

## CLINICAL EDUCATION HANDBOOK

### CONTENTS

<a href="#"><u>Division of Physical Therapy</u></a> .....	3
Program Mission	
Goals for Program Graduates	
Expected Student Outcomes	
<a href="#"><u>Clinical Education Outcomes and Goals</u></a> .....	4
<a href="#"><u>Clinical Education Overview</u></a> .....	6
PT 720 Clinical Education 1	
PT 740 Clinical Education 2	
PT 760 Clinical Education 3	
PT 770 Clinical Education 4	
PT 780 Clinical Education 5	
<a href="#"><u>Clinical Education Requirements</u></a> .....	7
Variety of Clinical Experiences	
Integrated Clinical Education	
Full-time Clinical Education	
<a href="#"><u>Clinical Education Grading</u></a> .....	9
Integrated Clinical Education	
Full-time Clinical Education	
Student Dismissal	
<a href="#"><u>Clinical Instructors</u></a> .....	10
Clinical Instructor Qualifications	
Clinical Instructor Incentive Program	
Clinical Instructor and Site Evaluation	
<a href="#"><u>Communication between Academic and Clinical Faculty</u></a> .....	12
Routine Communication	
Student Problems	
Site Visits	
<a href="#"><u>Student Supervision in Clinical Education</u></a> .....	14
<a href="#"><u>Readiness for Full-Time Clinical Education</u></a> .....	15
<a href="#"><u>Attendance for Full-Time Clinical Experiences</u></a> .....	19
Attendance	
Tardiness	

Clinical Instructor Absence	
Excused Absences for Educational Experiences	
<a href="#">Clinic Attire and Grooming</a> .....	21
<a href="#">Immunizations and Health</a> .....	23
Health Insurance	
Physical Examination	
Immunizations and Titers	
CPR Training	
HIPAA and OSHA Training	
Documentation and Communication of Health Information	
Renewals	
Sample Attestation Letter	
<a href="#">Criminal Background Checks</a> .....	27
<a href="#">Drug Screening</a> – School of Medicine Professional/Graduate Programs Policy .....	29
<a href="#">Training on OSHA Standards and Standard Precautions</a> .....	31
<a href="#">Training on HIPAA Regulations</a> .....	32
<a href="#">Liability Insurance</a> .....	33
<a href="#">Assignment for Full-Time Clinical Education</a> .....	34
Clinical Education Dates	
Selection of Clinical Sites	
Requests for Sites Not Under Contract	
Contact with Clinical Sites	
Conflicts of Interest	
<a href="#">Clinical Education Travel and Living Expenses</a> .....	36
<a href="#">AHEC Housing for Rural Rotations</a> .....	37
<a href="#">Appendix – Student Evaluation of Site and CI</a> .....	40
<a href="#">Appendix – Sample Affiliation Agreement</a> .....	43

## **PROGRAM MISSION**

The Division of Physical Therapy recognizes the needs of the state and missions of the West Virginia University School of Medicine and Health Sciences system. The Division works to transform WV and society by optimizing the human movement system through education, clinical practice, scholarship, and service. Our mission is to educate individuals with the knowledge, skills, and behaviors consistent with professional excellence. Working as part of a community of professionals, we strive to advance practice characterized by independence, professional judgment, and involvement. The Division, through faculty participation in scholarship, will be a leader in the school, university, community, state, and the profession.

## **GOALS**

Graduates of the program will:

1. Deliver high quality physical therapy services to individuals and communities across a continuum of care, including rural settings.
2. Demonstrate sound, independent clinical decisions utilizing information literacy, critical thinking skills, and scientific evidence.
3. Collaborate as a unique member of inter-professional teams.
4. Provide care distinguished by inclusion, cultural sensitivity, advocacy, trust, respect, and appreciation for both individual differences and population health disparities.
5. Demonstrate a commitment to the health of the community through participation in primary, secondary, and tertiary prevention programs.
6. Demonstrate attributes of life-long learning through ongoing professional development, engagement in professional organizations and advocacy for the profession.

## **STUDENT OUTCOMES**

1. Graduates will demonstrate basic and applied knowledge necessary to practice PT as a member of the health care team in diverse settings.
2. Graduates will demonstrate the ability to make sound clinical decisions using information literacy skills, critical thinking, and scientific evidence.
3. Graduates will find employment with special emphasis on recruitment and retention of graduates in WV.
4. Graduates will adhere to core professional values.
5. Graduates will demonstrate the ability to practice independently as collaborative members of inter-professional teams.
6. Graduates will adhere to legal and ethical standards.
7. Graduates will demonstrate a life-long commitment to the profession by activity in professional organizations, scholarship, education, and advocacy.

**Policy Title:** Clinical Education Outcomes and Goals

**Distribution:** Clinical Education Handbook

**Updated/Reviewed:** Updated March 2020

The Division of Physical Therapy Goals of Clinical Education are based upon the criteria outlined in the APTA's Clinical Performance instrument. Upon the completion of all didactic and clinical requirements of this program, the student will be capable of:

- Without guidance or supervision, managing patients with simple or complex conditions.
- Consistently and efficiently performing skilled examination and intervention procedures based on sound clinical reasoning
- Consulting with others to resolve unfamiliar or ambiguous situations and to function as a member of an interprofessional healthcare team.
- Maintaining a full-time caseload while providing services in a cost-effective manner.

To achieve these outcomes the student will demonstrate entry-level practice in the following criteria at or before the conclusion of the terminal clinical experience (PT 780 Clinical Education 5):

1. Practice in a safe manner that minimizes risk to patient, self, and others.
2. Demonstrates professional behavior in all situations.
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.
4. Communicates in ways that are congruent with situational needs.
5. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.
6. Participates in self-assessment to improve clinical and professional performance.
7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.
8. Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.
9. Performs a physical therapy patient examination using evidenced-based tests and measures.
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.
11. Determines a diagnosis and prognosis that guides future patient management.
12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.
13. Performs physical therapy interventions in a competent manner.
14. Educates others using relevant and effective teaching methods.
15. Produces quality documentation in a timely manner to support the delivery of physical therapy services.
16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.

17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.
18. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.

<b>Policy Title:</b>	Clinical Education Overview
<b>Distribution:</b>	Clinical Education Manual
<b>Updated/Reviewed:</b>	Summer 2019

The clinical education includes both part-time integrated clinical experiences (ICEs) and full-time clinical experiences. The program is progressive in the type and range of clinical responsibilities expected of each student and corresponds to complexity of the didactic portion of the curriculum. In keeping with the Division's commitment to the needs of West Virginia and rural communities, each student must complete one full-time clinical experience in a rural community. Participation in any clinical experience is contingent upon successful completion of the current and previous didactic clinical work.

**PT 720: Clinical Education 1 – Spring semester, first year**

Experiential learning through an integration of classroom and patient/client opportunities. This first course in a series of two integrated clinical education courses will focus on documentation, communication, development of basic examination and treatment techniques, the roles of the physical therapist, and introduction to the members of the interprofessional team.

**PT 740: Clinical Education 2 – Fall semester, second year**

Experiential learning through an integration of classroom and patient/client opportunities. This second course in a series of two integrated clinical education courses will focus on advancement of documentation, communication, examination/screening, and interventional techniques as well as the role of the physical therapist as part of the interprofessional team.

**PT 760: Clinical Education 3 – Summer term, third year**

The first of three full-time clinical education experiences. Students practice for 10 weeks under the direction of licensed physical therapists.

**PT 770: Clinical Education 4 – Fall semester, third year**

The second of three full-time clinical education experiences. Students practice for 10 weeks under the direction of licensed physical therapists.

**PT 780: Clinical Education 5 – Spring semester, third year**

Students practice full-time for sixteen weeks under the direction and supervision of licensed physical therapists.

**Policy Title:** Clinical Education Requirements

**Distribution:** Clinical Education Manual

**Updated/Reviewed:** May 2021

### **Variety of Clinical Education Experiences**

The clinical education component of the DPT curriculum includes two semesters of part-time integrated clinical experiences and 36 weeks of full-time clinical experiences. Placements must be made to insure each student has a broad range of patient care experiences that fulfill the program's mission and curricular goals.

### **Integrated Clinical Education**

Both integrated clinical education courses include a clinical component and a community-based component

- Assignments focus on integration/carryover of content and skills from the classroom to practice.
- Each student participates in learning experiences in both inpatient and outpatient clinical settings.
- WVU Health Science faculty serve as mentors for the community-based experiences, which include an interprofessional education component.

### **Full-Time Clinical Education**

- Each student must spend at least 10 weeks in ambulatory/primary care settings. These settings include outpatient clinics that may be hospital-based, group/corporate, or private practices.
- Each student must spend at least 10 weeks in a setting where PTs care for patients with medically complex rehabilitation needs. Settings may include acute care hospitals, inpatient rehabilitation units/hospitals and skilled nursing facilities.

Some clinical education sites offer a “blend” of two or more settings. When this occurs, the DCE in consultation with the clinical site will determine which setting requirement the placement shall fulfill. In general, the student must obtain at least 10 full-time weeks in a setting serving medically complex patients, and at least 10 full-time weeks in ambulatory care.

At least one of the student's full-time experiences must include exposure to interprofessional collaborative practice.

Out of the 36 weeks of full-time clinical experience, the student may not spend more than 20 weeks in one setting.

At least one of the student's three full-time clinical experiences must be in a rural location in WV or an area of another state that is designated as underserved:

- For WV locations, the site must have been designated as “rural” by the WV Higher Education Policy Commission at any point during the student’s tenure in the program. A list of these designations shall be maintained by the DCE and made available to students prior to selection/assignment to clinical education sites.

For non-WV sites, the facility must be in a Federally designated MUA (medically underserved area), HPSA (health professions shortage area), or be assigned a RUCA-2 (rural-urban commuting area) code of 4 or higher. State designations may also apply.



**Policy Title:** Grading for Clinical Education  
**Distribution:** Clinical Education Handbook  
**Updated/Reviewed:** May 2019

The Academic Coordinator for Clinical Education (ACCE) or Director of Clinical Education (DCE) has responsibility for the final assignment of grades for clinical education courses. All clinical education courses receive letter grades (A, B, C, or F).

### **Integrated Clinical Education**

#### ***PT 720: Clinical Education 1; PT 740: Clinical Education 2***

The ACCE will determine a final grade based on the grading criteria outlined in the course syllabus. This grade will be based on clinical instructor ratings of student professional behaviors, completion of class assignments, and class attendance and participation.

### **Full-time Clinical Education**

#### ***PT 760: Clinical Education 3; PT 770: Clinical Education 4, PT 780: Clinical Education 5***

The DCE will determine a final grade based on the grading criteria outlined in the course syllabus. Grading elements include a review of the student's and CI's ratings and comments on the *APTA Clinical Performance Instrument* and completion of written assignments and projects. When necessary, the DCE may solicit clarifying comments from the CI regarding his/her professional judgment of the student's strengths, weaknesses, ability to meet entry-level performance expectations, and potential for continued success.

### **Student Dismissal**

Should a student's performance been deemed by the facility as detrimental to the practice or to patients, the student may be asked to leave the facility. If this occurs, a grade of F (Fail) will be assigned for the course and the student's case will be referred to the Division's Academic and Professional Standards Committee.

Upon reviewing the student's overall performance in the PT program, the Academic and Professional Standards Committee may recommend dismissal from the program or remediation.

For more information on grading of clinical education courses/experiences, refer to the Policy on Academic & Professional Standards, which is available in the DPT Student Handbook.

**Policy Title:** Clinical Instructors  
**Distribution:** Clinical Education Handbook  
**Updated/Reviewed:** Reviewed May 2021

## **CLINICAL INSTRUCTOR QUALIFICATIONS**

At a minimum, clinical instructors must have an unrestricted license to practice physical therapy in the jurisdiction where they practice and must have a minimum of one year of clinical experience following initial licensure.

APTA Clinical Instructor Credentialing, and ABPTS or other specialty certifications are recommended, but not required.

Students must be supervised by a licensed physical therapist at all times they are participating in patient care (see Policy on Student Supervision).

## **CLINICAL INSTRUCTOR INCENTIVE PROGRAM**

In 2015, the Division of Physical Therapy launched a program to provide benefits to PTs who regularly serve as clinical instructors (CIs) for our DPT students. The program was developed to provide access to professional development and continuing education opportunities to advance skills as a clinical instructor.

### **Level 1**

CIs who supervise at least one student per calendar year will be eligible for:

- A courtesy clinical faculty appointment, which will allow access to the WVU Libraries' physical and online resources.
- Access to 1-hour online CEU courses.

### **Level 2**

CIs who supervise two students in per calendar year will be eligible for:

- Courtesy clinical faculty appointment as noted in Level 1.
- Paid registration for the APTA's Credentialed CI Program (Level 1 or Level 2/Advanced course) at the APTA member rate, OR
- Reduced fee (\$100 off) for one weekend continuing education course offered by the Division.

### **Level 3**

CIs who supervise three students in per calendar year will be eligible for:

- Courtesy clinical faculty appointment as noted in Level 1
- Paid registration fee at
  - a national APTA conference (Combined Sections Meeting, Education Leadership Conference, APTA NEXT) at the APTA member early-bird rate, OR

- a state APTA chapter conference at the APTA member early-bird rate OR
- a weekend continuing education course offered by the Division.

### **CLINICAL INSTRUCTOR AND SITE EVALUATION**

The WVU DPT program currently uses Acadaware to manage data regarding student clinical experiences, clinical education sites, and clinical education faculty. At the midpoint of each full-time clinical experience, the student completes a Midterm Student Assessment of Experience survey. At the conclusion of each full-time experience, the student completes a Final Student Assessment of Experience survey and a Student Assessment of CI Survey. Students are encouraged to share this feedback with their clinical instructors. Students have access to print or create PDF copies of the completed surveys to share.

Samples of these evaluation tools provided in the appendix.

<b>Policy Title:</b>	Communication between Academic and Clinical Faculty
<b>Distribution:</b>	Clinical Education Handbook
<b>Updated/Reviewed:</b>	August 2020

The purpose of this document is to describe, in detail, the steps taken for contact between academic and clinical faculty regarding student performance and preparation for clinical practice.

### **Routine Communication:**

Contact is made by the Director of Clinical Education (DCE) at the following times:

- Consistent with the voluntary uniform mailing date established by the Clinical Education Special Interest Group of the APTA Academy of Physical Therapy Education, sites will be surveyed annually on March 1 regarding availability of student placements for the following calendar year.
- Upon placement of a student with the facility.
- Prior to the start of each long-term clinical experience.
- At midterm of each long-term clinical experience.

This contact may occur via telephone, letter, fax, or electronic mail.

### **Student Problems:**

Clinical instructors or CCCEs communicate with the DCE regarding any student problems. This communication must occur no later than following the midterm student evaluation.

### **Site Visits:**

The DCE will attempt to visit all active clinical sites within a three-year period. These visits will often coincide with concurrent student affiliations. Visits may be in-person or conducted virtually via teleconference or videoconference. During these visits, the DCE will communicate with the SCCE, the clinical instructor(s), and any students present.

Site visit priorities are as follows:

1. An unknown site\* with a student who is having problems.
2. A known site with a student having problems.
3. An unknown site without student problems within a reasonable driving distance.
4. An unknown site without student problems outside of reasonable driving distance.
5. A known site without student problems whether within or outside reasonable driving distance

\*An "unknown site" may be defined as a new site, a site with new or inexperienced clinical faculty, or a site which has not precepted a WVU student for an extended period.

### **Communication with Other Academic Faculty**

Clinical Instructors and CCCEs are encouraged to contact individual faculty members with feedback at any time.

The ACCEs summarize feedback from clinical faculty (CIs and CCCEs) annually at the end of the affiliation periods. This feedback is shared with the Physical Therapy Curriculum Committee and the faculty as a whole.

**Policy Title:** Student Supervision in Clinical Education

**Distribution:** Clinical Education Handbook

**Updated/Reviewed:** Updated August 2020

Students must be supervised by a licensed physical therapist any time the student is providing direct (hands-on) patient care. Each state has different licensure laws governing the practice of Physical Therapy, and may provide more stringent guidelines than those outlined here. In such cases, state law supersedes Division or University governance, and must be adhered to by all parties. In addition, certain payers (e.g. Medicare) may have specific restrictions regarding student supervision.

Although student physical therapists may observe and work with physical therapist assistants and other healthcare providers/personnel, they must be under the supervision of a licensed physical therapist. Physical therapist students may not be supervised solely by physical therapist assistants.

According to APTA's policy *Student Physical Therapist and Physical Therapist Assistant Provision of Services* (HOD P06-19-10-06):

“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.”

“Direct supervision means the physical therapist... is physically present and immediately available for supervision. (The) physical therapist ... will have direct contact with the patient or client on each date of service. Telecommunication does not meet the requirement of direct supervision.”

[http://www.apta.org/uploadedFiles/APTAorg/About Us/Policies/Practice/StudentPTProvisionServices.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Practice/StudentPTProvisionServices.pdf)

<b>Policy Title:</b>	Student Readiness for Clinical Education
<b>Distribution:</b>	Student Handbook, Clinical Education Handbook
<b>Updated/Reviewed:</b>	Spring 2021

## **POLICY**

In order to progress to full-time clinical education experiences, the student must:

- Be in good standing according to the program's policy on Academic and Professional Standards
- Have all program and clinic specific on-boarding documentation completed and up to date
- Be registered for the applicable full-time clinical education course.
- To progress to PT 780, students must also successfully pass the comprehensive board readiness exam in PT 775 Evidence Based Practice 5 (see policy on Student Assessment in the Student Handbook)

## **PROCEDURES**

At a faculty meeting preceding the student's full-time clinicals (ie at the end of (May) of the 2<sup>nd</sup> year, and September of the 3<sup>rd</sup> year), the faculty will meet to review each student. The Academic and Professional Standards Committee will provide information regarding students' standing according to their policies, and the Director of Clinical Education will report on on-boarding and course registration. The faculty will then vote regarding student readiness.

### **Practical Examination Report Card Portfolios**

Beginning with the Class of 2022, faculty will provide a summary of student performance following each practical or check-off exam (see sample below). For each student in a course, the instructor will rate each student to note Exceptional Performance, Pass, Pass with Concern, or Fail with Retake. The instructor is to provide comments if the student is rated as Pass with Concern or Fail. These report cards are to be completed by the end of each semester.

Performance in the following courses is tracked on Practical Examination Report Cards:

- PT 716 Kinesiology (gait analysis)
- PT 718 Movement Diagnosis 2 (goniometry, manual muscle testing, gross evaluation, neurologic examination)
- PT 729 PT Interventions 1 (functional mobility including gait and transfer training, prescription and fitting of assistive devices, guarding)
- PT 734 Cardiopulmonary PT (thoracic auscultation and palpation, airway clearance and breathing exercise)
- PT 736 Orthopedic PT 1 (positioning, manual therapy, therapeutic exercise,
- PT 739 PT Interventions 2 (thermal and electrical modalities)
- PT 746 Orthopedic PT 2 (upper quarter screen, cervical examination and evaluation), upper extremity examination and evaluation)
- PT 747 Neurologic PT 1 (CVA examination, intervention, handling; vestibular examination and intervention)

- PT 756 Orthopedic PT 3 (lower quarter screen, lower extremity examination and evaluation)
- PT 757 Neurologic PT 2 (spinal cord injury examination and evaluation)

Faculty advisors will review these report cards after each semester, noting the performance of their advisees. They will then compile a summary Advisor Report Portfolio noting any areas of concern. Prior to the faculty vote regarding student readiness for clinical education, faculty advisors will present any areas of concern regarding the student's performance on practical and check off exams.



**Practical/Check-off Exam Report Card (sample)**

Course: \_\_\_\_\_

Semester: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

Practical

Check-Off

Knowledge/Skills/Abilities Covered:

\_\_\_\_\_

\_\_\_\_\_

Student Name	Exceptional Performance	Pass	Pass with Concerns	Fail with Re-take	Comments [REQUIRED if concerns or Failure]
Lastname, Firstname					
(alpha order by last name)					
					Highlight rows in red for students with "fail with Re-take"
					Highlight rows with yellow for Students with "Pass with concerns"

Summative Comments

**Faculty Advisor's Report  
Clinical Education Readiness Portfolio**

Please review all of your advisees and fill out the attached form:

Semester: \_\_\_\_\_

Courses: \_\_\_\_\_

List of Advisees:

NO CONCERNS:

CONCERNS: Please fill in the following areas of concern from practical exams in the semester listed above

Student Name:

Student Name:

<b>Policy Title:</b>	Attendance for full-time clinical experiences
<b>Distribution:</b>	Clinical Education Handbook
<b>Updated/Reviewed:</b>	March 2021

Attendance is required for full time clinical education experiences. To be considered full-time students will spend approximately 40 hours per week (minimum of 35 hours per week) in clinic. Students will adhere to the work schedule of the facility rather than the academic calendar of the university.

Absences (2 days or less) are warranted in the case of personal illness, family (parents, spouse, siblings, and children) emergencies, or due to death in the family. The student must notify the CI and/or SCCE prior to the start of the workday and notify the DCE immediately. Students are not permitted to request absences for personal events, job interviews, vacations, outside work/employment, or to work on coursework assignments. Students must request time off for religious observances from the DCE in advance. All absences must be made up.

Students must also notify the DCE if they will not be in clinic on a regularly scheduled day due to an unusual situation (such as, but not limited to, inclement weather or clinic power failure).

Students are required to make up missed clinical education time before the last scheduled day of the experience following a plan agreed upon between the CI/SCCE, the DCE, and the student. Arrangements for extending the clinical education experience may be developed at the discretion of the DCE in cooperation with the CI/SCCE to provide the student the opportunity to make up missed time.

**Tardiness:**

Students are expected to be on time and prepared for each clinic day. Like absences, tardiness should occur rarely and only under exceptional circumstances. If a student must be late for clinic, the student must contact his/her CI at the earliest possible opportunity, preferably before the start of the workday. Repeated tardiness may impact the student's CPI ratings and overall course grade; in these cases, the CI is encouraged to contact the DCE.

**Clinical Instructor Absence:**

In the event that the student's CI is absent during the scheduled clinic time, the school requests that arrangements be made for another licensed physical therapist to supervise the student. If this is not possible, the student should be notified that he/she should not go to clinic. Students are instructed to never work with patients in a clinical setting without a licensed Physical therapist on-site to provide supervision. In this case, the school will not require that the student make up this day. If absences exceed one day and if the CCCE/CI feels that additional clinical time is necessary to better evaluate the student's performance, the Division will reserve the right to decide upon the appropriate course of action.

**Excused Absences for Enhanced Learning Experiences:**

The WVU DPT program encourages students to become active in professional organizations and to embrace lifelong learning in pursuit of excellent. Therefore, the Division will at times permit students to be absent from clinic to attend professional conferences and continuing education events. Further, some students may be eligible to take the NPTE (board examination) in the final weeks of their terminal clinical experience, typically in the spring semester. In these instances, students may be excused from clinic for one to three days depending on the circumstances. The Director of Clinical Education will notify the clinical instructor/SCCE in advance regarding such requests. Because these activities are directly related to the student's PT education and will have received approval from the program chairperson, the student will not be considered absent for these dates and will not be required to make these days up.

**Policy Title:** Clinic Attire and Grooming  
**Distribution:** Clinical Education Handbook  
**Updated/Reviewed:** Revised and approved October 17, 2018

Health Sciences students, staff, and practitioners are required to place a high value on personal appearance, including attire. The reasons are rooted in concerns for infection control, communication, and cultural sensitivity. This document sets forth standards for dress and appearance necessary to meet the service and safety objectives of placing patient welfare first and the educational objectives of preparing the student to assume the role of a professional health care worker. Patient trust and confidence in the health care provider are essential to successful treatment experiences and outcomes.

The message communicated by the caregiver by his/her dress and appearance plays a fundamental role in establishing this trust and confidence. Students should consider the cultural sensitivities of their most conservative potential patients and present themselves in a manner that will earn their respect, ensure their trust, and make them feel comfortable. Recent trends in clothing, body art, and body piercing may not be generally accepted by your patients, and should not be worn by DPT students.

The following guidelines help prepare the student to establish a successful caregiver-patient relationship. Individual clinical facilities may have more stringent guidelines; in those cases, the clinic's guidelines must be followed. Clinical facilities should provide a copy of their dress codes in advance of the clinical experience.

### **General Standards**

- WVU Health Sciences Center name tags or badges are worn at all times. Non-WVU clinic sites may require students to wear badges provided by their facility.
- Good personal hygiene is to be maintained at all times. This includes regular bathing, use of deodorants/antiperspirants, and regular dental hygiene.
- Avoid distracting perfumes or colognes (may precipitate allergies or sensitivities).
- All clothing, including lab coats, must be clean and pressed

### **Hair**

- Hair should be neat, clean, and of a natural human color.
- Hair should be styled off the face and out of the eyes.
- Shoulder length hair must be secured to avoid interference with patients and work.
- Avoid scarves or ribbons (unless culturally appropriate).
- Beards/mustaches must be neatly trimmed.

### **Dress, Shoes, and Hand Care**

- Clothing should be clean, professionally styled and in good repair.
- Women: skirts (knee length or longer) or tailored slacks with collared blouse or shirt.
- Men: tailored slacks, collared shirt. Male students must wear a neck tie if required by the facility.

- Many facilities require staff to wear clothing (or scrubs) of particular colors to help clearly identify personnel to patients and visitors. In these cases, the student must adhere to the facility's policy.
- Shoes must be brown or black in color, comfortable, clean/in good repair, and have non-skid soles. Shoes must be resistant to fluids; shoes made of canvas, mesh or other absorbent materials are not appropriate. Shoes must be worn with socks or hose.
- Fingernails should be clean and of short length (no more than ¼" past the end of the finger).
- Muted tones of nail polish are appropriate for women. No artificial nails.

### **Jewelry**

- A maximum of three (3) earrings per ear may be worn. Earrings must be modest "stud" style; hoops or other dangling earrings may be easily entangled or scratch patients, and are prohibited.
- One nose piercing may be worn. The piercing must be a stud that is 2mm or smaller in diameter and must be flesh colored.
- Other facial piercings, including tongue and lip piercings, are prohibited.
- Items such as necklaces, bracelets, dangling jewelry, rings with sharp protrusions, large buttons or pins may be easily entangled or scratch patients, and are prohibited

### **Lab Coat**

- A clean, white, jacket-length lab coat should be worn over clothes if required by the facility.

### **The following items are specifically prohibited in all clinical settings:**

- Jeans (or pants of a jean style, regardless of color), shorts, Bermudas, leggings, stretch pants or tights, yoga pants, pants with external seams, zippers or pockets (e.g. cargo pants, overalls), hiphuggers, low-riders, bell-bottoms or flares, sweat pants or athletic clothing.
- Midriff tops, tee shirts, halters, translucent or transparent tops, shirts or tops with plunging necklines, shirts with writing or decals, tank tops or other sleeveless shirts, or sweatshirts.
- Sandals or open toed shoes, high heels, platform soles, or cloth/canvas shoes (blood or needles may penetrate the fabric).
- Visible tattoos are not part of the overall standard for professional appearance. All tattoos must be covered.
- No visible piercings are permitted other than a nose stud as defined above. Any other piercings must be removed or covered.

Other body alterations such as scarification, branding, or gauges are not permitted.

**Policy Title:** Immunizations and Health  
**Distribution:** Student Handbook, Clinical Education Handbook  
**Updated/Reviewed:** Updated 3/9/2021

In addition to providing an excellent physical therapist education for our students and providing excellent health care to our patients, the WVU Division of Physical Therapy has a duty to protect the public. To help ensure this trust is well-founded, we require that all entering students report health history information and meet immunization requirements.

The Division has contracted with MyRecordTracker to securely house or students' health record process. The initial cost for establishing your health requirement tracker is \$10.00 and is renewed annually at that rate for the duration of you program.

Failure to complete this process prior to orientation may prevent your ability to work with patients and thus your progress in the DPT program.

### 1. HEALTH INSURANCE

Health insurance is required for all full-time students at WVU, including DPT students.

Students must provide proof of health insurance (copy of insurance card) at or before orientation and periodically throughout the professional program. During clinical education experiences, clinical education sites are not financially responsible for routine or emergency healthcare; this responsibility rests with the student. (Please see page 5 of the sample affiliation agreement, provided in the appendix.)

Information on insurance for students at WVU is available at: <http://studentinsurance.wvu.edu/>

### 2. PHYSICAL EXAMINATION

All students must provide documentation of a history and physical upon matriculation to the DPT program. Forms are provided in Appendix 1.

### 3. IMMUNIZATION AND TITER REQUIREMENTS

Student must provide documentation of immunizations and titers consistent with CDC guidelines for health care providers (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm>). Please pay specific attention to deadlines noted in **bold text**.

#### Hepatitis B:

Shots: 3 dose series IM (0, 1 and 6 mos.)

Titer: IgG anti-HBs 1-2 mos. after dose #3

---

**If the Hepatitis series is not complete before the first day of classes, the student must have at least the first shot. The entire series and titer must be completed before the end of the fall semester of the first professional year.**

---

### **Measles, Mumps, Rubella (MMR)**

Shots: 2 doses, 4 weeks apart (if born later than 1957)

Titer: IgG titer 1-2 mos. after last shot

**(Due upon matriculation)**

### **Varicella**

Shots: 2 doses, 28 days or more apart (if non-immune titer or no prior infection)

Titer: IgG titer 1-2 mos. after last shot

**(Due upon matriculation)**

### **Tetanus, Diphtheria and Pertussis (tDAP) Tetanus booster**

Must be completed within the past 10 years.

**(Due upon matriculation)**

### **PPD**

The Two-step Mantoux tuberculin skin test (TST) is required before October 1 of the first year. Thereafter, the student must have a one-step test done annually.

**(Due before October 1 each year. Entering first-year students should wait until the start of fall term to have initial 2-step PPD.)**

### **Poliomyelitis**

All students must complete the primary series and booster (age 4-6) for polio.

**(Due upon matriculation)**

### **Meningococcus**

WVU requires all students to have this vaccination.

**(Due upon matriculation)**

### **Influenza**

A new vaccine is released each fall prior to the onset of "flu season." Most healthcare facilities require annual flu shots for all personnel, including students and volunteers.

**(Due by October 1 each year).**

### **Non-immune titers**

Hepatitis- restart the series

MMR- give a third MMR shot, no repeat titer required

Varicella- administer two vaccines and repeat titer

### **Declinations**



Any student who declines immunizations for religious or other reasons must be made aware of potential personal dangers and will be required to sign a waiver.

Clinical education sites may refuse to accept students who have declined to take the required immunizations and titers. Therefore, no guarantee can be made that a student who declines immunization/titers can be placed for clinical education.

#### 4. CPR TRAINING

Each student must be certified in adult, child, and infant CPR and choking, and use of AEDs. **This training must occur no later than October 1 of the First Year and be maintained throughout the remainder of the professional curriculum.** Only BLS (Basic Life Support) certifications through the American Heart Association is acceptable. Training courses must include a skills check-off. Online training courses will not be accepted.

Beginning with the class starting in June 2018, all students will be required to attend CPR/BLS training in the WVSTEPS lab prior to the start of the first year fall semester.

#### 5. HIPAA and OSHA TRAINING

All students are required to complete training in HIPAA regulations regarding confidentiality of patient information and OSHA regulations regarding exposure to/transmission of infectious diseases. This training is included in the Fall Semester, First Year coursework. The OSHA and HIPAA training must be renewed annually via an online training module.

#### 6. DOCUMENTATION AND COMMUNICATION OF HEALTH INFORMATION

Prior to beginning the professional program, the student must submit completed Personal Immunization History and Student Health Examination forms. The student must also obtain titer results and documentation of any additional immunizations not listed on the Immunization History form. All information must be uploaded onto the MyRecordTracker. All documents scanned/uploaded to the document tracker must be legible. The student will have online access to his/her own database report. Additional information on completing this process will be emailed to incoming students and posted on SOLE. Students are advised to read these instructions carefully.

It is the student's responsibility to provide updated information on immunizations, health insurance coverage, PPD results, and CPR certification.

---

***Students whose files are incomplete will not be allowed to participate in course lab sections that involve patients or in clinical education assignments. In addition, registration for other courses may be restricted, or course grades may be affected for students whose files are incomplete.***

---

Before a student begins a clinical rotation, the academic program must verify to the clinical site that the student has complied with the health requirements. Some sites may request additional documentation, such as copies of immunization cards, lab reports, etc. In this case, the student will be notified and will be required to furnish the clinic with the appropriate records or access to her/his MyRecordTracker database.

Questions concerning these health requirements should be directed our Office of Student Services (304-293-8897).

#### 7. RENEWALS

Several health/immunization items listed above (including PPD, influenza vaccination, CPR and OSHA training) must be renewed annually. **These items may not “expire” while a student is completing a**

**clinical education placement/experience.** Therefore, these items must be renewed according to the deadlines posted in this policy.

**Failure to renew and/or provide documentation of these items may result in course grade penalties, and registration for future clinical education and lab courses may be restricted.**

### SAMPLE ATTESTATION LETTER

<<DATE>>

To Whom it May Concern:

«Student First Name» «Student Last Name» is scheduled for a full-time clinical education experience at «Site Name» in the «Care Classification Name» setting. The experience begins «Start Date» and ends «End Date». The student meets the following health and safety requirements:

1. Evidence of current health care insurance coverage
2. Hepatitis B immunization series and positive titer
3. Evidence of immunity to measles, mumps, rubella, and varicella
4. tDAP immunization in past 10 years
5. PPD within past 12 months or follow-up if positive test
6. Polio vaccine
7. Meningococcal vaccine
8. Physical examination completed
9. OSHA training (infection control) within past year
10. HIPAA training
11. Current CPR certification
12. Criminal background check (Federal, state, local) free of offenses that would prohibit student from working in the assigned area.
13. Negative 10-panel urine drug screen
14. Annual flu shot for <<year>> flu season

\*If you require further documentation, please contact the student to obtain copies of specific records: «Student Email»

WVU carries malpractice liability insurance for students assigned to clinical education placements. If you need a copy of the certificate of insurance, please contact Allyson Pierce at 304-293-8897 or [sapierce@hsc.wvu.edu](mailto:sapierce@hsc.wvu.edu).

The student is currently in good standing in the DPT program at West Virginia University.

Notes:

---

---

---

---

Ralph Utzman, PT, MPH, PhD  
Professor, Director of Clinical Education

---

Date

<b>Policy Title:</b>	Criminal Background Checks
<b>Distribution:</b>	Student Handbook; Clinical Education Handbook
<b>Updated/Reviewed:</b>	3/2021

### Policy

A majority of clinical sites now require students to complete a criminal background check prior to participating in clinical education placements. Furthermore, state laws may restrict or prohibit those with criminal backgrounds from obtaining a professional license to practice following graduation. For example, WV law prohibits physical therapist licensure for anyone with an un-reversed felony conviction within ten years preceding the application, and may also deny a license to applicants with certain misdemeanor convictions.<sup>1</sup> (Laws vary by state; matriculants are encouraged to consult legal counsel for advice.)

Therefore, students with criminal backgrounds may not be able to meet the academic standards of the DPT program or the criteria for professional licensure.

### Procedure

1. All matriculating students will be required to obtain a Criminal Background Check (CBC) prior to the start of the professional DPT curriculum.
2. Certiphi will perform CBCs as a designated agent.
3. The School of Medicine has designated the depth of the background search to include felonies and misdemeanors at Federal, state, and local levels at the 7 previous years of residence.
4. Each student will contact Certiphi via a secure internet site and place an order for his/her CBC. The student provides his/her name, current and previous addresses, and other identifying information and pays by credit card.

To obtain your initial CBC:

- a. Click the link or paste into your browser: <https://applicationstation.certiphi.com/>
  - b. Enter the Application Station Code WVUPTPROFESSCBC
  - c. If this is your first time using Application Station, please click “Sign Up” to create an account. If you previously created an account and you are a returning user, please click “Log In”.
  - d. Follow the instructions on the Application Station website.
5. The Clinical Education Manager will have access to Certiphi inquiry results via a secure website via a unique username and password.

---

<sup>1</sup> WV Code §30-20

6. The Clinical Education Manager will forward any positive CBC results to the Vice Dean for Professional Programs
7. In the case of positive CBC findings:
  - a. The Vice Dean will review the student's PTCAS application to determine whether the student reported the conviction on his/her application.
  - b. The Vice Dean will meet with the student to discuss the results and the student's perspective on the circumstances. The conversation will be documented in writing on the CBC form.
  - c. If the student feels that a positive CBC finding is in error, the student will be directed to speak with Certiphi to determine if further investigation is needed. Errors may occur in instances of:
    - i. CBC was completed on a different person with the same name
    - ii. CBC was completed on a similarly named person
    - iii. CBC returned information that was supposed to be sealed or expunged

If the information is in error, the CBC is repeated and Certiphi will update the CBC report online. If the positive result is truly an error, no further action is taken.

- d. The Vice Dean will refer the case to the Division of Physical Therapy Committee on Academic & Professional Standards for consideration and recommendations as stated in the Policy on Academic & Professional Standards.
8. Clinical sites may require repeated or additional background checks prior to the start of a rotation. It is the students' responsibility to identify the need for these subsequent background checks for PT 760 & 780.
  - a. Ideally, these requirements should be listed explicitly on the Clinical Site Information Form (CSIF). Sites may also notify the Division by letter or by noting the requirements on pre-rotation confirmation forms as appropriate.
  - b. The Director of Clinical Education will post a copy of the requirements and instructions for student review.
  - c. Students are responsible for obtaining this information prior to beginning his or her clinical rotation and completing all necessary requirements.
9. Prior to each clinical education rotation, the Director of Clinical Education will provide the following attestation in his/her communications with each clinical site:

*The Division of Physical Therapy obtains criminal background checks on all students upon admission to the program. Unless otherwise noted, the background check for the student assigned to your facility was negative.*

If the clinical site requires more specific documentation, the student will be directed to provide access of his/her results from the Certiphi website to the clinical site.

**WVU School of Medicine  
Professional and Undergraduate Programs  
Drug Screen Policy**

**Initial Drug Screening**

All students will undergo a 10-panel + Oxycodone urine drug screen prior to matriculation or the initiation of the first clinical experience in their program. The Clinical Education Manager will provide students with instructions for contacting Certiphi via a secure website to make arrangements and pay for the drug screening.

**Additional Drug Screening**

Students may be required to undergo repeat drug screening whenever such testing is required by program or a clinical site. In addition, at the discretion of the program's committee on academic standards, students may be required to undergo random urine drug testing at any time.

Prior to beginning each clinical rotation, the student will be notified if an additional drug screen is required by the site and will receive instructions for completion of the testing. Students are responsible for contacting Certiphi to make arrangements and pay for the drug screen.

When repeat drug screen is required by a clinical site, the student will not be permitted to begin the clinical rotation until the drug screen result is available. It is the student's responsibility to ensure that drug testing is completed in a timely manner. Upon request, the student will provide access to his or her drug screen result from the Certiphi site to the clinical education site.

**Negative Dilute Drug Screen**

The Clinical Education Manager will have access to Certiphi inquiry results via a secure website with a unique username and password. The Clinical Education Manager will prepare a report on the results of drug testing for review by the Vice Dean for Professional and Undergraduate Programs.

The Vice Dean will review and initial the drug screen reports. In the event of a negative dilute drug screen, the student will be required to repeat the drug screen at their own expense. In the event of two consecutive negative dilute drug screens, it would be considered a positive result.

**Positive Drug Screen**

In the event of a positive drug screen, the Vice Dean will refer the case to the program's committee on academic standards for consideration and recommendations.

Following review by the program's committee on academic standards, students with a positive drug screen not due to a legally prescribed medication may be subject to one or more of the following penalties:

- Placement on program probation

- Deceleration (required repetition of a portion of the didactic or clinical phase of the program) with a delay in graduation
- Dismissal from the program

Students with a positive drug screen not due to a legally prescribed medication will be referred for counseling and/or a provider support program within one week of the notification of the positive drug screen result. A student's return to academic studies is contingent upon full compliance with the recommended counseling and/or provider support program.

Documentation of successful completion and/or continued compliance with the counseling/support program will be maintained in the student's permanent program record.

### **Legally Prescribed Medication**

In cases where a legally prescribed medication results in a positive drug test, the student must follow the process outlined by Certiphi to provide appropriate documentation.

<b>Policy Title:</b>	Training on OSHA/Standard Precautions
<b>Distribution:</b>	Student Handbook, Clinical Education Handbook
<b>Updated/Reviewed:</b>	June 2021

All students must be trained in standards for preventing transmission of bloodborne and other infectious agents. During the fall semester of the first year, students will complete an online module in safety module SOLE that addresses fire, safety, bloodborne pathogens standards, tuberculosis exposure control, hazardous material exposure, latex sensitivity, and radiation safety. Students must view online presentations and fact sheets before taking a post-test, which must be passed with a score of 90% or higher. The timing of completion coincides with coverage of infectious diseases in PT 714 Foundational Sciences 1, and students receive course assignment points for completing the module. Each student must repeat the module annually while in the program.

Many clinical education sites have their own training modules regarding OSHA standards, standard precautions, and workplace safety. Students must follow the instructions and onboarding requirements of their assigned clinical education sites.

NOTE: In Fall 2020, the WVU Health Sciences Center created an additional online training module regarding use of personal protective equipment. Students were required to complete this module before resuming (or starting, depending on the cohort) clinical education experiences. Module objectives are:

- Explain the need for appropriate selection and donning/doffing of PPE in healthcare.
- Select the appropriate level of PPE required based on a given scenario
- Explain the importance and purpose of PPE conservation efforts during shortages.

Going forward, this module will be required of all students prior to starting the first part-time integrated clinical experience (PT 720 Clinical Education 1).

<b>Policy Title:</b>	Training on HIPAA Regulations
<b>Distribution:</b>	Student Handbook, Clinical Education Handbook
<b>Updated/Reviewed:</b>	June 2021

All WVU Health Sciences Center (HSC) students are required to complete training annually regarding HIPAA privacy regulations. For students in the Division of Physical Therapy, this training will be completed in the fall semester of the first year prior to their first part-time integrated clinical education experiences the following spring. The training will be delivered via an online module created and maintained by the HSC risk management office specifically for health professions students. The training module must be repeated annually during the student's tenure in the program. The student must pass a post-test with a score of at least 80% to complete the module. The contents of the module include:

- Brief Background of the HIPAA Law
- Purpose of the Rules
- Applicability
- Key points about the Rule
- Compliance requirements
- How We Are Impacted by HIPAA
- 12 Reminders About Protecting PHI
- Privacy vs. Security
- Privacy Rules
- Patients Rights, Uses & Disclosures
- Four Key Ares of the Security Rule
- Breaches & Consequences

Many clinical education sites have their own training modules regarding HIPAA regulations and how compliance is maintained within their organization. Students must follow the instructions and on-boarding requirements of their assigned clinical education sites.

[Enter objectives and content outline from HSC module here]



<b>Policy Title:</b>	Liability Insurance
<b>Distribution:</b>	Clinical Education Handbook
<b>Updated/Reviewed:</b>	June 2019

Professional and general liability insurance coverage is provided by the State of West Virginia for students who are acting within the scope of their assigned clinical education experiences. The amount of coverage is \$1,000,000 per occurrence with no aggregate limit.

Also, students within the Physical Therapy program are covered under additional liability insurance for malpractice. This policy is purchased by the School of Medicine from CNA/HPSO, and provides coverage of \$1,000,000 per occurrence with a \$5,000,000 aggregate limit.

The program shall provide clinical education sites with copies of Certificates of insurance upon request.

For details, please see the affiliation agreement contract between WVU and the specific clinical facility; a sample of WVU's standard affiliation agreement template is provided in the appendix.

<b>Policy Title:</b>	Assignments for Full-Time Clinical Experiences
<b>Distribution:</b>	Clinical Education Manual
<b>Updated/Reviewed:</b>	May 2019

Due to changes in the health care system and growth in PT and PTA educational programs, there has been an increased demand for clinical education sites. To maximize the use of those clinical education sites that are currently under contract to West Virginia University, and to be as fair as possible to all students enrolled in our program, the following policies regarding clinical education site placement have been instituted:

### **Clinical Education Dates**

The DCE/ACCEs will meet in early January to set the dates for clinical experiences for the next calendar year (ie. January 2020 is when dates for calendar year 2021 are set). Dates will be chosen to coincide with the University calendar whenever possible. Requests for changes in clinical experiences dates will NOT be considered, with the following exceptions:

- Military service
- Medical leave (with approval of the program chairperson)
- Occasional adjustments may be made to accommodate clinical instructor availability

### **Clinic Information**

Information regarding all full time clinical education sites can be found in an online database, Acadaware. This online database includes information provided by each clinic, as well as feedback from students who have completed clinical experiences. Students will be given accounts to access the Acadaware database during the first year of the curriculum

### **Selection of Clinical Sites**

Although personal needs and preferences will be considered for all students, guarantees cannot and will not be made as to final placement. The ACCE/DCE reserves the right to make the final decision on all student placements. The first priority will always be the academic needs of the student.

For each clinical education course, the ACCE/DCE will provide students with a list of those sites which [1] have offered slots for the clinical experience in question and [2] are appropriate in scope and setting for the clinical experience in question.

Students will be given ample time to review the site information prior to the placement process. Students are encouraged to discuss their needs and the slots available with the ACCE/DCE. The ACCE/DCE may use Acadaware software to assist in the assignment process. The program uses a random selection methodology that takes into account the students' choices.

No clinical education placement is guaranteed. Occasionally, a clinic will cancel a student clinical experience due to staffing or other issues beyond our control. When this occurs, the ACCE/DCE will reassign the student to a site that is available for that clinical experience.

### **Request for Clinical Education Experiences at Sites not Currently Under Contract**

As stated in the opening paragraph, one of the purposes in establishing a clinical education site placement policy is to maximize the use of those facilities currently under agreement with West Virginia University. For each clinical experience, the DCE will negotiate a limited number of new contracts, considering:

- availability of similar placements with clinic sites already under contract
- ability of the site to meet the learning needs of the student
- ability of the site to meet the needs of the program
- willingness of site to supervise students in the future

No guarantee can be made that exploration of a new clinical site will result in an agreement. West Virginia law governs our contractual agreements and non-compliance with the law will prevent an agreement from being finalized. Many other factors may also prevent a facility from accepting a student for a clinical experience, such as staffing levels and commitments to other PT/PTA education programs.

### **Contact with Clinical Sites**

Sites prefer that requests for agreements and clinical experience slots come from the ACCE or DCE.

*Students and their families may NOT contact a clinical site regarding clinical placements or clinical education agreement contracts without the prior consent of the ACCE/DCE.*

### **Conflicts of Interest**

To protect all parties involved, full-time student placement is prohibited if:

- the student is or has worked at the site as an employee
- the student has a pre-employment contract or scholarship agreement
- a relative, significant other, or other close acquaintance is employed and can have influence over evaluation of the student

Please discuss any potential conflicts with DCE prior to placement.

**Policy Title:** Clinical Education Travel & Living Expenses  
**Distribution:** Clinical Education Manual  
**Updated/Reviewed:** May 2021

All students will be expected to travel outside of the Morgantown area (50 mile radius) for at least one and possibly more than one full-time experience. [All clinical sites in Monongalia, Marion, Harrison, Preston, Taylor, Green (PA), Fayette (PA), and Garrett (MD) counties are within the 50 mile radius.] Further, the DCE cannot guarantee that any student will be able to complete clinical rotations in a specific city or geographic area.

Students are responsible for providing for their living expenses (room, board, etc). Some out-of-town sites provide housing but this is becoming increasingly rare. Some sites will provide a list that outlines the housing available and its cost. Arrangements for travel and housing are the responsibility of the student. Occasionally, a site will provide a small stipend for meals and/or housing. All information about travel and living expenses can be obtained in the file on the facility or by contacting the facility directly.

Students are responsible for providing their own transportation to all clinical rotations. Therefore, the division recommends that all students have a reliable car available by the Spring semester of the first year in the program.

The Division of Physical Therapy cannot provide financial assistance for living expenses. If you need financial aid assistance or information, please contact the health sciences financial aid office.

**Policy Title:** Rural/AHEC Housing  
**Distribution:** Clinical Education Handbook  
**Updated/Reviewed:** July 2019

The WVU Institute for Community & Rural Health (WVICRH) provides free housing in rural WV communities where health sciences students participate in full-time clinical education experiences. Details, including a directory/listing of available housing sites, are available at <https://www.hsc.wvu.edu/icrh/students/rural-housing/>

To optimize availability of housing for students at WVU and other institutions, rural AHEC housing will not be requested for students completing clinical experiences within a 50-mile radius of Morgantown, or in Monongalia, Marion, Harrison, Taylor, or Preston counties. Students completing clinical experiences within driving distance of their permanent home addresses should also stay with family when possible rather than use AHEC housing resources.

#### Procedures

- Students should review the listing of available rural/AHEC housing while considering the list of available clinical education sites.
- After students have been tentatively assigned to clinical education sites, the Director of Clinical Education will formally call for AHEC housing requests in SOLE and/or via email. The call for housing requests will include a deadline.
- All rural/AHEC housing requests must be submitted on the attached request form (Form A).
- After the housing requests are submitted to the DCE, the DCE and/or clinical education staff will enter formal requests into the AHEC TRACKER system.
- After the DCE receives approval for housing from AHEC staff, the approval will be forwarded to the student via email. A copy of the housing information sheet (as provided by the Office of Rural & Community Health) will be attached.
- If the student chooses not to use rural/AHEC housing after it has been approved, the student must notify the DCE in writing on the attached cancellation form (Form B). This form must be submitted **no later than 30 days** before the start of the clinical experience.
- Housing “No Shows”
  - If the student does not submit the cancellation form (Form B) at least 30 days before the start of the clinical experience to notify the DCE of his/her intent not to use rural/AHEC housing, the WVICRH will bill the PT program for the unused housing (at a rate of \$135 per week) for the entire approved clinical placement. ***If this occurs, the student will be responsible for reimbursing the PT program for the entire cost of the unused housing.*** A “hold” will be placed on the student’s account preventing the student from registration for courses and/or graduation until the student reimburses the PT program.

**RURAL/AHEC HOUSING REQUEST (Form A)**

Student Name: \_\_\_\_\_

Clinical Education Site: \_\_\_\_\_

Clinical Site City, State: \_\_\_\_\_

Clinical Experience Dates: \_\_\_\_\_

Review the listing of available AHEC housing [HERE](#). Note that you can find out details about each housing location by clicking the points on the map or the links on the left side of the map.

Please indicate the closest available AHEC housing to your clinical education site:

Housing Site Requested: \_\_\_\_\_

By signing below, I acknowledge I have read the policy "Rural/AHEC Housing" in its entirety. I understand that, ***if I choose not to use AHEC housing after it has been approved, I must notify Dr. Utzman in writing using attached Form B no later than 30 days before the start of the clinical education experience.*** If I decide not to use AHEC housing and I fail to submit Form B before the 30 day deadline, ***I understand I will be responsible for reimbursing the PT program for all fees associated with the unused housing.*** A hold will be placed on my account preventing registration for courses and graduation until I have reimbursed the PT program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date Submitted

(This form will not be accepted without the student's signature and date.)

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date Received



### **APPENDIX: Student Evaluation of Site and CI**

Each survey below is completed using the Acadaware data management system.

#### **Student Midterm Assessment of Experience Survey (Acadaware)**

1. What describes your assessment of the Supervision and Guidance you typically receive?
  - a. Need much more
  - b. Need a little more
  - c. Just right
  - d. Need a little less
  - e. Need a lot less
2. What best describes your assessment of the Progression of Responsibility?
  - a. Too slow
  - b. A little too slow
  - c. Just right
  - d. A little too fast
  - e. Too fast
3. Rate your assessment of the Frequency of Feedback and Discussion
  - a. Need more
  - b. Need a little more
  - c. Just right
4. What best represents your level of satisfaction with the overall type of feedback you receive (ie specific, balanced, constructive, timely, etc.)
  - a. Very satisfied
  - b. Satisfied
  - c. Slightly satisfied; need some adjustments
  - d. Not satisfied, need significant changes
5. What best represents your level of satisfaction with the achievement of your goals for this internship?
  - a. Very satisfied
  - b. Satisfied
  - c. Slightly satisfied, needed some adjustments
  - d. Not satisfied
6. What was most helpful for your learning during the first half of this rotation course?
7. What suggestions do you have for your instructor(s) to make the clinical instruction you receive even better?

#### **Student Final Assessment of Experience (Acadaware)**

1. What describes your assessment of the Supervision and Guidance you typically received?
  - a. Needed much more
  - b. Needed a little more
  - c. Just right
  - d. Needed a little less
  - e. Needed a lot less
2. What best describes your assessment of the Progression of Responsibility?
  - a. Too slow
  - b. A little too slow
  - c. Just right



- d. A little too fast
- e. Too fast
3. Rate your assessment of the Frequency of Feedback and Discussion
  - a. Needed more
  - b. Needed a little more
  - c. Just right
4. What best represents your level of satisfaction with the overall type of feedback you received (ie specific, balanced, constructive, timely, etc.)
  - a. Very satisfied
  - b. Satisfied
  - c. Slightly satisfied; needed some adjustments
  - d. Not satisfied
5. The clinical site was well prepared for my internship
  - a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
6. The orientation process was thorough and informative
  - a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
7. I was made to feel welcome and part of the team
  - a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
8. The overall learning environment was excellent
  - a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
9. Evidence-based practice was the standard of care for this clinic
  - a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
10. I would recommend this clinical site to other students
  - a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
11. What was most helpful for your learning during the second half of this rotation course.
12. What specific suggestions do you have for your instructors(s) to make the clinical instruction you received even better?
13. Please provide any other constructive feedback on the student program at this facility – such as, what was helpful and appreciated and what could be done differently to make the overall student experience even better.

**Student Evaluation of CI (Acadaware)**

Items 1-12 are rated using a 4-point Likert scale (Strongly Agree, Agree, Disagree, Strongly Disagree).  
Space for comments is provided for each item.

1. CI was welcoming and supportive
2. CI allowed me to share my ideas and contribute
3. Appropriate time was allotted to discuss my performance
4. CI provided suitable levels of supervision and guidance
5. Progression of responsibility was just right and challenged me appropriately
6. CI was an excellent professional role model
7. Expectations and goals were appropriate and discussed early, often, and revisited if needed.
8. Appropriate time was allotted to discuss patient management
9. Feedback was constructive and balanced
10. Communication was good between CI and student
11. CI mentored effective clinical skills
12. I would recommend this CI to future students
13. Please provide any additional comments on the clinical instruction you received at this facility that would be useful for student program development and planning.

**STUDENT AFFILIATION AGREEMENT**

**THIS STUDENT AFFILIATION AGREEMENT** (“Agreement”), by and between the **WEST VIRGINIA UNIVERSITY BOARD OF GOVERNORS** on behalf of **WEST VIRGINIA UNIVERSITY** and its **SCHOOL OF MEDICINE, DEPARTMENT OF HUMAN PERFORMANCE AND APPLIED EXERCISE SCIENCE** (“WVUSM”), and **[SECOND PARTY NAME]** (“Affiliate”).

**WITNESSETH:**

**WHEREAS**, the West Virginia University Board of Governors governs West Virginia University and its School of Medicine; and

**WHEREAS**, WVUSM is currently conducting educational programs in the Divisions of Exercise Physiology, Occupational Therapy, and Physical Therapy and desiring to obtain clinical education or fieldwork for the students enrolled in such educational programs, and

**WHEREAS**, the object and purposes of this Agreement are in furtherance of WVUSM’s mission; and

**WHEREAS**, Affiliate desires to provide clinical education or fieldwork for the students of WVUSM in order to further educational activities within the service to promote continued improvement of patient care; and

**WHEREAS**, the parties share the mutual goal of optimum patient care and allied health education.

**NOW, THEREFORE**, in consideration of the premises and the covenants and conditions herein contained, WVUSM and Affiliate do hereby agree as follows:

Approved by WVU General Counsel Office 6/2019

**1. RESPONSIBILITIES OF WVUSM.**

1.1. Each WVUSM student will be supervised by a licensed or registered clinician or fieldwork person as follows:

Exercise Physiology	Exercise Physiologist with a Master's or PhD Degree
Occupational Therapy	Level I – OT Practitioner or Qualified Personnel
	Level II – Occupational Therapist
Physical Therapy	Physical Therapist

Supervision shall be interpreted to mean that a responsible clinician or fieldwork person is on the premises with the students. The supervision of Occupational Therapy students will be in accordance with the state licensure law in which the student is completing the fieldwork experience. The supervising clinician or fieldwork person may arrange for the student to observe or assist another qualified health professional acceptable to WVUSM, but at no time will the student be allowed patient contact when a supervising clinician or fieldwork person is not on the premises, nor will the student be used in lieu of professional or non-professional staff.

1.2. WVUSM agrees to withdraw from Affiliate any student whose performance, behavior, or health is deemed by Affiliate to be detrimental to patients or staff or when student fails to abide by the policies and procedures established by Affiliate. Also, WVUSM and Affiliate agree to enter into early intervention and mediation if the student does not behave in a manner consistent with the policies, procedures and convention established by the profession, Affiliate, and WVUSM.

1.3. WVUSM agrees that, on certification of eligibility by the coordinator of clinical education or fieldwork of WVUSM, the clinical instructor(s) or fieldwork coordinator(s) of Affiliate's Exercise Physiology, Occupational Therapy or Physical Therapy service shall be entitled to use the library facilities of the educational program in Exercise Physiology, Occupational Therapy or Physical Therapy and of the School of Medicine of the University, and

to attend classes in the educational program in Exercise Physiology, Occupational Therapy or Physical Therapy at WVUSM with permission of the class instructor, and attend continuing education seminars for clinical educators and fieldwork instructors.

1.4. WVUSM shall advise the student(s) participating in the clinical rotations at Affiliate that they are responsible for complying with the applicable rules and regulations of Affiliate and shall provide to each student health, safety, and any other policy information provided by Affiliate to WVUSM.

1.5. WVUSM shall establish and maintain ongoing communications about the clinical experience with the program supervisor of Affiliate and other designated Affiliate personnel, including, but not limited to, a description of the curriculum, policies, faculty, and major changes to the information provided pursuant to Section 1.4 hereof. On-site visits may be arranged when feasible.

1.6. In accordance with applicable law, regulations, and West Virginia University policy, WVUSM shall immediately notify Affiliate about any physical, mental, or emotional problem, including chemical dependency, which would serve to impair a student's performance and/or represent a threat to the health and safety of patients or Affiliate employees or physicians, in the event WVUSM becomes aware of such a problem. Also, WVUSM shall immediately notify Affiliate of any action taken because of substandard academic or clinical performance of any student when that substandard performance could have an adverse impact on patient care at Affiliate. In the event WVUSM cannot legally share such information, it shall immediately withdraw its student from Affiliate if such information could impair a student's performance and/or represent a threat to the health and safety of patients or Affiliate employees or physicians.

## **2. RESPONSIBILITIES OF AFFILIATE.**

2.1. Affiliate will assign the responsibility for the coordination of clinical education or fieldwork for the students of WVUSM to a clinical instructor or fieldworker approved by the specific service to be provided (Exercise Physiology, Occupational Therapy, Physical Therapy). This individual, and any other clinical instructor or fieldworker responsible for the supervision and final evaluation of the WVUSM student, if acceptable to WVUSM, will be appointed by WVUSM to its faculty with the title of Clinical Instructor or Fieldworker of Exercise Physiology, Occupational Therapy, Physical Therapy, with all rights and privileges accorded by WVUSM to its other clinical faculty.

2.2. Affiliate will provide clinical education or fieldwork for students enrolled in the educational program in Exercise Physiology, Occupational Therapy or Physical Therapy of WVUSM. The number and level of students, the program of education within Affiliate, and the scheduling of their assignments to Affiliate shall be determined by mutual agreement between the coordinator of clinical education or fieldwork coordinator for the WVUSM Division of Exercise Physiology, Occupational Therapy or Physical Therapy and the clinical education coordinator and fieldwork coordinator of Exercise Physiology, Occupational Therapy or Physical Therapy of Affiliate.

2.3. Affiliate will provide the students with the rules, regulations and procedures of Affiliate and of the Exercise Physiology, Occupational Therapy or Physical Therapy service, patient care and other learning experiences, and access, as available, to parking, locker, cafeteria, and library facilities. This information will be sent prior to a clinical rotation or fieldwork placement.

2.4. In the event a student suffers an injury or experiences a health threatening



exposure while on Affiliate's premises, Affiliate will provide emergency care including the administering of acute antiviral therapies or referral therefore as recommended by protocols adopted by the Centers for Disease Control and Prevention. Such care will be at the student's expense.

2.5. Affiliate shall notify WVUSM of any reported complaints about mistreatment of students in writing, upon occurrence. Affiliate shall provide mechanisms for reporting complaints that ensure that the complaints may be documented and investigated without fear of retaliation. In addition, Affiliate shall notify WVUSM immediately upon initiation of any investigation of a complaint related to a WVUSM medical student.

### **3. MUTUAL RESPONSIBILITIES.**

3.1. Clinical and fieldwork education will include the supervision and instruction, as needed, of students in appropriate assessment, program planning, and treatment procedures for patients with a variety of disabilities; the prevention of disability, and other activities, as available, such as participation in ward rounds, staff meetings, in-service educational programs, special lectures, clinics, and similar activities, at the discretion of the primary clinical supervisor. The WVUSM agrees to inform Affiliate of the preparation that the students have received at WVUSM. Affiliate agrees to evaluate each student's level of performance in Affiliate using criteria and forms provided by WVUSM.

3.2. The students will be assigned to Affiliate solely for the purpose of obtaining clinical education or fieldwork in Exercise Physiology, Occupational Therapy or Physical Therapy and will not be employees of Affiliate for purposes of compensation or for any other purposes or benefits having to do with an employment status. Since the students will not be employees of Affiliate, Affiliate will not be responsible for providing them with Social Security, unemployment

compensation, or workers' compensation coverage while they are assigned as students to Affiliate's Exercise Physiology, Occupational Therapy or Physical Therapy service.

4. **TERM.** Unless terminated sooner as hereinafter provided, this Agreement shall be effective [Start Date], through [End Date] [a [Year] ([Number]) year term], and may be renewed upon mutual written agreement of the parties.

5. **TERMINATION.**

5.1. Either party may terminate this Agreement for any reason upon ninety (90) days prior written notice. Any student already at Affiliate at the time of the termination of this Agreement will be allowed to complete the rotation at Affiliate in accordance with the terms of this Agreement.

5.2. Any party may terminate this Agreement for just cause. For purposes of this Agreement, just cause shall mean the failure of any party to comply with the material terms of this Agreement after notice by certified mail, return receipt requested, and a reasonable opportunity of not less than sixty (60) days to cure such breach.

6. **NO FEDERAL EXCLUSION.** Each party represents that to its knowledge neither it, nor any of its management or any other employees or independent contractors who will have any involvement in the affiliation under this Agreement, have been excluded from participation in any government healthcare program, debarred from or under any other federal program (including but not limited to debarment under the Generic Drug Enforcement Act), or convicted of any offence defined in 42 U.S.C. Section 1320a-7, and that to its knowledge it, its employees, and independent contractors are not otherwise ineligible for participation in federal health care programs. Further, each party represents that it is not aware of any such pending action(s) (including criminal action)



against it or its employees or independent contractors. Each party shall notify the other party immediately upon becoming aware of any pending or final action in any of these areas.

7. **NOTICES**. Any written notice required by this Agreement shall be sent by certified mail, return receipt requested, to the address given below or to such later address as may be specified in writing. Any prior written notice periods required by this Agreement shall be deemed to be effective if sent in accordance with this notice provision.

If to WVUSM: Vice President and Executive Dean of Health Sciences  
West Virginia University  
Robert C. Byrd Health Sciences Center  
P.O. Box 9000  
Morgantown, WV 26506-9000

If to Affiliate: [Contact/Address Information]

8. **NON-DISCRIMINATION**. Each party hereby warrants that it is, and shall continue to be, in compliance with the Civil Rights Act of 1964, the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 as well as the applicable Federal, State, and local statutes, rules and regulations. No person shall, on account of race, color, national origin, ancestry, age, physical or mental disability, marital or family status, pregnancy, veteran status, service in the uniformed services (as defined in state and federal law), religion, creed, sex, sexual orientation, genetic information, gender identity, or gender expression, be unlawfully excluded from participation in any programs sponsored by either of the parties to this Agreement. The parties shall not discriminate on the basis of race, color, national origin, ancestry, age, physical or mental disability, marital or family status, pregnancy, veteran status, service in the uniformed services (as defined in state and federal law), religion, creed, sex, sexual orientation, genetic information, gender identity, or gender expression, in any of the services provided hereunder.

9. **LIABILITY INSURANCE**. Professional and general liability coverage provided by

the State of West Virginia will apply to students assigned under this agreement while they are acting within the scope of their approved assignment. The amount of coverage is One Million Dollars (\$1,000,000.00) per occurrence with no aggregate limit. Also, the students in the Occupational and Physical Therapy programs are covered under additional liability insurance for malpractice. WVUSM shall provide Affiliate with a copy of the Certificate of Insurance upon request.

**10. LIABILITY.** Each party agrees that it shall be responsible for all demands, claims, damages to persons and/or property, losses or liabilities, including reasonable attorney fees arising out of or caused by the party's negligence or intentional misconduct, if assessed by a court of competent jurisdiction to be the responsibility of that party.

**11. SEVERABILITY.** If any portion of this Agreement shall for any reason be invalid, illegal, unenforceable, or otherwise inoperative, the valid and enforceable provisions will continue to be given effect and to bind the parties.

**12. APPLICABLE LAW.** This Agreement shall be governed by and construed in accordance with the laws of the State of West Virginia, without regard to its conflicts of law provisions.

**13. USE OF NAME.** Neither party shall use the name or logo of the other party or its trade, assumed, or true names in any advertising, promotional, or other materials in any form of media without the prior written consent of that party. Requests to use WVUSM's name or logo should be sent to the Director of Trademark Licensing at [trademarklicensing@mail.wvu.edu](mailto:trademarklicensing@mail.wvu.edu).

**14. ENTIRE AGREEMENT.** This Agreement contains the entire agreement of the parties as to this subject matter and supersedes any previous oral or written negotiations and/or agreement.

**15. HIPAA.** WVUSM states that it has trained or caused to be trained all individuals provided pursuant to the terms of this Agreement in the regulations pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), as amended by the Health Information Technology for Economic and Clinical Health Act (“HITECH”) and its implementing regulations. In the event that Affiliate becomes aware of any breach of privacy by any student assigned to Affiliate, Affiliate will immediately notify WVUSM of such breach.

**16. COUNTERPARTS AND SIGNATURES.** This Agreement may be executed in two (2) or more counterparts, each of which shall be deemed an original but which together shall constitute one (1) and the same instrument. Facsimile or scanned images of signatures upon this Agreement shall be binding on the party so signing as if an original signature and shall have the full force and effect thereof.

**17. ASSIGNMENT.** This Agreement may not be assigned by either party without the written consent of the other party hereto, provided, that WVUSM may assign this Agreement to a successor board, agency or commission of the State of West Virginia by giving written notice to Affiliate.

**18. MODIFICATIONS AND AMENDMENTS.** This Agreement may be modified at any time upon mutual consent in writing of the parties signed by both the parties hereto. Any change must be made in writing to the other party and must be accepted in writing before it will be given effect.

**19. IMMUNIZATIONS AND TRAININGS.** WVUSM will assure and certify to Affiliate that the student has all necessary inoculations and vaccinations (Polio, Tetanus, MMR, Varicella, Hep B, PPD, CPR), required to provide direct patient care in the discipline for which the student is being educated and trained. Also, the students will be trained in OSHA and HIPAA

procedures and regulations, prior to doing any clinical work. No student will be allowed to provide direct patient care until these requirements are met.

**20. BACKGROUND CHECKS.** If required by Affiliate, the student will agree to being fingerprinted and have a background check completed. The procedure and results must be completed prior to the student starting their clinical rotation. The results will only be released to Affiliate, with student permission.

**21. FERPA.** Affiliate acknowledges that many students' education records are protected by the Family Educational Rights and Privacy Act ("FERPA" 34 CFR § 99.33(a)(2)) and that, in most instances, student permission must be obtained before releasing specific student data to anyone other than WVUSM. To the extent that Affiliate receives from WVUSM personally identifiable information from educational records as defined in FERPA, Affiliate agrees to abide by the limitation on re-disclosure set forth in FERPA, which states that the officers, employees, and agents of a party that receives education record information from WVUSM may use the information, but only for the purposes for which the disclosure was made. WVUSM agrees to provide guidance to Affiliate with respect to complying with FERPA.

**[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK;  
SIGNATURES TO FOLLOW ON NEXT PAGE.]**

**IN WITNESS WHEREOF**, the authorized parties have hereunto set their hands and seals  
on the date first written above.

**WEST VIRGINIA UNIVERSITY BOARD OF GOVERNORS**  
on behalf of **WEST VIRGINIA UNIVERSITY**,  
E. Gordon Gee, J.D., Ed.D., President, by

\_\_\_\_\_  
Clay B. Marsh, M.D.  
Vice President and Executive Dean of Health Sciences

\_\_\_\_\_  
Date

[SECOND PARTY NAME]

\_\_\_\_\_  
Second Party Signatory Authority Name  
Second Party Title

\_\_\_\_\_  
Date

SAMPLE