



Boston University College of Health
& Rehabilitation Sciences: Sargent College
Department of Physical Therapy

Doctor of Physical Therapy Program

**Clinical Education
Site Manual
2022 – 2025**

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GLOSSARY OF TERMS

Clinical Experience: Term used to signify an individual assignment to a clinical site for purposes of clinical education. Occasionally used synonymously with “affiliation” but “clinical experience” is the preferred terminology.

CI (Clinical Instructor): The student’s direct supervisor. This is an experienced clinician whose job is to manage the clinical experience on a day-to-day basis.

CSIF (Clinical Site Information Form): An online document used to collect information from clinical sites to facilitate clinical site selection, student placements, assess the learning experience/practice opportunities, and provide documentation relevant for accreditation. CSIF can be filled out by clinical partners and/or and students.

CIR (Critical Incident Report): A method of providing formative evaluation (feedback) to the student. It is similar to the anecdotal record, except that it is usually used for a series of behaviors. It is completed by the CI, requires the student’s signature and becomes part of the final CPI for that experience.

Clinical Education: The component of professional education that takes place outside of the academic institution, in a variety of physical therapy practice settings.

CPI (Clinical Performance Instrument for Physical Therapists): The CPI is an evaluation tool for clinical experiences. This process-oriented document was developed and field tested by the APTA for validity and reliability. It is formally completed at midterm and final on CPIWeb.

Core Values: Seven core values were identified by the APTA that define the critical elements that comprise professionalism and are unique to physical therapy. In the Core Values document, a definition and sample indicators that describe what the physical therapist would be doing in practice, education, and/or research if these core values were present are described.

DCE: Director of Clinical Education: The person or persons employed by the academic institution to coordinate and administer the clinical education component of the professional curriculum. At Boston University, DCEs are faculty members, with all of the responsibilities of academic faculty including teaching, advising, committee work and clinical practice. In addition, the DCEs act as liaisons to Site Coordinators at each clinical site. This includes keeping the SCCEs informed of changes in the academic curriculum, as well as providing inservice education, promoting clinical faculty development and acting as a resource in the management of student clinical experiences.

Incident Report: A method of providing formative evaluation (feedback) to the student and providing information to the program. It is completed by the CI in instances of problem behavior/attitude. It can be found in CPIWeb.

NECCE (New England Consortium of Clinical Educators): The Consortium is comprised of the DCEs from all 17 accredited entry-level PT programs in New England. The Consortium is committed to

clinical faculty development and offers Clinical Faculty Institutes (CFI's) and the APTA's Clinical Education and Credentialing Program as well as other educational programs each year.

SCCE (Site Coordinator of Clinical Education): The person employed by the clinical site to coordinate and administer the clinical education program at the facility. Previously known as CCCE.

Weekly Planning Form: A document used by the student and CI to review the student's current performance, feedback, and goals for the clinical education experience on a weekly basis.

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INTRODUCTION TO BOSTON UNIVERSITY

Boston University, one of the largest independent universities in the United States, is a hub of intellectual, scientific, and cultural activity. With more than 3,800 faculty members and more than 33,000 students, it pursues the ideal of a research university—that knowledge is best acquired in the pursuit of new knowledge, and that both undergraduate and graduate students benefit by learning from individuals who are actively engaged in research and practice.

The University traces its roots to a school founded in Vermont in 1839, which moved to Boston in 1867 to become the first American university to be modeled on the European system. Within the University, 17 Schools and Colleges offer a total of more than 250 degree programs on 4 campuses. Academic departments and research institutes serve as small communities for students and scholars, who also participate fully in the excitement and variety of the larger University community.

Boston University is coeducational and nonsectarian. Its campus extends over 71 acres from the historic Back Bay section of Boston, westward along the south bank of the Charles River. From the townhouses of Bay State Road to the state-of-the-art labs and classrooms, and from the peaceful parks and esplanades to the city life of Commonwealth Avenue, the University offers an inclusive environment in which students can live and study. A separate medical campus in the South End of Boston is home to world-renowned medical researchers and teaching physicians.

Founded by a group of Methodist lay leaders, Boston University has always been strongly committed to equality in opportunity, without regard to race, color, creed, sex or national origin. It was the first institution of higher education in Massachusetts to grant degrees to women and graduated the first female physician of color and first female PhD. It stood nearly alone in its early years when it opened its doors to people of color and international students from all continents. The University's commitment to the recruitment of underrepresented populations continues today within the student body and the faculty.

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BOSTON UNIVERSITY COLLEGE OF HEALTH & REHABILITATION SCIENCES: SARGENT COLLEGE

INTRODUCTION TO BU SARGENT COLLEGE

Boston University College of Health and Rehabilitation Sciences: Sargent College became part of Boston University in 1929. It originally was founded as a School of Physical Training in Cambridge, Massachusetts by Dr. Dudley Allen Sargent in 1881. Dr. Sargent built an international reputation as an innovator in health promotion and physical conditioning. With the expansion of knowledge about health and the increase in complexity of society's health care needs, BU Sargent College continuously improves our degree programs to meet the needs of future professionals in health fields.

ACADEMIC PROGRAMS

Undergraduate programs include Health Science, Health Studies (undergraduate portion of the Doctor of Physical Therapy program), Human Physiology, Dietetics, Nutritional Science, Speech, Language and Hearing Sciences, and Behavior & Health Studies (undergraduate portion of the Occupational Therapy program). Graduate programs are offered in Human Physiology, Nutrition/Dietetics, Occupational Therapy, Physical Therapy, Rehabilitation Sciences and Speech-Language Pathology.

MISSION STATEMENTS

MISSION OF BU SARGENT COLLEGE

The mission of Boston University College of Health and Rehabilitation Sciences: Sargent College is to advance, preserve, disseminate, and apply knowledge in the health and rehabilitation sciences. BU Sargent College strives to create an environment that fosters critical and innovative thinking to best serve the health care needs of society.

PHYSICAL THERAPY PROGRAM

MISSION STATEMENT

The mission of the physical therapy program at Boston University's College of Health and Rehabilitation Sciences: Sargent College is to produce clinical leaders in the field of physical therapy who provide the highest standard of empathetic care to improve patient outcomes through critical thinking and evidence based practice. Graduates will apply clinical reasoning to patient centered care, engage with research to advance the profession, and advocate for individual and societal health and wellness.

COMMITMENT TO EQUITY, INCLUSION, AND ANTI-RACISM

The Department of Physical Therapy joins faculty, staff, and students across the college and institution to declare and affirm our commitment to social justice, equity, and anti-racism. We also unite in solidarity with those beyond the University who are working to dismantle institutionalized racism and white supremacy. Read our [full statement and action plan](#) with our commitment to equity, inclusion, and anti-racism.

EDUCATIONAL PHILOSOPHY OF THE PHYSICAL THERAPY PROGRAM

The physical therapy curriculum of Boston University emphasizes a conceptual framework for clinical practice across all clinical content areas based on the World Health Organization's ICF (International Classification of Functioning, Disability and Health) model and the systems model of motor control to drive a hypothesis-oriented examination based on function and a task-based approach to intervention. We believe that altered human movement is best understood using a functional approach. It is the examination of function that drives the subsequent comprehensive physical therapy examination and intervention. Evidence based practice is a core value of the physical therapy program, is emphasized in all aspects of this conceptual framework and is included in all courses. In addition, health promotion, wellness, and prevention of injury or disease that insures quality of life to all are pivotal to our program.

The physical therapy curriculum at Boston University is designed to educate physical therapists as generalists. Specialization is encouraged following graduation, either through work experience or residency/fellowship training. The nature of clinical practice suggests that a logical way to study participation, function and its contributing impairments is to divide the approach into the musculoskeletal, neuromuscular, and cardiopulmonary systems. Clinically based courses in our program are organized accordingly. The effects of development and aging on the behavior of physiologic systems are highlighted within the program. Basic science courses and foundation courses introduce the knowledge base necessary for the exploration of the relationship of function and ability.

The role of the physical therapist in the health care system is constantly evolving. The physical therapist is expected to be an autonomous practitioner, to take on a greater role as a leader in defining the roles of the profession and ensuring quality care in a cost-effective system. This trend has influenced the curriculum with themes of health care management, clinical decision-making, health promotion and wellness and professional issues that are essential elements in our program.

The educational principles that guide the design of the overall curriculum emphasize 1) professional, ethical, and empathetic behavior as an intrinsic element of the curriculum, 2) the progression from the acquisition of knowledge in basic sciences to application in evidence based practice, 3) the use of a similar thought process for problem solving across the curriculum and 4) the use of a variety of teaching and testing methods to adequately and accurately assess the educational process.

In sum, the key components of the curriculum plan include a strong foundation in the basic life sciences, synthesis of a body of applied scientific knowledge, adoption of a professional code of ethics, demonstration of a commitment to professional values, possession of the ability to communicate effectively, solve problems creatively, and to administer and evaluate treatment effectively and efficiently based on a functional examination. The expected student outcomes are derived from these essential components.

Using input from program faculty, graduates, and employers of our graduates, we have developed a contemporary curriculum that prepares students to be critical thinkers in a changing society. The curriculum design and content reflect our commitment to that goal.

DOCTOR OF PHYSICAL THERAPY PROFESSIONAL CURRICULUM

The faculty members are committed to preparing students to function as critical thinkers in a changing society. The DPT curriculum is made up of both content based and process based courses. Foundation courses are followed by clinically relevant courses with accompanying labs.

The curriculum is considered a dynamic entity and therefore may change as necessitated by perceived changes in professional standards for entry-level competence, or to improve the educational experience of the student population.

The curriculum and course descriptions can be found by following this link: [DPT Curriculum](#)

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OVERVIEW OF CLINICAL EDUCATION

THE NEW ENGLAND CONSORTIUM OF CLINICAL EDUCATION (NECCE)

The New England Consortium of Clinical Education (NECCE) was developed in 1984 with the intent of improving collegiality and communication among academic institutions. The Consortium's current membership represents accredited entry-level programs within New England. Since November of 1987, the Consortium has been incorporated.

NECCE meets two to three times annually. Activities revolve around three primary areas:

- Promoting cooperative efforts in the planning and administration of clinical education.
- Promoting clinical faculty development.
- Identifying needs and developing research efforts in clinical education.

Since 1997, the Consortium has been offering the Clinical Instructor Education and Credentialing Program and the Advanced Clinical Instructor Credentialing Program.

Twice annually, the Consortium also hosts a Clinical Faculty Institute (CFI) offering education, investigative efforts, and networking opportunities for all physical therapy clinical partners in New England.

A detailed description of Consortium activities as well as a "Year at a Glance" calendar of Consortium events can be found at www.necce.org.

INTEGRATED CLINICAL EDUCATION EXPERIENCES

The Integrated Clinical Experiences are two courses (fall and spring semesters of the first year of professional study in the DPT program) that integrate academic content with the application of clinical knowledge and skills. Students participate in structured learning experiences within a simulated or clinical setting, under the direct supervision of a physical therapist. In addition to the clinical application of knowledge, there is a fundamental focus on the professional role and responsibilities of a physical therapist. The goal is to provide students with an initial hands-on experience appropriate to the clinical setting and the student's level of preparation to learn professional skills and core values.

SEQUENCING OF FULL-TIME EXPERIENCES

The Clinical Education component of the DPT program at Boston University is comprised of integrated experiences (previously described) and full-time experiences. Full-time experiences for DPT students include:

- Clinical Education I: PT 791: 6-8 weeks, late summer, after completion of first year courses
- Clinical Education II: PT 792: 12 weeks, early summer following the second academic year
- Clinical Education III: PT 793: 22 weeks (January - June) following completion of all academic coursework.

Please note that PT 793 is often configured as one, 22-week experience in a site that provides the student with at least two rotations or two 11-week experiences in different sites. The format of clinical education experiences is reviewed and evaluated on a regular basis and therefore subject to change.

The expectations of student performance, evaluation methods and criteria for grading each clinical experience are specifically detailed in the individual course syllabi (PT 791, PT 792 and PT 793) provided to SCCEs in documentation prior to a student's clinical experience, and correspond to the guidelines contained in the Clinical Performance Instrument.

SCCE AND CI RESPONSIBILITIES

Boston University's Sargent College DPT program expectations are that SCCE's and CI's supervising a clinical education student, are our partners in clinical education and are experienced clinicians knowledgeable about their clinical content area as well as our curriculum.

The program expectation is that all SCCE's and CI's have a minimum of one year of clinical experience and demonstrate the ability to be effective clinical teachers and assess student performance in a competent and educationally constructive manner including but not limited to CPI midterm and final evaluations.

The program also encourages CIs to be APTA credentialed clinical instructors and to advance their clinical skills through board certification or other advanced training and/or certification.

The SCCE/CI responsibilities include contacting the DCEs to discuss the program or student clinical performance at any time and specifically if problems or questions arise. The DCE's are available to discuss educational strategies or techniques to enhance the clinical education experience, and to provide support and resources to assist SCCE's and CI's in the role of clinical teachers.

The DCEs support the clinical facility policy as so whether an inservice or project is required of the student during clinical education experiences. In lieu of an inservice, students often conduct literature searches or update clinical resource files during their clinical experiences. Many students

present their academic practicum projects during their final clinical internship. The expectation is that all student inservices or projects are evidence based and based on the site's needs.

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GENERAL POLICIES

CLINICAL EDUCATION AGREEMENTS

All Clinical Education sites must have a signed clinical education agreement/contract with Boston University. This agreement describes the rights and responsibilities of each party in the clinical education process. The agreement may originate from Boston University or from the Clinical Education Center and must be fully signed by all parties prior to a student beginning a clinical education experience. This process can be time consuming if negotiation is required. Clinical Education Centers should individually manage the renewal of educational agreements that have originated with them.

ATTENDANCE POLICY

Students are expected to comply with the clinical site's work schedule, **not** the University calendar. Questions of attendance should be directed to the SCCE or DCE.

In general, students are not allowed personal days off during a clinical. However, it is recognized that there may be exceptions which may vary on a case-by-case basis. This time should be negotiated in advance with the CI and SCCE, and should not have a negative impact on the day-to-day operations of the clinical site.

Makeup of 1-2 days missed due to illness is at the discretion of the student's clinical supervisor. If necessary, missed days can be made up at the end of the clinical experience, on weekends, as extra hours during a regular work day, or as additional time on a subsequent clinical experience.

In the case of illness, the student must contact his/her CI as soon as the PT Department opens on each day of absence. In addition, all absences must also be reported, by the student to their DCE.

In the event of an extended absence (3 or more days), the student, the CI and the DCE will communicate on a case-by-case basis to assess needs for make-up time as time and scheduling constraints allow.

Excessive absences, as determined by the DCEs, may require additional time in the clinical environment. Scheduling of additional time will be at the discretion of the DCEs and clinics.

CERTIFICATES OF INSURANCE

A Certificate of Insurance, stipulating that all students are fully covered and the extent of such coverage, can be provided at the request of the clinical site after the clinical education agreement has been signed by both parties.

Certificates of Insurance are issued via the Office of Risk Management and can be accessed [here](#). Clinical sites are requested to notify the Clinical Education Office at clined@bu.edu if a Certificate of insurance is necessary.

Please note that Certificates of Insurance expire on June 30 of each year. Annual renewals will automatically be generated for facilities that have previously requested Certificates.

EMERGENCY POLICY

In the event of an emergency at the clinical facility that involves a Boston University student, please follow this procedure:

- Follow the emergency procedure at your facility to secure the necessary assistance for the student. NOTE: The student's health insurance carrier and policy number, as well as other information which may be pertinent in an emergency situation can be found on the Student Data Form e-mailed prior to the student's clinical experience.
- After taking the necessary steps to deal with the emergency, please contact the Clinical Education Office at Boston University (617-353-7545) to report the emergency. Also feel free to contact the DCE's cell phone numbers, which are provided prior to students' experiences.
- Each case will be handled on an emergency basis should arrangements need to be made to withdraw the student from the experience, to delay the continuation of the experience, and/or to conclude the experience at a later date. A written record of communication, decisions and arrangements will be kept and made available to all parties by the DCE.
- Students are aware that they may be required to provide written permission to return to the clinical experience on a part-time or full-time basis. They have been informed that they must comply with all wishes of the clinical sites to demonstrate the ability to return to work, including an evaluation by a physician of the facility's choice. All documentation must be submitted to the clinical site with copies to the DCE at Boston University.

PERSONAL HEALTH INSURANCE

Boston University requires that each student have health insurance while participating in clinical education experiences. It is the student's responsibility to ensure that they are fully covered and that

the coverage extends throughout the final clinical experience. The health insurance carrier and policy number are included on the Student Data Form which is e-mailed prior to a student's clinical experience.

STUDENT HEALTH REQUIREMENTS

To attend Boston University, students are required to furnish proof of compliance with health requirements.

In addition, it is the policy at BU Sargent College is to inform each student of the health requirements of the institution that they will be attending. It then becomes the student's responsibility to fully comply with all health requirements, including the timely submission of proof of health status, should it be requested by the facility. Sargent College does not collect nor maintain health records on students based upon HIPAA regulations. Rather, all student health records are housed within Boston University Student Health Services.

We date health requirements as they are sent to us, and file a copy in the facility file which the students must review. The student is aware that s/he may not be allowed to begin the clinical experience until all the necessary health information is completed.

- **Hepatitis B**

Massachusetts State Law requires proof of Hepatitis B immunization (inoculation) for all college students in health science programs who have contact with patients. All BU Sargent College students fall into this category. Documentation of Hepatitis B status will therefore be mailed to each clinical education site in the clinical education packet.

- **Special Circumstances**

Any student who has a chronic condition, a recent injury or surgery, or any other medical condition which could affect the safety of the student or the safety of a patient, is required to bring this information to the attention of one of the DCEs. Medical clearance to begin a clinical education experience may be required if the safety of the student and/or patient is in question.

Any student requiring reasonable accommodation because of a disability will consult with his/her Clinical Education Advisor prior to placement on clinical experiences. Students are reminded that during clinical experiences, as with academic courses, it is their responsibility to disclose any special needs and to request reasonable accommodation where necessary. Clinical sites are not expected to accommodate any special circumstances outside of what is reasonable and feasible for students at that particular site.

BACKGROUND CHECKS

It is a requirement for all Doctor of Physical Therapy students attending Boston University to have a Massachusetts criminal background check (CORI) performed by Boston University Sargent College

prior to any clinical experiences. Background check consent forms are given to students to complete and return to the Clinical Education Office for processing during the Clinical Education Orientation session during summer one of the program.

Please note students are also expected to check the facility's CSIF to determine if a criminal background check (other than a Massachusetts CORI) is required by their affiliation site, and contact the SCCE to confirm the details.

LIABILITY INSURANCE

During clinical experiences, all BU Sargent College DPT students are covered under a BU Sargent College policy that provides limits of \$1,000,000 per occurrence and \$3,000,000 in the aggregate. The fee for this coverage is billed to the student automatically.

This coverage is only in effect while the student is functioning as a student of the Department of Physical Therapy at BU Sargent College, in a contracted clinical education site, under the supervision of a licensed physical therapist. This coverage does not apply if the student is employed in a health care setting as a private individual separate from the physical therapy program at BU Sargent College.

NON-DISCRIMINATION

The programs in Physical Therapy at BU Sargent College are committed to the policies of equal opportunity and non-discrimination on the basis of race, color, national origin, sex, age, religion, or status as a disabled individual in its programs and activities, including but not limited to clinical education experiences.

If a student requires reasonable accommodation on his/her affiliation, because of disability, he/she should consult with his/her Clinical Education Advisor as early as possible prior to placement on clinical experiences. As with academic courses, it is the student's responsibility to disclose any special needs and to request reasonable accommodation where necessary.

HARRASSMENT/ASSAULT RESOURCES

Title IX of the Education Amendments of 1972 is a federal civil rights law that prohibits sex-based discrimination in federally funded education programs and activities. This law makes it clear that violence and harassment based on sex and gender is a Civil Rights offense subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories such as race, national origin, etc. If a student has been harassed or assaulted, you can find the appropriate resources at <http://www.bu.edu/safety/sexual-misconduct/>

SCHOLASTIC ELIGIBILITY

BU Sargent College DPT students must successfully complete all previously scheduled professional coursework to be eligible for the subsequent clinical experience.

CALENDAR OF EVENTS FOR CLINICAL SITES

Requests for Clinical Education Slots:

Currently, BU Sargent College follows the APTA recommended dates, and mails requests for physical therapy clinical education slots on March 1st of each year. The suggested return date for the clinical request forms is between April 15th–April 30th of each year. These dates coincide with the mailing dates for all other entry-level physical therapy programs nationally.

The student request forms ask for an indication of whether the slots offered are “held” for a BU Sargent College student, or on a first-come, first served basis. If we cannot match a student during that particular time frame, our policy is to release a held slot back to the SCCE as soon as students are scheduled.

Assignments of Integrated Clinical Sites:

Selection of sites for the Integrated Clinical Experiences occur during the fall for the spring ICE. Placements are determined solely by the DCEs, and are based on the sites allocated to Boston University DPT students on the ICE Placement Form. This placement form is sent to potential clinical sites in the March mailing or afterwards. Hours may be flexible based on students’ transportation and site schedules, and are coordinated on an individual site basis.

Student Selection of Full-Time Clinical Experience Sites:

Student selection of full-time clinical experience sites for the next calendar year occurs during the summer and fall semester each year. Students are provided with a list of available sites. They submit a list of prioritized facilities with a rationale for their choices. The DCEs complete the clinical placements with special attention to student’s previous experience (if applicable), the “match” between student and site, the goal of well-rounded clinical exposure for each student, student needs and constraints, and the underlying philosophy of doing the best for the most students.

Notification to Facilities:

Notification to individual facilities of students assigned for the next calendar year occurs in the form of a Confirmation E-mail. This provides the clinical facility with the student name and e-mail address, and dates of the clinical experience, and is sent as soon as possible after the student assignments are finalized. A Student Data Form provides our liability insurance policy number, health insurance policy numbers, and the names of persons to notify in the case of emergency.

Please complete the Confirmation E-mail and return it to BU as soon as possible, as students are not allowed to contact the SCCE until the Confirmation has been received.

CLINICAL EDUCATION ADVISORS

Each DPT student is assigned to one of the Academic Coordinators of Clinical Education (DCE) as s/he enters the professional portion of the program. This DCE will act as the student's Clinical Education Advisor for the duration of the program. Advisors are available to discuss individual choices of clinical education experiences, long term plans for professional growth and specific areas of interest that a student may have developed in relation to physical therapy practice.

Clinical Education Advisors follow the student through each of his/her clinical experiences; receive and review midterm summaries and final evaluation forms, and intervene if problems are identified or suspected in the clinical setting. The advisors will be identified to the clinical site at the time of student assignment. If a question arises, the SCCE or CI can call the advisor directly or reach them via e-mail.

PROGRAM RECOMMENDATIONS

The students' experiences should be varied, reflect current practice, and be representative of settings in which physical therapists typically work. Our responsibility is to prepare a generalist practitioner, which implies that a certain amount of variety is built into the clinical education experience. Settings include, but are not limited to: musculoskeletal, neurological, cardiopulmonary; acute and subacute; inpatient and private/hospital based outpatient practices.

The different experiences may be completed in any order. First clinical experiences are generally musculoskeletal or acute care in nature. Subsequent experiences provide opportunities that may focus on specialized rotations such as adult neuro-rehab and pediatrics, often in third-year placements.

MODELS OF CLINICAL EDUCATION

The changes in health care delivery across the nation have had an impact on the way in which clinical sites are able to participate in the clinical education of physical therapy students. The BU DCE team also recognizes that different models of clinical education are beneficial for students and CIs alike.

- For the Integrated Clinical Experiences, based on our experience, a 2 student to 1 CI (2:1) model appears to be efficient and offers an opportunity for peer review between students. Students are able to maximize transportation and travel time.
- For full-time experiences, both traditional models of 1 student to 1 supervisor and 2:1 ratios are common frameworks and both beneficial.
- Many sites have been very successful with the 2 therapists with 1 student model.

All of these models are creative ways for the clinical site SCCEs and CIs to remain involved in clinical education and speaks to the commitment of the profession to the education of future colleagues. Please reach out to DCEs to discuss these models at any time.

PROGRAM CONSTRAINTS

Students may not complete clinical experiences in sites where they have worked, where they have accepted a position, or from whom they have accepted scholarship money in return for post-graduation employment.

Students, family members of students, or friends/acquaintances of students may not contact a clinical facility for the purpose of requesting a clinical experience or to explore the possibility of establishing a clinical relationship with that site. Site development is an ongoing process within clinical education and is the responsibility of the DCEs. In addition, we are aware of how busy individual SCCEs are, and that unsolicited calls from students are not generally appreciated. A mechanism is in place for students to identify, by name, address and phone number only, any clinical facility that is new to Boston University. All subsequent contact with the site will be done by one of the DCEs.

Dates for clinical education experiences are pre-arranged 6 months to 1 year in advance, and constitute part of the clinical education agreement between each facility and Boston University. We will adhere to these schedules unless otherwise requested to change by the clinical site, or unless specifically negotiated by the DCE in special circumstances. Please inform the BU DCEs if a student requests a change of dates of the clinical experience.

OTHER CONSIDERATIONS

All costs for clinical education are the student's responsibility. This includes, but is not limited to, transportation, housing and meals. Students are informed that there are costs associated with each clinical experience, and that they must budget in advance for expenses associated with clinical education.

Students may seek the SCCEs assistance in helping to identify appropriate resources in each of these cases. The SCCEs willingness to assist in any way is an appreciated benefit to the student.

SITE VISITATION POLICY

One of the goals of the DCEs at Boston University is to establish and maintain a close relationship with all contracted clinical education sites. Phone calls, in-person visits, or virtual meetings are an integral component in maintaining open lines of communication during each clinical experience.

The facility has the option of choosing the preferred method of communication throughout the experience. In some cases, emails, phone calls, weekly or midterm summary reports is effective, efficient and appropriate. Should a significant problem develop, a clinic visit will be scheduled at the site's request, student's request, or at the discretion of the DCE. The CI or SCCE should feel absolutely comfortable contacting one of the DCEs as soon as a problem is identified.

STUDENT COMMUNICATION DURING CLINICAL EDUCATION EXPERIENCES

The DCEs at Boston University maintain close contact with each student during each clinical experience through the use of web-based Blackboard sites. Students are required to access the Blackboard web site for that particular clinical experience in order to participate in assignments and collaborative learning forums. Posted assignments are accessible by other classmates as well as the DCEs. Confidentiality can be assured through email if necessary.

Assignments provide an opportunity for students to relate clinical learning with their academic preparation as well as to share information with their classmates. Academic faculty members also participate in the collaborative forums, learning about the clinical activities of the students, and offering feedback to them. This medium has proven to be a very effective way of maintaining communication and contact with all students during each clinical experience. It has been helpful in identifying solutions and/or strategies for any issues early in the clinical rather than later.

CLINICAL EXPERIENCE OUTCOMES

Successful Outcomes

Successful completion of each clinical experience is dependent upon the student's meeting or exceeding the minimal expectations/requirements of performance for that clinical experience as described in the course syllabus. Determination of the "Pass" grade is made by the DCEs at Boston University at the completion of each clinical experience based on the recommendations of the CI and the SCCE, information contained in the CPI, any and all anecdotal or critical incident reports written for professional behavior or performance, and successful completion of all Blackboard assignments.

NOTE: In extraordinary circumstances, the DCE may prematurely terminate an affiliation prior to the scheduled completion date, provided the student has successfully met all of the requirements of the experience. This will occur only in highly unusual circumstances, in which the clinical site and/or the student has no previous forewarning, such as unexpected prolonged illness of the student (or the CI) or in the event that scheduling the experience requires an alteration in dates.

Unsuccessful Outcomes

- **Early Termination of a Clinical Experience**

A clinical experience may be terminated prior to the scheduled date of completion. The request for termination may come from the CI, SCCE, DCE, or in rare circumstances, the student.

A clinical experience may be terminated in the event that insufficient learning is taking place and that continuation of the experience will not result in a successful outcome. A clinical experience may also be terminated if the student has engaged in unethical or significantly unprofessional behavior during his/her clinical experience or patient safety is at risk. Early termination of the experience for any of the above reasons will result in a "Fail" grade.

- **Suspension**

The DCE, SCCE or CI may immediately suspend from patient care activities or from the facility, on an interim basis, any student who, while performing in a clinical experience, commits an act or omission endangering the life, health, or well-being, or violates any established rights or reasonable expectations of confidentiality of a patient or person.

By contractual agreement, the SCCE or CI may, in some cases, suspend the student prior to consultation with the DCE. Immediately following the incident, the student must meet with the CI and complete an incident report in CPIWeb, describing the situation. The DCE must be notified as soon as possible.

Students may be required to appeal to continue in the clinical experience. Students are informed that suspensions can result in early termination of the clinical experience and, therefore, a “Fail” grade in the clinical education course.

- **Failure of the Clinical Experience**

Unsuccessful completion of a clinical experience occurs when the student fails to meet the minimal expectations/requirements of performance for that affiliation as described in the course syllabus. Determination of the “Fail” grade is made by the DCEs at Boston University at the completion of each clinical experience based on the recommendations of the CI and SCCE, information contained in the CPI; any and all anecdotal records or critical incident reports written for professional behavior or performance that may accompany the CPI.

- **Appeal Process**

In the event that the student is not in agreement with his/her evaluation, the student should meet first with the CI who completed the CPI. The student may request that the SCCE and/or DCE be present for this meeting.

If the issues are not resolved, the student may file a written appeal with his/her Clinical Education Advisor. As course instructors for all clinical education courses, DCEs are responsible for the final determination of student grades.

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CLINICAL EDUCATION FORMS

STUDENT DATA FORM

The Abbreviated Student Data Form is completed prior to each full-time clinical experience. This form includes important information about the student's past clinical experiences, learning style, contact information and health insurance information. The completed Student Data Form is e-mailed with the final letter by the Clinical Education Office to the site assigned for clinical experiences at least a month before the experience is scheduled to begin.

WEEKLY PLANNING FORMS

The Weekly Planning Form is a means of providing formative evaluation during clinical experiences. Use of either the BU Weekly Planning Form or a facility-specific Weekly Planning Form is required. This form is an excellent vehicle for keeping the clinical experience moving forward in a logical and systematic way.

LEARNING CONTRACT

Occasionally, it is identified that a student requires more structured goals and/or feedback during a clinical experience. In this case, a DCE typically initiates a Learning Contract agreed upon by all stakeholders of the clinical experience to assure a clear trajectory for success and establish clear benchmarks.

CRITICAL INCIDENT REPORT (CIR)

The critical incident report is a recording of student behavior or action in CPIWeb. It is record of one or a series of problematic behaviors and/or actions, without any interpretation by the observer. The CIR contains antecedents, the behavior in question and the consequences.

It is a formative evaluation method used to document a series of related affective behaviors or actions. It may also be used to resolve behavioral problems. It is best used as a supplement to more structured instruments, which often times are already set in place by the DCE during a student's experience.

THE CLINICAL PERFORMANCE INSTRUMENT (CPI)

BU Sargent College uses the APTA's Physical Therapist Clinical Performance Instrument (CPI). This document is a process-oriented, observational instrument which reflects what we believe to be entry-level competencies in physical therapy. It has been tested for reliability and validity in a series of pilot studies and field tests during the development stages.

The CPI is used for all clinical experiences. Students are therefore graded, along a continuum, against entry-level performance beginning with Clinical Experience I and throughout Clinical Experience II and III.

STUDENT EVALUATION OF THE CLINICAL EXPERIENCE

At the completion of each full-time clinical experience, students complete the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction.

Section I is designed to allow the student to provide honest, constructive feedback about the clinical experience. Section II allows the student to provide feedback to the CI/SCCE. The information in sections I and II should be shared and discussed with the CI/SCCE. The entire document should be returned to the University at the completion of the experience.

The intent of this document is to provide the CIs and SCCEs with immediate feedback about the student's experience. Each document is reviewed by the DCE and the facility. Trends in feedback are identified by both parties, and may be used to make changes in the Clinical Education Programs.