



Clinical education, also referred to as clinical experiences or internships, plays a significant role in physical therapy education. In fact, approximately 40% of a student's time in Pacific's DPT program is spent in clinical internships! The primary goal of the School of Physical Therapy at Pacific University is to graduate well-rounded and highly competent clinicians ready to assume duties in any of the general areas of physical therapy practice. Our curriculum is organized so that classroom learning is periodically intermixed with clinical experiences. Beginning with the second semester of the first year and continuing thereafter, progressively longer time periods are spent in the clinic. Thus, by the end of the three year program, 39 weeks are devoted to five full-time clinical internships.

The School of Physical Therapy has affiliation agreements with nearly 700 different clinical facilities. These include hospitals, skilled nursing facilities, school districts, and private clinics offering internships in acute care, outpatient orthopedics, neurological rehabilitation, geriatrics, and pediatrics. Within these broad areas, numerous specialties and subspecialties exist. Where there are valid reasons for expanding into previously unexplored areas, we make every attempt to do so.

Although the majority of our clinical internship sites are in Oregon, students also may go to many other states for internships, including Washington, Idaho, Utah, Wyoming, Alaska, Hawaii, California, Arizona, Montana, Colorado, Nevada, New Mexico, and Texas, among others. Students may also participate in international internships; we currently have affiliation agreements with sites in South Africa, Italy, and Nicaragua. New clinical sites are continuously added in order to provide variety and quality to the interns' clinical experiences and students are afforded the opportunity to nominate sites for consideration.

CLINICAL SITE EVALUATION

Many different factors are considered in selecting and maintaining clinical sites. These include location, the type of physical therapy service provided, qualifications of the clinical instructors, the facility's overall philosophy on clinical education, and resources available to the intern and clinical instructors. We strongly support and encourage clinical facilities to use the APTA [Clinical Education Guidelines and Self-Assessments](#) for clinical sites, Center Coordinators of Clinical Education (CCCEs), and clinical instructors (CIs). Although one year of clinical experience is required in order to become a CI, we embrace the idea that individuals should be evaluated on their abilities to perform the requisite responsibilities as opposed to merely the number of years of experience. Clinical instructors should demonstrate enthusiasm and willingness to work with interns; they should also have the ability to plan, conduct, and evaluate a clinical education experience based on sound educational principles. The School of Physical Therapy encourages all internship sites to have at least one clinical instructor who has gone through the APTA Credentialed Clinical Instructor Program.

Another primary criterion used is that the facility is willing and able to accept interns on a regular basis. This contributes to the success of the program in a number of ways. First, the clinical facility knows the curriculum and the academic faculty well; therefore, the clinicians are more able to set appropriate expectations for a given level of clinical experience because they are familiar with student capabilities. Secondly, the Director of Clinical Education (DCE) knows the strengths and limitations of the sites and is better able to match an intern with particular interests and abilities to a certain site. When deciding

whether to initiate a clinical education agreement with a clinical site, preference for new sites is given to those types of facilities that are in short supply, such as pediatrics and neurological rehabilitation. Exposure to under-served areas, geographically, culturally, or otherwise, is another important consideration. Finally, the School of Physical Therapy will not knowingly contract with clinical sites where physicians, medical doctors, osteopathic physicians, podiatric physicians, dentists, physician assistants, chiropractic physicians, naturopathic physicians, or nurse practitioners have a financial interest in the physical therapy facility to which they refer patients. Pacific respects and adheres to the APTA's opposition of "referral for profit and physician ownership of physical therapy services," taking the position that such arrangements pose an inherent conflict of interest, impeding both the autonomous practice of the physical therapist and the fiduciary relationship between the therapist and patient (APTA White Paper: Position on Physician-Owned Physical Therapy Services (POPTS), January 2005).

Students are welcome to nominate sites for consideration for addition to our list of clinical facilities. Nominated sites will be evaluated according to the criteria and considerations described above. It often takes months to complete necessary affiliation documentation and contract negotiations, and an intern will not be sent to a facility for an internship prior to the finalization of all necessary paperwork.

The selection and evaluation of sites is primarily the responsibility of the DCE and Associate DCE. However, the entire faculty and the student body provide valuable input into this process. In general, new sites are being evaluated until the first few interns have utilized them. This evaluation process is ongoing to ensure that interns are afforded high quality clinical education and that they are not utilized just to provide patient care. This involves direct site visits, phone conferences with clinical faculty, and consultation with interns. In addition, specific information is solicited from these sources and shared with faculty frequently to assist in curriculum evaluation and modification. The clinic sites and clinical instructors generally meet the evaluative criteria very well. They are enthusiastic about Pacific interns and committed to their roles in clinical education. Once a clinical site is established, it is School policy to visit each site at least once every three to five years.

SUPPORT AND DEVELOPMENT OF CLINICAL SITES

Pacific University helps to support and develop our clinical education facilities in several ways. Yearly continuing education workshops on clinical education topics are hosted by Pacific, in coordination with other Oregon programs, to provide valuable information to clinical instructors. These workshops also provide both formal and informal opportunities for clinical instructors and academic faculty to communicate with one another. Recent workshops topics have included the APTA Credentialed Clinical Instructor Program, the new APTA standards for clinical education, managing the challenging intern, and medical ethics.

In addition, Pacific University is a member of the Northwest Intermountain Consortium (NIC), an organization whose primary purpose is to support and promote high quality physical therapy clinical education. Current members include University of Montana, University of Colorado Health Sciences Center, Eastern Washington University, University of Washington, Idaho State University, University of Utah, Regis University, University of Puget Sound, University of New Mexico, A.T. Still University, George Fox University, and Pacific University. Yearly clinical education conferences are sponsored by NIC.

STUDENT REQUIREMENTS

OREGON ADMINISTRATIVE RULES 409-030

In 2014, the Oregon legislature passed a law ([OAR 409-030](#)) defining the administrative requirements for health profession student clinical training. This law defines the immunizations, screenings, trainings, and liability coverages required in order for students to qualify for a clinical placement at a covered site within the state of Oregon. Pacific University School of Physical Therapy has adopted the position of requiring all students in the program to satisfy all requirements at by the timeframes identified by the DCE, regardless of whether the internship takes place inside the state of Oregon, prior to participation in any clinical internship.

IMMUNIZATIONS

All students are required to have completed immunization requirements prior matriculation into the School of Physical Therapy. The immunizations required for admission are: Hep B (Hepatitis B) – three documented vaccines PLUS titer showing immunity; MMR (Measles, Mumps, Rubella) – two doses OR titer for each showing immunity; Tdap (Tetanus, Diphteria, Acellular Pertussis) – within the last ten years; varicella (chickenpox) – two documented vaccines OR a titer showing immunity (Varicella IGG) if you have had the disease; TB (tuberculosis) screening – negative two-step Tuberculosis Skin Test (TST) OR negative Quantiferon Gold Test (QFT) within one year of entering the university; Hep A (Hepatitis A) - two documented vaccines. Documentation of all immunizations, titers, and TB screening must be provided. Individual student medical exemption from specific immunizations requires a written statement of exemption signed by a qualified medical professional; non-medical exemptions from immunizations are not allowed.

Each entering first year student completes the University's [Health Profession Program Required Immunizations](#) form, which is returned to the Student Health Center (SHC). These copies are kept on file by the SHC, but compliance tracking is not performed and documents are not shared with the PT program. Students must also submit proof of immunizations electronically via Acadaware to ensure compliance with OAR 409-030; instructions for completing this are provided in fall semester of the first year. The DCE and Associate DCE will then verify that the student has completed this requirement by checking the online database. **Students are responsible for keeping copies of their immunizations for their own files.** Copies may be obtained from SHC if needed. Any updates done during the year must be provided to the SHC so the database can be kept accurate. Other immunizations may be required by clinic sites and these requirements must be met prior to the start of an internship. Failure to comply with immunization and/or screening requirements may result in a late start or cancellation of an internship, which may affect progression through the program. Per the HIPAA Omnibus Ruling, all student immunizations records are protected under FERPA once the school receives this information.

DRUG SCREENING

Students are required to complete at minimum a 10-panel drug test through a vendor specified by the College of Health Professions (CHP). Testing is required prior to initial clinical placement but not before classes start in the School of Physical Therapy. The following eight substances must be included in this screen:

1. Amphetamines (including methamphetamines)
2. Barbiturates
3. Benzodiazepines
4. Cocaine
5. Marijuana
6. Methadone

7. Opiates
8. Phencyclidine

Students may also be subject to mandatory drug testing prior to starting a clinical internship if this is a standard hiring procedure of the facility to which they are assigned. Such testing usually consists of urinalysis and/or blood screen. If a site requests testing, students need to comply with whatever is required for that site. Students assume full financial responsibility for all drug testing. Further information regarding drug testing may be found in the "Oregon-Required Drug Testing Policy" maintained on file with CHP.

CRIMINAL BACKGROUND CHECKS

Students are required to undergo a state and nationwide criminal background check through a vendor specified by CHP before the beginning of the physical therapy program. This check must be done no more than three months prior to entry into the program. Some sites may require the student to undergo an additional check prior to initiation of a particular internship. Students assume full financial responsibility for background checks. **Students are responsible for keeping a copy of their criminal background check(s).** Further information regarding criminal background checks may be found in the "Criminal Background Check Policy and Procedure" maintained on file with CHP.

CPR CERTIFICATION

All students are required to complete an in-person training program in cardiopulmonary resuscitation (CPR), also known as Basic Life Support (BLS), **at the healthcare provider level.** Online training will not meet this requirement. Training programs for CPR/BLS must include the following components:

1. 1-Rescuer CPR and AED for adult, child and infant
2. 2-Rescuer CPR and AED for adult, child and infant
3. Differences between adult, child and infant rescue techniques
4. Bag-mask techniques for adult, child and infant
5. Rescue breathing for adult, child and infant
6. Relief of choking for adult, child and infant
7. CPR with an advanced airway
8. Skills testing

Students must provide verified documentation as to the successful completion of CPR/BLS training and maintain current certification for the entirety of the program and each clinical placement. Pacific recommends taking courses from instructors certified by the American Heart Association (AHA). If a student would like to take a non-AHA course, he/she must provide proof that the course provides training in items 1-8 above.

HIPAA, BLOODBORNE PATHOGEN, AND FEDERAL OSHA TRAINING

During their first year, students receive education and training regarding Health Insurance Portability and Accountability Act (HIPAA) and Occupational Safety and Health Administration (OSHA) including Bloodborne Pathogen training, fire and electrical safety, personal protective equipment, hazard communications, and infection prevention practices. Students complete an online test and are awarded a "Certificate of Completion" for both HIPAA and OSHA training.

HEALTH INSURANCE AND LIABILITY COVERAGE

Students must maintain their own health insurance coverage during the course of the physical therapy program. Students will assume full financial responsibility for any required medical care received during clinical internships. It is possible that students may be exposed to a variety of potential health risks while

on clinical internships. Students should make an effort to be informed about the specific type of hazard involved with a particular setting so as to minimize their personal risk.

The following coverage is maintained by Pacific University, Oregon covering their staff and students:

<u>Coverage</u>	<u>Limits of Liability</u>
Professional Liability (including staff & students)	\$1,000,000 per occurrence \$3,000,000 per year
General Liability Premises	\$1,000,000 per occurrence \$3,000,000 per year
Auto Non-Owned & Hired Liability	\$1,000,000 combined
Excess Liability	\$9,000,000 per year
Workers Compensation	Statutory (up to \$25,000 for students)

STUDENTS MAY CHOOSE TO PURCHASE ADDITIONAL LIABILITY INSURANCE

PROCESS OF INTERNSHIP ASSIGNMENTS

The main focus of the process of assigning students to clinical facilities is to provide the students with exposure to as many different types of facilities as possible while allowing them to develop skills in areas of special interest to them. The first four-week rotation, which occurs in May of the first academic year, is assigned in the fall of the first year. In March and April of the first year, students make choices for the six-week internship and the first ten-week internship, which begin in January of the second year and August of the third year, respectively. The selection process for the final two third year internships (ten weeks and nine weeks) occurs in March and April of the second year. **Of the four final internships, students are required to do internships in at least three different general areas of physical therapy practice (acute care, neurological rehabilitation, outpatient orthopedics, pediatrics, and geriatrics). Additionally, one of the five internships completed during the program must be in an inpatient setting and at least one internship must be done out of the Portland metropolitan area.**

The process of selection of clinical sites for students is highly personalized, as students are given the opportunity to provide input regarding their clinical placements. Students are encouraged to regard the clinical internships as a unique opportunity to expand their education and perhaps try some aspects of physical therapy of which they are unsure. Similarly, some students are discouraged from choosing sites if it is felt that their learning styles or needs are incompatible with that of the site. The clinical education faculty ultimately reserves the right to assign students to best meet the needs of all parties concerned.

Students have several sources of information available to them as they prepare to make their internship selections. First, students will meet with the DCE and/or Associate DCE in fall semester of their first year and as needed subsequently to discuss internship sites and student preferences. The School uses an electronic database program called Acadaware to store information regarding sites, clinical instructors, practice setting, current and historical placement offerings, student feedback, and more. These are kept up-to-date and available to students by the DCE, Associate DCE, and Administrative Assistant to the DCE. Students are encouraged to read the evaluation forms filled out by previous students and to contact other students directly to discuss clinical sites.

Most of our clinical internship sites host students from other physical therapy schools as well as Pacific University, and many sites only take one or two students per year. In requesting internship spots from facilities, we follow the Uniform Mailing Dates advocated by the Clinical Education Special Interest Group

of the APTA. Under this voluntary guideline, all physical therapy schools mail out requests for clinical slots in early March; Center Coordinators of Clinical Education in turn are supposed to return their commitment forms by the middle of April. Students are provided with the list of clinical placements as they become available to the program.

All clinical educators are directed to our Facility Clinical Education Manual during the internship assignment and preparation process to aid them in determining when they would like to take students. Thus, CCCEs can best match the objectives of a given internship with the experiences afforded by their own resources. Information regarding the expectations of students during internships is sent again, along with student profiles outlining the student's individual goals, prior to each internship to ensure proper readiness and planning. As we firmly believe that the students must be ultimately responsible for their own education, they are thoroughly briefed on expectations prior to each internship.

CLINICAL EDUCATION SCHEDULE

<u>Course Number</u>	<u>Description</u>	<u>Duration</u>	<u>Time Offered</u>
DPT 570	Clinical Internship I	4 weeks	First year, summer term
DPT 642	Clinical Internship II	6 weeks	Second year, spring semester
DPT 723	Clinical Internship III	10 weeks	Third year, fall semester
DPT 724	Clinical Internship IV	10 weeks	Third year, spring semester
DPT 725	Clinical Internship V	9 weeks	Third year, spring semester

INTERNSHIP POLICY

1. Students are responsible for all living and transportation costs incurred during clinical assignments, including but not limited to rent, airfare, rental car, food, and uniforms. Students may request additional financial aid to help cover the cost of internships; however, the School of Physical Therapy is not responsible for any internship costs, expected or unexpected.
2. The faculty of the School of Physical Therapy reserves the right to make final decisions regarding clinical placements.
3. Students MUST do at least one out-of-town internship. "Out-of-town" is defined as **> 40 miles from downtown Portland**. There are two primary reasons for this expectation. First, it enables students to experience the diversity of ways in which physical therapy is practiced in different geographical areas. Secondly, there simply are not enough clinical internships in the Portland area for all students to do all of their internships locally. ***Ensuring that every student fulfills the requirement to do internships in three different settings in their final four internships, as well as one inpatient internship, will likely necessitate that a student go out of the Portland area for more than one internship.***
4. **Students are not, under any circumstances, allowed to directly request internships from the internship sites.** This is done solely by the DCE or Associate DCE. This policy exists to try to improve clarity surrounding the internship assignment process and, most importantly, it exists because the clinical internship sites have requested that students do not contact them directly to request internship positions. However, students may make contact with a site to gather information needed for nominating a new site (email address, phone number, CCCE name, etc.).

5. It is possible for a student to do an internship where she or he has previous clinical experience. Many hospital-based clinical education sites provide multiple types of physical therapy services; an acute care internship, outpatient orthopedic internship, and neurological rehabilitation internship may all be available from one hospital. For the purposes of this policy, “site” indicates the particular hospital or company. “Department” indicates the area in the site where the internship will be performed *if the site offers more than one type of internship.*

The policy regarding clinical affiliations at sites where a student has previous clinical experience is as follows:

- a. A student may do an internship at a site where she/he has worked in a paid position if an internship is available *in a different department* from where she/he worked and with a clinical instructor with whom the student does not have a previous working relationship. If this situation is desired, the student must inform the DCE. The DCE will then contact the clinic to determine if an appropriate clinical instructor is available. *Example: Mary worked for Valley Hospital as an aide in the outpatient orthopedic department. Mary CAN do an internship at Valley Hospital in acute care. Mary CANNOT do an internship at Valley Hospital in outpatient orthopedics.*
 - b. A student may do an internship at a site at which she/he volunteered prior to admission to physical therapy school or interned as an undergraduate student if the internship is *supervised by a different clinical instructor* than the individual who previously supervised the intern/volunteer. If this situation is desired, the student must inform the DCE. The DCE will then contact the clinic to determine if an appropriate clinical instructor is available. *Example: Mary completed volunteer hours at Valley Hospital outpatient orthopedics under the supervision of Cathy. Mary CAN do an internship in outpatient orthopedics under the supervision of Fred, or in any other department at Valley Hospital. Mary CANNOT do an outpatient orthopedic internship under Cathy's supervision.*
 - c. A student may do more than one internship at a given site *as long as the second internship is in a different department and with a different clinical instructor.* If this situation is desired, the student must inform the DCE. The DCE will then contact the clinic to verify that an appropriate situation is available. Students should be aware that some clinical sites may REQUIRE that the student be at the same site in the same department for two back-to-back affiliations; a requirement of this type by the site precludes the restrictions stated in this policy. *Example: Mary does an outpatient orthopedic internship at Valley Hospital. Mary may do an acute/rehab/pediatrics/ geriatrics internship later in her academic career at Valley Hospital as long as the internship is with a different clinical instructor.*
6. After the clinical assignments have been made, students have one week to request changes to their assignment; after this time, internship placements are finalized. Students are allowed to make changes to their final clinical assignments after this time under the following conditions:
- a. A student’s originally assigned internship site cancels
OR
 - b. A student nominates an internship site and a new contract is established.

No changes are allowed later than twelve weeks before the affiliation is scheduled to start, except in the case of a site cancellation.

In cases of extreme personal hardship, students may request an exception to any aspect of the internship policy, including the statements on changing internship assignments and doing at least one out-of-town internship, by making a written appeal to the DCE. Written requests for a change in internship assignment should clearly outline the reason(s) for the request; supporting documentation should be provided with the appeal. Appeals will be considered on a case-by-case basis by a committee comprised of the Director, the DCE and/or the Associate DCE, and one member of the PT faculty selected by the petitioner. *The faculty ultimately reserves the right to assign students to best meet the needs of all parties concerned.*

PROFESSIONAL BEHAVIORS

Professional behavior is vital to the success of each student physical therapist, the School of Physical Therapy, and the Physical Therapy profession. The process of becoming an effective physical therapist involves attaining competency not only in professional knowledge and skill, but behavior as well. These requisite behaviors, attributes, or characteristics may not be explicitly part of any given profession's core of knowledge and technical skills, but they are nevertheless essential for success in that profession. The abilities which define expected behavior within a given profession serve as the foundation for ability-based learning.

The term "Generic Abilities" and behavioral criteria specific to the practice of physical therapy were first classified by the faculty of the University of Wisconsin-Madison Physical Therapy School and have been validated and accepted by clinicians as defining physical therapy professional behavior. The faculty of the School of Physical Therapy at Pacific University has chosen to adopt these originally defined abilities, with some minor modifications, as *Professional Behaviors*. The quality of professional behavior expected of Pacific University graduates is exemplified by the ten Physical Therapy-specific professional behaviors and the three levels of associated behavioral criteria. Satisfactory progress is demonstrated by exhibiting *beginning level* criteria by the end of the first year of the program, *developing level* criteria by the end of the second year, and *entry level* criteria in the third year (please refer to the table of [Professional Behaviors](#)). *These behavioral guidelines apply both to the classroom and to the clinical setting.* Specific to the clinical setting, each student is expected to demonstrate appropriate professional behaviors and commitment to learning throughout the clinical education experience. This includes, but is not limited to, being punctual and prepared for every work day, respecting his/her clinical instructor, and being committed to a positive learning experience. To facilitate development of competency in the ten Professional Behaviors, faculty (classroom faculty and clinical instructors) provide formal and informal feedback to all students. Specific professional behavior is assessed during practical examinations, laboratory experiences, and presentations as well.

Additionally, students are encouraged to recognize the importance of self-assessment in their development as student and professional physical therapists. Reflecting on past experiences is an extremely valuable method of assessing one's own performance and planning more useful strategies for the future. To help foster this reflection, students and clinical instructors are expected to utilize the APTA Clinical Performance Instrument (CPI) for mid-term and final assessments. We also expect each student to seek feedback from fellow students, clinical educators, and faculty. If a student demonstrates behaviors inconsistent with the Professional Behaviors, the following response will occur:

1. The student will be provided with feedback regarding perceived inappropriate behavior(s) and relevant expectations of the instructor/faculty.
2. If a change to more appropriate behavior(s) does not occur, the student will be subject to appropriate consequences as determined by the faculty ranging from remediation to dismissal from the Program.

PROFESSIONAL DRESS

Interns are expected to abide by the dress code established by each clinical facility. In general, attire should be appropriate for the setting as well as the activity in which an intern is involved. It is also important that patients, families, visitors, and colleagues be able to easily identify students as Physical Therapist Interns. Each intern is provided with a name tag before embarking on their first clinical rotation and is required to wear this name tag (or an appropriate substitute provided by the clinical facility) during all clinical work unless specified otherwise by the clinical facility.