criteria that they ensure the clinical facility attains , in order for a student to be placed at a clinical site. The facility representative (usually the SCCE) certifies that the site and personnel meet the criteria when they agree to take a student. The DCE verifies this information to assure that criteria are being upheld by the clinical education faculty and facilities. These criteria are found in the appendix and are referenced from the document "Guidelines and Self-Assessments for Clinical Education". They are also expected to provide information to the student to assist in completion of The Physical Therapy Student Evaluation: Clinical Site and Clinical Instructor, perform student and DCE assessments, and complete the Internship Site Questionnaire (ISQ).

Procedures for Clinical Education Placement

The DCE will solicit “available slots” for student placement with clinical education facilities annually during the first quarter of the year prior to the clinical experience. Whenever possible, this should be done in March in accordance with the Voluntary Uniform Mailing Date established by the Clinical Education Special Interest Group (CESIG) of the Academy of Physical Therapy Education of the APTA in 1999.

The DCE maintains a record of the “available” clinical placements/slots for each clinical experience. This record is updated regularly through (1) returned Slot Request Forms (annual request for placements) and (2) informal communications with sites regarding available student placements (email, phone calls).

Students are assigned by the DCE to appropriate clinical facilities, with student input, based upon availability of clinical sites with additional consideration by the DCE of:

1. Students’ prior experiences before entering the DPT program.
2. Clinical education program goal of providing experiences in a variety of practice settings.
3. Location of the clinical facility.
4. Type of facility and expectations/considerations of the clinical faculty.
5. Educational and personal goals of the student.
6. Student requests.

The slot list is made available to the students at a specified time prior to each clinical experience. The DCE maintains the Exxat database with necessary clinical site information which is also available to the students. After reviewing this information, students submit their top site/location preferences via a wish list on the Exxat database, for each clinical experience. Students also complete the *Clinical Experience Planning Form* for development of the overall clinical education experience early in the program. The final placement decision is made by the DCE based on the above criteria. The DCE assigns students to clinical sites based largely on consideration for the best fit for student/site/CI and educational learning needs. When several students are requesting the same site, decisions are made either by draw or collaboration with students on alternative placements.

Basic clinical education exposure requirements

Clinical placement decisions are guided by an effort to assure that student experiences address the following:

1. Management of patients/clients’ representative of those commonly seen in practice across the lifespan and the continuum of care.
2. Practice in settings representative of those in which physical therapy is commonly practiced.
3. Interaction with physical therapist role models whose practice is consistent with the program’s philosophy of practice.
4. Opportunities for involvement in interprofessional education and care; and
5. Other experiences that lead to the achievement of expected student outcomes.

Students will plan with their advisors and the DCE for these types of experiences. Students are required to participate in clinical education experiences in outpatient and in-patient settings. Examples of settings that students will participate in include two or more of the following:

- A **hospital setting** (inpatient acute, inpatient rehab, sub-acute, or long term acute care)
- An **outpatient setting** (with primary caseload of orthopedic diagnoses)
- A **rehabilitation setting** (skilled nursing or post-acute facilities, or outpatient Neuro facilities)
- A **specialty area** (pediatrics, geriatrics, sports medicine, aquatics, pelvic health, wound care, military)

Information and Guidelines for Clinical Sites

Prior to student arrival and related information

Initial Notifications

The Site Coordinator of Clinical Education (SCCE) and the Clinical Instructor (CI) will receive information from the DPT Program prior to each clinical experience. These notifications are sent via email as “San Diego State University noreply@exxat.com” from the Exxat web-based clinical education platform. Four months prior to the experience a confirmation notification is sent to ensure the slot is still available. Six weeks prior to the experience a notification with information about the assigned student is sent. This includes student contact information and a link to the student’s personal profile and other pertinent details of previous education and experiences, as well as emergency contact information. The SCCE is asked to forward this notification to the appropriate CI if they do not receive it. Also, the most current version of this *Clinical Education Handbook* with all relevant policies and procedures is available on the SDSU DPT web page at [Clinical Education Handbook](#)

Student Contact

Students will contact their clinical sites five to six weeks prior to each clinical experience. At that time, the students are to discuss work hours, where to report on the first day, directions to the facility, dress code, and any other pertinent or necessary information.

Student Immunizations

All SDSU DPT students must provide proof of necessary immunizations prior to the first clinical experience. SDSU’s DPT program uses the American Data Bank/Complio tracking system to maintain student immunization records. If required by the facility, students or the DCE are responsible for providing this information to clinical sites.

CPR and First Aid

All students are required to be certified in cardiopulmonary resuscitation for health care providers. First aid training may also be required by some clinical sites. Certification must be current throughout all clinical experiences. Verification of certification is maintained in Complio, and students are responsible for providing this information to clinical sites if required by the facility.

Student Health Insurance

The DPT Program requires that students carry their own health insurance while enrolled in the program. Documentation is maintained in Complio. Students are responsible for providing this information to clinical sites if required by the facility.

Professional Liability Insurance

As part of tuition expenses, SDSU provides liability insurance for each full-time student enrolled in a course that includes clinical internships. Professional liability insurance is provided by the University for all students in the amount of \$2,000,000 each loss and \$4,000,000 aggregate for all covered parties and not per student. Please refer to the Student Professional Liability Insurance Program (SPLIP) document on the SDSU website.

At the clinical facility

Orientation

The student should have an adequate orientation to the clinical site. Orientation is one of the most important aspects of a positive and productive experience for a student, as well as for the CI. (See appendix for recommendations for orientation).

Clinical Education Experience

Affiliating clinical facilities are expected to provide educational experiences consistent with physical therapist professional education for any student accepted for a clinical experience. This includes all aspects of patient care and practice management as appropriate to the unique clinical facility and to the student's level of education and experience.

Supervision

A licensed physical therapist must be on the premises for any student to perform direct patient care. All supervision of student education must be performed in accordance with state law and applicable state, federal, payer and university policies. For clinical education purposes, the SDSU DPT Program has adopted the APTA policy as follows:

STUDENT PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT PROVISION OF SERVICES HOD P06 -19-10-06

Experiential learning focused on development and application of patient and client-centered skills and behaviors is a crucial component of the education of physical therapists and physical therapist assistants. Clinical instructors and preceptors provide instruction, guidance, and supervision that complies with association policy, positions, guidelines, and ethical standards, and with jurisdictional laws governing supervision.

Student physical therapists, when participating as part of a physical therapist professional education curriculum, are qualified to provide services only under the direct supervision of the physical therapist who is responsible for patient and client management.

Student physical therapist assistants, when participating as part of a physical therapist assistant education curriculum, are qualified and may be utilized to provide components of intervention and to collect selected examination and outcomes data only under the direct supervision of either the physical therapist alone or the physical therapist and physical therapist assistant working as a team. The physical therapist maintains responsibility for patient and client management at all times, including management of the services provided by the student physical therapist assistant.

Direct supervision means the physical therapist or the physical therapist assistant when supervising* a student physical therapist assistant, is physically present and immediately available for supervision. In both cases, the physical therapist or physical therapist assistant will have direct contact with the patient or client on each date of service.

Telecommunications does not meet the requirement of direct supervision.

Student Competence

Prior to clinical placement, students will have demonstrated safety and competence in appropriate lab and simulated patient evaluation/intervention skills and knowledge. CIs are to be aware of this information to assist them in the educational process. Only those skills and knowledge which the student has been educated by the SDSU DPT program prior to clinical placement are covered under the liability policy. If the CI teaches a skill or procedure not addressed in prior academic coursework, the clinician does so at his/her own risk and assumes responsibility and/or liability for such instruction and student performance of those specific tasks.

Unique Learning Opportunities

The student should be provided with opportunities to participate in learning experiences unique to the clinical site. These opportunities may include, but are not limited to, involvement in:

- Surgery observation
- Physician or interdisciplinary rounds
- Quality improvement procedures/projects

- Patient care/family conferences
- Department staff meetings and in-services
- Special diagnostic tests or procedures
- Interaction with other departments (OT, speech, prosthetics, orthotics, ICU, etc.)

Patient/Client Participation

Patients/clients should be notified of student participation in their care and that they have a risk-free right not to participate in the clinical education process.

Documentation

Any documentation written by the student must be in accordance with facility, policy, local, state or federal regulations, and/or payer policy. When included in the medical record, documentation should be signed with the student's full name, followed by the abbreviation "Student Physical Therapist" (SPT) unless policy or regulation denotes otherwise. ALL student documentation must be read and co-signed by a licensed physical therapist.

In the event that facility policy or other regulation does not allow for student documentation in the medical record, students are required to practice documentation regarding patient encounters and have it reviewed by the physical therapist. If necessary, all such documentation should be disposed of appropriately according to facility policy to protect patient privacy in accordance with HIPAA rules.

Communication with the DCE

In some cases, the DCE or another DPT faculty/staff member will contact the CI by phone or email to arrange a midterm visit or phone call to discuss student progress and to answer any questions the CI might have. The CI and/or the SCCE are encouraged to contact the DCE at ANY TIME if questions or concerns arise. They are encouraged to contact the DCE *immediately* at the first sign of any concerns regarding student performance that concerns critical skills, patient safety, or other performance/behaviors that would indicate a student may be at risk of passing a clinical experience.

Student Attendance/Promptness

Student attendance is required, and promptness is expected during the entire clinical experience. The student is expected to comply with the schedule of the facility. The facility may consider special accommodations with notification to the program, assuming that the required hours and experiences can be met within the allotted time frame. Except in extenuating circumstances or a DPT Program/University request, the program does not provide the student with "time off" or "days off" during the clinical.

When illness or emergency results in the student being absent or unavoidably late, the student is expected to contact the CI at least thirty minutes prior to the scheduled arrival time. Absences or any missed clinical time will be made up at the CIs discretion. It is the student's responsibility to make arrangements with the CI for making up missed clinical time. If the student is in the clinic during a holiday period, the student will follow the same holiday schedule as their CI.

In the event that the student is ill and misses more than two (2) consecutive clinical days, the student should also notify the DCE. Should a student miss more clinical education days than can successfully be made up, OR those absences do not allow the student to meet the goals of the Clinical Experience, the student may need to remediate or repeat the Clinical Experience.

Failure to notify the CI of absence is a serious breach of professional conduct and **will not be tolerated**. If this situation occurs, the CI/SCCE will notify the DCE and the student will be issued a written warning placing him or her on probation for the remainder of his or her clinical experience. Subsequent violations may result in the suspension of the student from the clinical education experience. If the student is placed on suspension, the student will need to petition the SCCE, DCE and the DPT Program Director for re-entry into the clinical experience.

Student Progress during the Clinical Experience

In the event that a student is dissatisfied or is having difficulty at his/her clinical site, the following steps must be taken:

The student should first express his or her concerns to the CI. Most problems will be resolved by this approach. If the difficulties persist, the student should contact the DCE in a timely manner. When the student contacts the DCE, the DCE will document in writing the time, date, and concerns as well as recommendations made to the student. A summary statement will be placed in the student's clinical education record. If necessary, the DCE will arrange a meeting with the student, the CI, and/or SCCE to attempt to resolve any issues and to develop a plan for a successful clinical experience. That plan/strategy will be documented and placed in the student's file.

In the event that a CI has concerns about the performance of a student, the CI should address them with the student. The date, time, and areas discussed, as well as recommendations made should be written and signed by the clinical instructor and student. The CI should contact the DCE immediately to share the concerns and the agreed upon performance expectations. The DCE may choose to visit the clinical site to observe the student directly. In most instances, a plan will be developed and implemented to address concerns and help the student successfully complete the clinical education experience. A written summary of the meeting and the action plan should be signed by all in attendance and placed in the students' file. The Program Director will also be informed of the meeting resolution. If after intervention, the student does not meet the specific goals and objectives of the clinical education experience, successful completion of a remediation assignment may be required. See the remediation policy later in this document. If the student's clinical performance has endangered the welfare of a patient/client, the DCE or DPT Program Director may act to withdraw the student immediately and issue a NC grade.

Facility Rules and Regulations

Students are expected to comply with the rules and regulations of the clinical site. The clinical site must inform the student of these rules and regulations.

Student's Relationship to Facility

Any clinical site accepting a DPT student for a clinical experience agrees not to hire the student to work at the same clinical site during the clinical experience. The student should NOT be substituted for paid staff during the experience. The student may NOT assume the responsibility or place of a qualified staff person. However, as the student demonstrates proficiency in clinical skills, she/he should be permitted to perform with less, but still appropriate, supervision.

Early Termination of the Clinical Experience

Following consultation with the SCCE and the CI, the DCE and the DPT faculty may remove a student from the clinical site if, in their judgment, the student is performing incompetently or poses a safety threat to the patients or staff of the facility. The SCCE and/or the CI may immediately remove any student from the premises who pose an immediate threat or danger, or for just cause under the clinical site's disciplinary policy. In special circumstances where an irreparable student-CI relationship has occurred, the DCE has the authority to remove the student from the clinical site.

Information and Guidelines for Students

Students must familiarize themselves with the contents of this handbook, including the guidelines for clinical facilities and all policies related to clinical education. In addition, students should review the information and complete compliance requirements as appropriate prior to beginning his/her clinical experience:

Immunizations, Certifications, and Related Requirements

Prior to being allowed to participate in any clinical experience, students are required to provide documentation for the following:

- Immunization/Laboratory test results – must submit official immunization records and laboratory test reports that may include:

1. Hepatitis B series and/or titer (Booster or additional series may be required if immunity is not achieved)
2. TDap or qualified waiver
3. 2 MMR
4. Two-Step TB skin test initially, then single step annually, or negative chest radiograph, or Quantiferon blood

test (Dependent on facility)

5. Varicella Zoster titer or history of disease (vaccine may be required if immunity is not achieved)
6. Seasonal Flu Vaccination (Or declination)
7. Covid 19 Vaccination (Or declination as required by facility)

- Health Insurance documentation– must be maintained while in the program
- Cardiopulmonary Resuscitation (CPR) Health Care Provider (AHA)– must be maintained for the duration of clinical experiences.
- OSHA training (DPT 887 Professional Development in Physical Therapy Practice)
- HIPAA training (DPT 887 Professional Development in Physical Therapy Practice)
- Background Check
- Drug Screen
- Additional vaccination, laboratory testing, screenings and/or certifications may be required by individual clinical facilities. If required, it is the responsibility of the student to fulfill and cover the cost of such. (see Risk Management Worksheet in appendix)

Student Competence Prior to Clinical Placement

SDSU DPT courses are designed and sequenced in a progressive and logical manner. Each clinical education course should be taken during the semester designated in the curriculum plan to ensure that the appropriate didactic material has been covered and/or is in progress at the time of the clinical experience. As an additional prerequisite to placement in a clinical facility, students must have demonstrated **competence and safety** with the application of clinical skills in the laboratory setting as evaluated by the faculty member coordinating/instructing the course. Program faculty will communicate with the DCE regarding successful student demonstration of safety and competence with skill application prior to clinical placement.

Clinical Experience	Prerequisite competence/safety (skills that faculty have evaluated & deemed student safe in executing in laboratory setting prior to clinical experience)
DPT 801 Initial Clinical Experience	<ul style="list-style-type: none"> ● Mobility, transfers, gait training with assistive devices, wheelchair parts and mobility ● Balance assessment, body mechanics, anthropometry ● Vital signs, patient safety, universal precautions ● Basic patient care and interaction, patient screening ● Manual muscle testing and goniometry, range of motion, including muscle length, joint integrity and mobility ● Posture assessment ● Development of goals and plan of care, basic documentation ● Physical agents: application, safety, and competence with indications, precautions, and contraindications, pharmacologic effects for physical agents; including electrotherapeutic modalities ● Principles of tissue healing, pain management, therapeutic exercise, monitor for signs to modify or terminate exercise, competence with exercise precautions ● Physical exam special tests, basic radiology assessment, understanding of EMG/NCS ● Competence and safety with application and monitoring of prosthetic and orthotic devices
DPT 895 Clinical Internships	<p>Students will have met all professionalism and safety expectations in their Initial Clinical Experience as well as basic evaluation and intervention techniques. They have now completed all didactic coursework including:</p> <ul style="list-style-type: none"> ● Rule out catastrophic conditions and safely establishes a plan of care (POC) for musculoskeletal conditions ● Safety in patient management for musculoskeletal disorders including assessing joint mobility and applying manual techniques to the extremities and spine ● Rule out red flags for spinal manipulation ● Advanced competence and safety in assessment and POC for orthopedic, sports, and industrial musculoskeletal injuries ● Competence and safety in assessment and POC in other selected musculoskeletal/orthopedic conditions ● Cardiopulmonary conditions and rehabilitation ● Assessment and treatment of neurological deficits in adults and children secondary to upper motor-neuron dysfunction ● Competence and safety with selection of assessment tools for pediatric neurologic conditions ● Safe handling skills with pediatric patients ● Competence in safety of patient mobility and ambulation ● And assessing when pharmacologic effects may affect rehabilitation in in-patient settings

Background Checks

Background checks (BGC) are a required prerequisite for students to participate in most clinical experiences. Students are required to consent to have a background check performed and that the results will be shared with school administration, appropriate clinical personnel, and clinical affiliates. Although BGC findings do not immediately interfere with the students' standing in the program, clinical affiliates may refuse a student a clinical experience in their facility based on information obtained in the BGC.

Students should be aware that a history of criminal offenses will likely impact the ability of a student to participate in clinical education and/or obtain employment in the healthcare field. Should a student be unable to complete all required clinical experiences or assignments due to refusal of a clinical affiliate to accept the student, the student may be unable to complete the clinical course and may ultimately be unable to complete the program.

Students should also be aware that clinical facilities may also require additional background screening to be done by an investigating agency of the facility's choosing at the student's expense.

Alcohol and Drug Awareness/Screening

SDSU is committed to maintaining an alcohol and drug-free environment. The SDSU DPT Program adheres to the Student Conduct Code on alcohol and illegal drug possession/use as stated in the University Catalog. The Student Conduct code pertains to both academic and clinical education. At the request of the clinical facility, students may have to participate in voluntary drug testing. A clinical site/CI with suspicions related to student substance use should contact the DCE immediately who will advise a course of action and/or follow their facility-specific policies regarding this issue.

Any DPT student in violation of the student conduct code pertaining to alcohol and drugs may be terminated from their clinical education experience and suspended from the SDSU DPT Program. A positive drug/alcohol test will result in possible disciplinary action. Students will be given due process as described in CSU Executive Order 1098. (See [Student Rights and Responsibilities](#))

Liability Insurance

Students are provided professional and general liability coverage while enrolled in the DPT Program. This policy covers students only while they are enrolled at SDSU and participating in education related activities including during assigned clinical experiences. Enrolled students mean students who are enrolled and in good standing while completing an internship and registered/enrolled in a course that requires the internship experience, including academic breaks during the policy period. Enrolled students also include students who have not received a letter grade in a course (e.g., assigned an "Incomplete"), but remain registered for that course until the course grade is assigned, but for no more than one (1) year from the granting of the Incomplete grade.

Sharing of Student Information with Clinical Sites

Students are required to sign an information release waiver upon entrance into the SDSU DPT Program. This allows SDSU and its representatives to release information to clinical affiliate(s) for approval to schedule a student clinical experience and to facilitate student learning during each clinical experience. The information that may be released includes the following:

- Name
- Contact and identification information
- Letter of verification related to *background check* and *drug screen*
- Health information
- OSHA & HIPAA training/certification
- Health Insurance Information
- Applicable academic and clinical performance and status
- Emergency contact information
- Vehicle registration information

The ability to place a student in selected clinical facilities is usually not possible without the sharing of this information; therefore, failure to authorize this release of information may result in an inability to successfully complete the clinical education component of the DPT Program. Students should also be aware that clinical facilities will provide information to SDSU regarding all aspects of the student's performance while participating in clinical experiences.

Clinical facilities and those involved with the clinical education process (such as but not limited to SCCEs and CIs) are also required to protect student information according to University and FERPA guidelines; thus, only student information needed to assist in the clinical experience should be shared, and only shared with those to whom the information is pertinent.

Attendance During Clinical Experiences

Because clinical faculty/CIs are charged not only with instructing students but also with providing assessment, including documenting of proficiency and safety of student performance across a wide spectrum of care, there is a limit to both the quantity and quality of "make-up" hours/days available for missed clinical time (even "excused" time). The SDSU DPT program has the following expectations regarding student attendance for all clinical education courses: (DPT 801 and DPT 895 [Students enroll in DPT 895 twice]).

Definitions

- **"Excused Absence"** - An absence can be excused **ONLY** if the student has notified the DCE and clinical instructor/faculty **prior** to the scheduled beginning of the missed day. Examples of excused absences are illness, death of immediate family member, jury duty, or military duty. Excused absences require documentation at the discretion of the CI.
- **"Unexcused Absence"** - An absence which does not meet the definition of excused absence or one in which the DCE and clinical instructor were not contacted prior to the scheduled clinical time is considered unexcused.

DPT Program Clinical Education Policy regarding excused absences:

- Excessive excused absences may result in an inability to successfully complete/pass the clinical experience. These absences put the student at risk for not meeting the total number of required clinical hours in the course and/or clinical education component of the program. Students will receive a written warning/counseling from the DCE when their number of excused absences places them in that "at risk" category.
- All clinical hours missed due to excused absences are to be made-up, usually at the discretion of the clinical instructor.

DPT Program Clinical Education Policy regarding unexcused absences:

- Unexcused absences should be avoided and are not tolerated by the DPT Program during clinical experiences. Violation of this policy may result in a written warning and/or a NC grade for the course.
- Unexcused missed clinical practice hours are to be made-up, usually at the discretion of the CI/faculty.

Students who are tardy may be considered absent and the same procedures and policies apply. Students should plan to be engaged in clinical education full time and therefore, employment during clinical experiences is considered unfeasible. Be aware that if a student attempts to work during clinical experiences and employment interferes with attendance and participation in clinical experiences, these absences will be unexcused and students will be subject to disciplinary action or dismissal from the program.

Students are expected, as a general rule, to work the schedule of the clinical instructor, during full-time experiences. This may include (but is not limited to) alternate weekly schedules (four 10-hour days vs. five 8-hour days) and weekend/after hours coverage. The clinical experience rarely will exceed 40 hours/week. The holiday schedule of the facility applies for clinical courses.

Dress Code

DPT students must follow the facility-specific dress code policies of each clinical site to which they are assigned. If lab coats and/or scrubs are required by the facility, then the student will be responsible for securing those items. Students should be well groomed. Dress and appearance should reflect modesty and cleanliness. No tank tops, shorts or short skirts will be allowed. Hair must be clean and neat and must be styled as to not interfere with patient care. If worn, beards and mustaches must be clean and neatly trimmed. Nails will be kept short to enable easy cleaning, patient palpation and hands-on care, prevent puncture of gloves, and prevent injury to the patient/client.

Students should not wear excessive fragrance, makeup, or jewelry. Distracting body art such as facial/body piercings or easily visible tattoos may be required to be camouflaged, covered or removed.

If the facility has no specific dress code, students must conform to the standard dress code established by the SDSU DPT program:

Attire
Long- or short-sleeve dress shirt or polo shirt (tie optional) (no T-shirts unless issued by a community service event participated in)
Dress pants or shorts (no jeans)
Dress shoes or athletic shoes in good condition (no sandals, or open-toed shoes)

All students are required to wear a name badge identifying them as a student. Certain facilities may require you to also wear identification provided by them.

Any student who is in violation of any of the above dress code items may be sent home and instructed to return to the facility dressed in accordance with the SDSU DPT Program or facility dress code. At the first violation, the student will receive a written warning. A second violation of the dress code will result in suspension from the clinical education experience.

Professional Conduct

The development of professional behaviors is an essential part of the integration of students into a profession. Development and assessment of professional behaviors for students in the DPT program occurs through:

- Self-assessment during the 4th semester of the professional curriculum using the Professional Behaviors Self-Assessment. (adapted from May, et al, 2010)
- Assessment of students in the program by clinicians during the required clinical experiences using the Professionalism section of the Clinical Performance Instrument (CPI).
- Additional self-assessment during student advisement and use of the Professional Behaviors Self-Assessment at various times throughout the program.
- Monitoring professional behaviors and feedback occurs on a regular basis through meetings between the student/faculty advisor and student/DCE, based on feedback from CIs, program faculty and ongoing student self-assessment.

Students are expected to conduct themselves in a professional manner at all times during clinical experiences. The policies and procedures of the SDSU DPT Program and of the clinical facility must be adhered to and additionally the student should conform to the principles outlined in the APTA Guide for Professional Conduct and the APTA Code of Ethics, and any legal guidelines and/or statutes.

Feedback to the student regarding affective/behavioral skills should be given by the CI both verbally and on the Professionalism and Interpersonal sections of the CPI (sections 1&2). The CI should also contact the DCE regarding any concerns related to student conduct/behavior. The DCE will respond immediately to gather information, initiate documentation of the behavior and the action plan (if the CI has not already done so), and help guide the clinical instructor in facilitating progression toward entry-level affective skill achievement.

Clinical facilities have the right to request the removal of a student from the site at any time due to behavior or performance deficits. In these instances, the facility will immediately notify the DCE of their decision to remove the student from their site.

Other Clinical Placement Policies/Guidelines

Students should be aware that any or all of their clinical experiences may be scheduled *outside of the local region (San Diego County) or outside of California*. Potential hardships related to travel should be presented to the DCE who may factor in those circumstances when making placement considerations. However, depending on the circumstances, **there is no guarantee** that allowances for personal preferences or special accommodation will be made. Students need to plan and make preparations for relocation as necessary to complete their clinical education experiences. Students are responsible for the arrangement and cost of transportation and housing for each clinical experience. **Students will be responsible for all associated costs.**

Students are typically not placed in facilities in which they are (or have been) employed, in which a family member is employed, or in other settings in which the DCE deems there is a conflict of interest.

Change in or Cancellation of Clinical Placement

Clinical sites occasionally cancel clinical placements if circumstances (staffing, caseload, facility ownership, etc.) change to the extent that they are unable to provide a learning environment for the student. In the event of cancellation by the facility, the student is notified by the DCE immediately. In most cases, the DCE is able to find an alternate placement without a significant loss of clinical clock hours or Internship “continuity” for the student. In certain cases, however, depending upon the timeline of the cancellation and other specific circumstances, student placement into an alternate facility may require the re-scheduling or addition of clinical practice hours.

Students are NOT allowed to change their own clinical site assignments. A student wishing to appeal a placement decision should submit an appeal in writing to the DCE. The resulting decision will be based on the information provided. Situations such as weddings, employment opportunities or other circumstances that existed before the clinical site selection do not warrant the DCE to change the clinical placement.

Changes or modifications to site placements are not allowed. If a student requests a site and is accepted and assigned to that site, the student will not be allowed to change the site once confirmed. If emergent or extenuating circumstances occur, this may result in an alternate placement and may result in delayed completion of clinical hours.

Clinical Education Course Syllabi

The clinical education course syllabi are posted on Canvas and are sent electronically to clinical faculty prior to each experience. These syllabi may be subject to change and revision. Part of the clinical education experience may include an educational presentation or in-service to the facility staff (see appendix for in-service forms). While having the student prepare and present an in-service education program is strongly encouraged as an opportunity to develop teaching skills, the CI or SCCE may find it more appropriate to involve the student in other educational activities according to the needs of the facility.

Evaluation

Assessment of the Student/Grading of Clinical Education Courses

SDSU DPT students are required to complete at least three clinical education courses consisting of 38 total weeks of clinical experience. Each of these courses is credit/no credit (Cr/NC) in nature. The syllabus for each course describes the criteria for earning a Cr grade. These criteria include:

- Completing the required number of clinical practice hours for the course
- Demonstrating acceptable affective skill development/achievement related to safety, communication and professionalism (Professional Behaviors/ Professional Practice skills)
- Performing at appropriate levels on selected skills from the CPI
- Maintaining currency and submitting appropriate documentation to the DCE by the established deadline of prerequisite clinical placement requirements (CPR certification, vaccinations/laboratory tests, personal health insurance coverage, etc.)
- Submission of any assignments/forms/documentation required by the DCE preceding or following the clinical experience (evaluation of the clinical site/experience, evaluation of the CI, professional behaviors self-assessment, assessment of the DCE, etc.)
- Compliance with all SDSU DPT Program, University and facility policies and procedures during clinical experience (attendance, behavior, dress, etc.)

Formal evaluations of the student by the CI in consultation with the DCE should occur at midterm and at/near the end of each clinical experience. Identified deficits in student performance occurring during these assessments may result in the addition of student assignments, the extension of clinical practice hours, and/or the establishment of additional goals/expectations for student performance.

While information related to student performance is gathered from the clinical instructor's comments, documentation and ratings, the responsibility for assigning the clinical education course grade ultimately lies with the DCE, who uses the CIs input to objectively assign the Cr/NC grade as appropriate.

Clinical Performance Instrument (CPI)

The primary tool used by the SDSU DPT Program for the evaluation of student clinical performance is the CPI developed by the APTA. During DPT 801 Initial Clinical Experience, and DPT 895 Clinical Internship, the CPI is used as a mechanism for facilitating student self-assessment and progress toward entry-level clinical skill development. Students use feedback from the CPI and their CI, to generate goals for upcoming clinical experiences.

CPI Expectations

DPT 801 Initial Clinical Experience	Student is expected to achieve a rating of "Intermediate Clinical Performance" or above on the CPI at final evaluation for: <ul style="list-style-type: none">▪ Criteria 1& 2: Professionalism and Interpersonal Student is expected to achieve a rating of "Advanced Beginner Performance" or above on the CPI at final evaluation with <ul style="list-style-type: none">▪ Criteria 3-5: Technical/Procedural, Business, and Responsibility
DPT 895A Clinical Internship (Intermediate Clinical Experience)	Student is expected to achieve ratings of "Intermediate Performance" by the end of the 1 st 8 week experience, and "Advanced Intermediate Performance" by the end of the 2 nd 8 week experience, OR "Intermediate Performance" by midterm and "Advanced Intermediate Performance" at final for a 16 week experience for all CPI Criteria 1-5: Professionalism, Interpersonal, Technical/Procedural, Business and Responsibility.
DPT 895B Clinical Internship (Terminal Clinical Experience)	Student is expected to achieve ratings of "Entry-level Performance" at Midterm and Final for a 16 week experience, as well as "Entry-level Performance" on the final 1 st 8 week and final 2 nd 8 week experience for all CPI Criteria #1-5: Professionalism, Interpersonal, Technical/Procedural, Business and Responsibility.

At the conclusion of a clinical experience, grading decisions made by the DCE, may also consider:

- clinical setting,
- experience with patients or clients in that setting,
- relative weighting or importance of each performance criterion,
- expectations for the clinical experience,
- progression of performance from midterm to final evaluations,
- level of experience within the didactic and clinical components,
- whether or not the student had any critical incidents, and
- The congruence between the CI's narrative midterm and final comments related to the performance dimensions and the ratings provided.

All students and CIs must complete the CPI web training through the APTA online learning center. This will allow you to access the instrument once a CI is registered by the university as a CI using CPI web. The course is located on the APTA Learning Center at [APTA Learning Center CPI 3.0 Training Module](#).

For questions regarding the CPI 3.0 evaluation tool, please access the User Guides here:

[CI User Guide](#)

[PT/PTA Student User Guide](#)

[SCCE User Guide](#)

The CPI is completed by the student (self-assessment) and the Clinical Instructor (evaluation of the student) at the final for the Initial Clinical Experience, and at midterm and final for the Clinical Internships. The CI will be asked to complete a short midterm assessment during the Initial Clinical Experience through the Exxat platform. The DCE will review the evaluations.

Remediation of Non-Acceptable Clinical Performance

The consequences of non-acceptable clinical performance may include repeating a clinical experience or dismissal from the program.

1. *Repeating Clinical Courses:* Following unacceptable performance in any clinical education course, the DPT faculty may expect the student to complete a remediation clinical experience. Unacceptable performance may include, but is not limited to, failure to meet Entry-Level Performance on all 12 CPI criteria during the final year of Clinical Internship.
2. *Grading:* If the consensus is that the unsatisfactory clinical performance may be improved by a remedial clinical experience, a grade of "I" (Incomplete authorized grade) will be assigned, and a remedial clinical experience will be arranged. The "I" grade will be changed after completion of the remedial experience to a **Cr** or **NC** grade. If the student's performance in the remedial experience is still unsatisfactory, and a grade of **NC** is assigned, the student will be dismissed from the program.

Student Clinical Internship Remediation Policy

Student does not meet expectations on the Clinical Performance Instrument (CPI) during internships, at either the midterm evaluation, or the final evaluation.

Individual(s)	Action
Student	<ul style="list-style-type: none"> • Discuss issue with Clinical Instructor (CI) • Discuss Issue with the Director of Clinical Education (DCE), or designee.
DCE (Or Designee)	<ul style="list-style-type: none"> • DCE reviews the CPI comments to determine if there are inconsistencies between CPI comments and ratings. • DCE contacts the CI to discuss student performance and inconsistencies in ratings, if any. Determine if the CI's expectations are congruent with the program's expectations. • DCE determines student's level of performance in those criteria that did not meet the expected outcome.

DCE and Student Affairs Committee (SAC)	<ul style="list-style-type: none"> • DCE contacts student to discuss CPI ratings and performance and CI comments made to DCE. • DCE makes a determination if the student can achieve the expected performance rating by the final evaluation if at midterm, OR whether the student will receive Credit for the internship based on the final evaluation and discussion, OR if the student will require a remedial clinical experience, OR if the student will receive a NC (failure) grade in the course. • The Student has the option to decline remediation and fail the course. <p>If the DCE and SAC determine that remediation is warranted:</p> <ul style="list-style-type: none"> • The DCE, in consultation with CI, will determine whether the student may extend the current internship placement, or if an alternative site in a similar setting is appropriate for remediation. • Remediation plan, including length of the remediation and the setting for remediation, is at the discretion of the DCE and SAC. <p>Documentation of the remediation plan is made by the DCE, shared with the student, and signed by both DCE and student. A copy of the remediation plan will be provided to the student, and a copy placed in the students' file in the DPT office. The program director will be notified of the remediation plan.</p>
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Withdrawal from a Clinical Education Experience

In the rare instance when all parties agree that a withdrawal from a particular clinical site is in the best interest of the student, a written report of this agreement with signatures of all parties involved will be executed and submitted to the Program Director. The appropriate grade will be issued. (See "incomplete authorized" grade policy in the Graduate Bulletin and course syllabus). The student will then need to request a new clinical site from DCE. Depending on the circumstances, this may result in the student being delayed in their progress and potentially require the student to repeat the course. (Please note that it is possible that the student may have to re-apply for admission to the program to begin courses with the following cohort). The time and place of a repeat clinical education experience will be determined by the DCE. The student reserves the right to use the appeal process as outlined in the University Catalog.

Other Tools for Student Assessment

In addition to data collected from the CPI, information from student self-assessment and other feedback mechanisms are used. A midterm visit (in-person or virtual) or phone call with the SCCE, CI and student during the clinical experience provides qualitative information regarding student performance and professional behaviors.

Assessment of the Clinical Facility, SCCE, and CI

As a component of the overall Clinical Education Program Assessment, the DCE documents communications with the SCCE and CI (email, video chat, phone calls), review of the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (PTSE), and on-site visits to gather information and plan the management, performance, and development of clinical sites and faculty.

The DCE uses information from the following sources in the evaluation of CIs:

- The *Clinical Instructor Details* (completed by the student by the end of each clinical experience on *Exxat*.) CI details provide information on clinical faculty:
 - Experience
 - Licensure/Certifications
- *Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction* (completed by student following every clinical experience) provides information on clinical faculty:
 - Experience
 - Licensure/Certifications

- Communication and instruction style
- Availability and organization
- CI development needs (student assessed)
- Self-assessments from the *Guidelines and Self-Assessments for Clinical Education* (completed by SCCEs and CIs) if used, provide information on:
 - CI development needs (self-assessed)
 - SCCE development
 - Clinical facility development
- *Midterm communication* between the DCE, student and the CI provides information on:
 - Students perceived CI strengths/weaknesses/effectiveness
 - CI development needs (student assessed and self-assessed)

As a component of the overall clinical education program assessment, feedback from these sources is reviewed by the DCE in order to plan for clinical faculty development needs. Information regarding clinical instructor strengths and development needs is also shared with facility SCCEs as requested and/or needed.

Assessment of the DCE

At the end of each clinical experience, CIs and SCCEs, are asked to complete the ***DPT Program DCE Performance Assessment***. At the end of the Terminal Clinical Internship, students also complete the ***DPT Program DCE Performance Assessment***, providing feedback related to the following performance indicators:

- Development of student clinicians
- Development of clinical education faculty
- Development and assessment of the DPT Program
- Management and Coordination
- Leadership and Collaboration
- Communication
- Professional Behaviors
- Overall DCE strengths/weaknesses

As a component of the overall *Clinical Education Program Assessment*, feedback from this instrument is reviewed by the DCE to (1) establish personal/professional development goals (2) evaluate the current policies and processes used in the clinical education program, (3) plan future clinical faculty development and (4) identify resource needs for the clinical education program. These forms are available for review from the APTA at <http://www.apta.org/Educators/Assessments/ACCE/DCE/>. The program will make them available to appropriate persons for assessment as needed.

Assessment of the Clinical Education Program

The DCE solicits input from students, clinical sites/CIs, and core faculty to review the Program's clinical education curriculum/program. This is an ongoing process with formal reports to the core faculty annually. Specific sources/tools used for assessment include the following:

- Program faculty meeting minutes
- Summary data from *Physical Therapist student evaluation: Clinical Site and clinical instruction* form
- Summary data from *Guidelines and Self-Assessments for Clinical Education* assessment forms
- Data from Clinical Site/Slot Request Form
- CI Details from Exxat
- Summary data from *DPT Program DCE Performance Assessment* by clinical faculty, students and self-assessment forms
- Information from midterm and other communications
- Summary data from the CPI regarding student performance

Additional Clinical Education Policies and Procedures

Disciplinary Action and Due Process

If unsatisfactory behavior in the clinical setting occurs or persists, *depending upon the quality and quantity of the infraction(s)*, the DCE may:

- Counsel the student directly (verbally and/or in writing) and document (outline) expectations for future behavior/performance.
- Give the student a NC (No Credit) for the clinical course which would result in the student needing to repeat the course and may result in the student being dismissed from the program and/or delayed from progression in the program.

Refer the student to the Dean of the College of Health & Human Services for University disciplinary action as described in the SDSU University Senate Policy File and University Catalog. Students should visit the Center for [Student Rights and Responsibilities](#)

Certain behaviors as they relate specifically to clinical education, including but not limited to the following, may result in an immediate failure in the clinical course and/or referral for SDSU University Disciplinary action:

- Violation of patients right/confidentiality
- Falsifying data and records
- Illegal behavior or act
- Possession or use of intoxicants or narcotics or a positive drug/alcohol test result
- Failure to follow the instructions of employees of the facility
- Jeopardizing patient safety
- Unprofessional behavior with the clinic's patients or employees
- Any conduct that results in dismissal/a request for removal from a clinical site

Appeals

Any petition to change a decision rendered by University Personnel about an academic matter is considered an academic appeal. The process for academic appeals is outlined in the University Catalog.

Procedure for Filing a Complaint

The SDSU DPT Program encourages and solicits ongoing feedback from enrolled students, faculty members, patients, clinical faculty, and employers of our graduates. When there is a specific complaint about a student, faculty member, or the program in general, it should be documented in writing and discussed first with the person involved, then with the Program Director, the Dean of the College of Health & Human Services, or other administrative personnel. If this series of action does not bring about a satisfactory resolution, complaints about the Program should be directed to the Commission on Accreditation in Physical Therapy Education (CAPTE). Contact information for CAPTE can be accessed through their website at www.accreditation@apta.org or by calling the Department of Accreditation of APTA (703) 706-3245.

HIPAA and Related Policies

In the course of clinical training students have access to confidential information related to patients/clients of the facilities they enter. SDSU DPT students receive training in protecting patient/client confidentiality and HIPAA guidelines. It is the *responsibility* of the student to maintain confidentiality of any information related to patients and/or clients. Specifically, per HIPAA guidelines, the following behaviors are prohibited:

- Releasing confidential patient/client information by any means (i.e., verbally, electronically, or in print) to any individual/agency who does not have the legitimate, legal or clinical right to the information
- Unauthorized use, copying, or reading of patient medical records
- Unauthorized use, copying or reading of employee/hospital records
- Taking patient records outside the clinical facility
- Any tampering of patient information

This policy applies not only to patients/clients with whom the student has direct contact, but to *any*

personal/confidential information the student may have access to while in the clinical setting.

The student is also to use discretion when discussing patient/client information with other *appropriate* individuals to assure that the nature of the discussion remains professional, pertains only to information clinically relevant, and cannot easily be overheard by those not involved in the patient's care.

Additionally, some clinical facilities will have their own published policies/ procedures related to protecting patient/client information that students are expected to follow.

Any other information available at the clinic, particularly that which could be considered proprietary, (e.g. treatment protocols, administrative information, etc.) is only to be used with the express consent of the facility.

Violations of this policy may result in sanctions and may be grounds for dismissal from the clinical program.

Safety of Student and Patient during Clinical Experiences

Student Safety/Injury During Clinical Experiences

Clinical education is designed to acquaint students with the reality of clinical practice of a healthcare profession. During clinical placement, students are subject to the known and unknown risks those members of the physical therapy profession experience in the provision of health care. These may include exposure to people with infectious and communicable diseases, chronic and degenerative diseases, mental illness, and risks inherent to the work environment. The SDSU DPT Program makes every effort to protect the safety and interests of the student.

Basic instruction in prevention procedures and in the application of reasonable and prudent clinical practices is provided, which can serve to limit unnecessary exposure and constitute a measure of safety for students and for the patients they treat. Ultimately, it is the student's responsibility to apply these procedures and to take appropriate steps to protect patients and themselves.

As a condition of placement in a clinical experience, students are required by the facility and the SDSU DPT Program to show proof of health insurance. Another condition of placement in a clinical experience is completion and submission of immunizations and laboratory testing.

Further, students are expected to abide by whatever policies the facility has regarding risk exposure management for its employees, even though they are not considered by SDSU or the facility to be an employee of the facility. Additionally, students should be aware that they are not eligible for coverage under SDSU's or facility's worker's compensation insurance, and there is no mechanism for compensation in the event of student injury during a clinical experience.

During DPT clinical experiences, in the event of an accident resulting in student injury, the student should immediately notify the clinical instructor of the accident and follow the policies of the facility, including completing the appropriate incident report/ documentation. The DCE should also be notified of the event. Expenses related to student illnesses or injuries occurring during a clinical experience are covered by the student's personal health insurance, which must be maintained throughout the clinical program.

Patient/Client Injury During Clinical Experiences

In the event of an accident resulting in *patient injury* during a clinical experience, the student should immediately notify the clinical instructor of the accident and follow the policies of the facility including completing the appropriate incident report/documentation. The student is also required to notify the SDSU DPT Program DCE, who will determine what documentation the student/CI must submit to the school related to the incident. Students are provided with general liability insurance only while enrolled in the DPT physical therapy program. Coverage terminates when a student graduates or is no longer enrolled. This policy covers students only during assigned clinical practice.

Cell Phone Policy

Students are not allowed to use cellular phones, smart watches, or text messaging during their clinical education experience during clinical hours in any manner that interferes with the clinical education process. Any use of such technology to facilitate the clinical education experience is allowed solely according to facility policy and CI discretion.

Medical Conditions, Including Pregnancy

Immediately upon medical confirmation, any medical condition that may impact the ability of a student to safely and fully participate in the educational experience should be reported to the student's advisor, DCE, and/or Program Director. This will allow planning of a learning experience that will ensure maximum safety to all concerned.

Licensure

Licensure or registration is not required for student clinical education experiences. Upon graduation, students are required to submit evidence of successful completion of a licensure exam to comply with individual state legislation and practice acts. Complete information on practice acts and regulations can be obtained from the individual state licensing boards.

Emergency Procedures

It is the student's responsibility to become familiar with the emergency procedures outlined by each clinical facility where the student is affiliating.

Blood Borne Pathogen Program

All DPT students receive training in Universal Precautions/Blood Borne Pathogens in the first year of study. It is the responsibility of the student and clinical instructor to ensure that any applicable facility policies or procedures are followed.

Failure to Comply

All of the above guidelines, policies and procedures, and expectations are designed to foster each student's sense of responsibility in preparation for employment as an entry-level physical therapist. Failure to comply with these guidelines and policies and procedures or failure to meet these expectations may result in failure of the clinical course and subsequent dismissal from the SDSU DPT Program.

Appendices

Program Guidelines for Clinical Education Sites, Clinical Instructors and Site Coordinators of Clinical Education

These are recommended guidelines that should be used to guide and develop Clinical Education sites. These guidelines can be used to help determine the readiness of taking students at individual clinical education sites. The complete recommendations, along with SCCE and CI self-assessment forms, can be found on the APTA website (www.apta.org) under the heading clinical education - Guidelines and Self-Assessments for Clinical Education. Please contact the DCE if copies of these forms are needed or if there are any questions regarding these guidelines.

Guidelines for Clinical Education Sites

- 1.0 The philosophy of the clinical education site and provider of physical therapy for patient/client care and clinical education is compatible with that of the academic program.
- 2.0 Clinical education experiences for students are planned to meet specific objectives of the academic program, the provider of physical therapy, and the individual student.
- 3.0 Physical therapy personnel provide services in an ethical and legal manner.
- 4.0 The clinical education site is committed to the principle of equal opportunity and affirmative action as required by federal legislation.
- 5.0 The clinical education site demonstrates administrative support of physical therapy clinical education.
- 6.0 The clinical education site has a variety of learning experiences available to students.
- 7.0 The clinical education site provides an active, stimulating environment appropriate to the learning needs of students.
- 8.0 Selected support services are available to students.
- 9.0 Roles and responsibilities of physical therapy personnel are clearly defined.
- 10.0 The physical therapy personnel are adequate in number to provide an educational program for students.
- 11.0 A Site Coordinator of Clinical Education is selected based on specific criteria.
- 12.0 Physical therapy clinical instructors are selected based on specific criteria.
- 13.0 Specific expertise of the clinical education site personnel is available to students.
- 14.0 The clinical education site encourages clinical educator (CI and SCCE) training and development.
- 15.0 The clinical education site supports active career development of personnel.
- 16.0 Physical therapy personnel are active in professional activities.
- 17.0 The provider of physical therapy has an active and viable process of internal evaluation of its affairs and is receptive to procedures of review and audit approved by appropriate external agencies and consumers.

Guidelines for Clinical Instructors

- 1.0 The clinical instructor (CI) demonstrates clinical competence, and legal and ethical behavior that meets or exceeds the expectations of members of the profession of physical therapy.
- 2.0 The CI demonstrates effective communication skills.
- 3.0 The CI demonstrates effective behavior, conduct, and skill in interpersonal relationships.
- 4.0 The CI demonstrates effective instructional skills.
- 5.0 The CI demonstrates effective supervisory skills.
- 6.0 The CI demonstrates performance evaluation skills.

Guidelines for Site Coordinators of Clinical Education

- 1.0 The Site Coordinator of Clinical Education (SCCE) has specific qualifications and is responsible for coordinating the assignments and activities of students at the clinical education site.
- 2.0 The SCCE demonstrates effective communication and interpersonal skills.
- 3.0 The SCCE demonstrates effective instructional skills.
- 4.0 The SCCE demonstrates effective supervisory skills.
- 5.0 The SCCE demonstrates effective performance evaluation skills.
- 6.0 The center coordinator of clinical education demonstrates effective administrative and managerial skills.

*Adapted from "Guidelines and Self-Assessments for Clinical Education" (American Physical Therapy Association, 2004)

**Doctor of Physical Therapy Program
SAMPLE FACILITY SLOT REQUEST FORM**

Facility Name: _____
SCCE: _____
SCCE Signature: _____

DPT 895B Final Clinical Internship – 8 or 16 weeks

(SCCEs may choose to provide an 8 week experience vs 16 weeks, either the first 8 weeks or last 8 weeks, if this improves student scheduling AND variety of experience)

Date of Experience: **January xx, 20xx through ~May xx, 20xx OR**

(January xx, 20xx – March xx, 20xx OR March xx, 20xx – May xx, 20xx) Our clinical site can provide a clinical experience for _____ Student(s).

This clinical experience is primarily _____.

(Ortho, Neuro, Acute, SubAcute, OP, SNF, LTACH, Peds, Pelvic, etc)

DPT 801 Initial Clinical Experience- 6 weeks (Second Year Students)

Date of Experience: **July xx, 20xx through August xx, 20xx**

Our clinical site can provide a clinical experience for _____ Student(s).

This clinical experience is primarily _____.

(Ortho, Neuro, Acute, SubAcute, OP, SNF, LTACH, etc)

DPT 895A Intermediate Clinical Internship – 8 or 16 weeks (Third Year Students)

(SCCEs may choose to provide an 8 week experience vs 16 weeks, either the first 8 weeks or last 8 weeks, if this improves student scheduling AND variety of experience)

Date of Experience: **August xx, 20xx through ~December xx, 20xx OR**

(August xx, 20xx – October xx, 20xx OR October xx, 20xx- December xx, 20xx)

Our clinical site can provide a clinical experience for _____ Student(s).

This clinical experience is primarily _____.

(Ortho, Neuro, Acute, SubAcute, OP, SNF, LTACH, Peds, Pelvic, etc)

Please return form via email or fax to:

Kelly Prescher

Director of Clinical Education

DPT Program

San Diego State University

5500 Campanile Drive

San Diego, CA 92182-7251

kprescher@sdsu.edu

619-594-6553 (fax)

Doctor of Physical Therapy Program

Sample Clinical Experience Planning Form

Student Name _____

Per program policy, each student is required to participate in the clinical education program to facilitate the breadth and depth of experiences to allow students to meet the expected student outcomes of the program. To achieve these outcomes, students must have a variety of clinical experiences.

In order, therefore, to meet the requirements of the clinical education component of the Program, students must have documented experiences in each of the following areas:

1. Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care;
2. Practice in settings representative of those in which physical therapy is commonly practiced;
3. Interaction with physical therapist role models whose practice is consistent with the program's philosophy of practice;
4. Opportunities for involvement in inter-professional education and care; and
5. Other experiences that lead to the achievement of expected student outcomes.

Students will plan with the DCE for these types of experiences. Students are required to participate in clinical education experiences in outpatient and in-patient settings. The settings that may assist in accomplishing these goals may include at least two or more of the following settings:

- A **hospital setting** (inpatient acute, inpatient rehab, sub-acute, or long term acute care)
- An **outpatient setting** (with primary caseload of orthopedic diagnoses)
- A **rehabilitation setting** (skilled nursing or post-acute facilities, or outpatient Neuro facilities)
- A **specialty area** (pediatrics, geriatrics, sports medicine, aquatics, women's health, wound care)

List the potential types of sites for the clinical courses that you believe will meet your own personal needs as well as overall program goals and outcomes.

6 Week Initial Clinical Experience	16 week or (2) x 8 week Fall Intermediate Internship	16 week Spring Terminal Internship
1.	1.	1
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

Student Signature _____

Recommendations for Orientation at the facility

General Suggestions:

- (1) Put the student at ease. Be friendly.
- (2) Provide an orientation schedule. Include times, and name(s) of person responsible.
- (3) Provide handouts and include:
 - (a) A written list of staff with whom the student will have frequent contact. Include telephone extension numbers for quick reference.
 - (b) Location of work areas, offices of instructors, supervisors, restrooms, etc.
 - (c) Expectations of free time (coffee breaks, lunch).
 - (d) Important information for easy reference. The student cannot retain everything at once.
*See below.
- (4) Introduce staff, referring to a list when appropriate. Help the student to take particular notice of individuals who may be able to provide future assistance. Be personable and include items of interest: hobbies, personalities, strengths.
- (5) Reassure the student that although grades are given, evaluations are used to determine strengths and weaknesses with the emphasis on learning rather than on grading.
- (6) Encourage the student to feel comfortable about asking questions. Solicit questions from the student from time to time throughout the first few days.

*You may want to develop an in-house student orientation manual for the student's reference. See next page for ideas of what to include in such a manual.

In-House Orientation Manual

Once the student has arrived, the challenge of trying to organize a very confusing day begins. A written in-house orientation manual may help by providing the student with concrete written and visual examples of how they are to function in your facility and of important policies, procedures, and philosophies of your department. Possible items to include are:

1. Expectations of the student; behavioral objectives
2. Emergency procedures
3. Telephone and paging system (with numbers)
4. Patient charging system
5. Documentation: completed forms, samples of progress notes, any unique requirements
6. Approved medical abbreviation list
7. Accident/incident report forms
8. Policies and procedures
9. Facility organization chart
10. Location of equipment and supplies available
11. Chain of command – who is responsible to whom
12. Patient scheduling system
13. Learning experiences available in your facility
14. Responsibilities and training background of supportive personnel

Try to arrange these items in order of exposure. Detail the components with examples and/or samples. This manual should be available for reference throughout the clinical experience to answer student's questions.

Do you have any special features in your department which should be mentioned in this manual? For example, information on referring physicians, (i.e., specialty area, how and when to contact, etc.) or current research projects, specialty areas of the staff, etc.

Sample Orientation Schedule

WEEK ONE (Day 1)

1. Cordial Greeting student.
2. Tour department- define student area/desk/personal items
3. Introduce student to each staff member.
4. Discuss expectations of student and clinical instructor (CI).
5. Discuss learning/supervisory styles of student and CI.
6. Review orientation manual.
7. Lunch – make sure someone invites him/her to lunch.
8. Observe treatments (preferable of CI) – assist as appropriate.
9. May begin patient assignment.

WEEK ONE (Day 2-5)

1. Tour facility.
2. Confirm special opportunities to be experienced (if appropriate) – schedule times
3. Arrange conference and evaluation sessions (daily, weekly, etc.) to review patients, answer questions, or address problems.
4. Issue checklist of available procedures, modalities, and techniques with which the student should become familiar. Make them responsible for completion.
5. May have a welcome luncheon – depending on the length of the clinical experience.

Orientation Worksheet

A good orientation is critical to the success of any clinical education experience. The student and the CI (or someone designated by the CI, in some cases) should cover the following by the third or fourth day of the experience.

- ☐ A 30-60 minute meeting between the student and CI to discuss:
 - ☐ Phone number of the person the student should call if he/she will be unable to arrive at the clinic on time due to illness or emergency
 - ☐ If someone needs to get emergency information to the student while they are at the facility, what number should they call
 - ☐ Emergency weather plan of facility (who to call, will a closing be announced on the radio?)
 - ☐ The CI should have the student's emergency medical information
 - ☐ Learning style preferences of the student and teaching style preferences of the CI
 - ☐ Feedback and supervision – discuss student's and CIs preferences
 - ☐ Student's goals (see Student Profile Form) and expectations
 - ☐ Expectations that the CI has of the student
 - ☐ Observational opportunities available (surgery, OT, Speech, clinics, specialty areas) and how these will be scheduled
- ☐ Tour of facility
- ☐ Emergency policies within facility – FIRE, MEDICAL EMERGENCY, EVACUATION
- ☐ How to use phones
- ☐ Where to keep valuables
- ☐ Restrooms
- ☐ Know working and lunch hours
- ☐ Documentation and patient charging system (including confidentiality procedures)
- ☐ Review Policies and Procedures Manual (including handling of linen, color coding systems for infectious waste, proper cleaning of body fluid spills, proper waste disposal)
- ☐ Patient scheduling system
- ☐ Introductions to personnel student will be working with
- ☐ Location of equipment and supplies – including emergency and safety equipment (protective garments, CPR mask, first aid kit, transfer belts, etc.)
- ☐ Other:

**Doctor of Physical Therapy Program
Risk Management (Worksheet) Information Form**

CERTIFICATION	~Cost	Date	Expiration
CPR Certification- American Heart Assoc- Health Care Provider	\$84		
Emergency Contact Information Form	-		
Health Insurance Information Form	-		
Health Clearance Form/Physical Exam	-		
Complio Immunization Tracking Subscription	\$24/Annually		
Criminal Background Check and Drug Screen Combined	\$77		
BGC Only	\$50		
Drug Screen Only	\$42		
TRAINING			
IRB Training	-	DPT 881 9/20XX	
OSHA Training	-	DPT 887 6/20XX	
HIPAA Training	-	DPT 887 6/20XX	
CPI Training	Free		
IMMUNIZATIONS (SHS Fees)			
Influenza Vaccine (in Season)	Free		
Covid 19 Vaccination	Free		
*MMR #1/ MMR #2	\$121/dose		
Or *MMR Titer	\$6/12/6		
Hepatitis B #1/ #2/ #3	\$54/dose		
Or Hepatitis Titer	\$8		
Varicella (2 doses)	\$229/dose		
Or Varicella Titer	\$23		
TDap (given within 10 years)	\$42		
TB Test (PPD) <i>(Two-step required, then 1 step annually prior to expiration date) (Some sites require Quantiferon Blood test \$\$)</i>	Free		
Quantiferon Gold/T-SPOT	\$53		
Other Immunizations as required by SDSU for enrollment: *Meningococcal Conjugate and *Meningococcal B	\$86 \$191 or \$253		

*Required to [register](https://myvaccinerecord.cdph.ca.gov/) @ SDSU <https://myvaccinerecord.cdph.ca.gov/>

**Doctor of Physical Therapy Program
DPT 801 and DPT 895 Clinical Education Experiences
In-Service Assignment**

Students are encouraged to make a presentation to the clinical staff and others over a topic of interest to the facility/CI and student. Suggested topics include:

- Evidence based practice in physical therapy
- Role of PT and PTA in the delivery of physical therapy services
- Educational strategies for patients, family members, and other health care professionals
- Article presentations on current diagnosis, intervention or other current practice issues

Students should have a page for works that were cited for the presentation to hand the audience with at least three sources including two from professional, peer reviewed journals.

Students will provide the name of their in-service on the Student Survey on Exxat at the end of each clinical experience. The student can at that time provide the DCE with a copy of their presentation. A sample of the Audience Feedback Form is provided here and may be used by the student to gain feedback from the staff.

Tips for Making a Good In-Service Presentation

1. Tell the audience what you are going to tell them, tell them, and then tell them what you have just told them. In other words, let them see where you are going with your topic. Present your topic. Then summarize your topic.
2. Hold their interest by adapting to your audience. Try not to tell them everything you ever learned on the topic. It is better to narrow the focus and cover the topic more in depth. Use visual or audiovisual aids to supplement your lecture and keep their interest.
3. Be enthusiastic about your topic. Show your interest for the topic and your audience will be interested.
4. Be active while speaking.
 - a. Look organized and alert.
 - b. Maintain eye contact with the audience, showing them that they matter.
 - c. Maintain an alert and erect posture.
 - d. Move about the room and gesture comfortable and naturally.
5. **DO NOT READ YOUR NOTES.** Your audience will stay with you if you will just talk to them about the topic.
6. Provide your audience with a skeleton outline that they can fill in. They will tend to stay active and not become passive learners.

In-service Attendee Rating Form

Name: _____ Date: _____

Topic: _____ Facility: _____

Please circle your response.

5 = *strongly agree*

4 = *agree*

3 = *somewhat agree*

2 = *disagree*

1 = *strongly*
disagree

ORGANIZATION

The topic was introduced in a clear manner.

5

4

3

2

1

Comments:

The material was presented in a logical order.

5

4

3

2

1

Comments:

The presentation was well paced within the time available.

5

4

3

2

1

Comments:

CONTENT

The objectives were clearly stated.

5

4

3

2

1

Comments:

The objectives were addressed during the presentation.

5

4

3

2

1

Comments:
