



WILSON COLLEGE

**DOCTOR OF
PHYSICAL THERAPY**

Clinical Education Handbook

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Welcome Statement

The Wilson College Doctor of Physical Therapy (DPT) program clinical handbook provides students and clinical instructors with the necessary information regarding the DPT program. Please review the entirety of this handbook and know we are always available when any questions or clarifications are needed.

Students: This handbook is a resource for clinical education at Wilson College DPT Program and provides answers to all related questions you may have. Please reach out directly to the Director of Clinical Education If a specific question was not answered in this handbook. The clinical education faculty team is readily available to assist in your success during your clinical rotations.

Clinical Instructors: This handbook provides all the information needed to understand the clinical education curriculum at Wilson College DPT program, which includes additional information regarding the didactic curriculum. We appreciate everything you do for our students and welcome all feedback from our clinical partners in the community.

Wilson College Mission and Values

Mission: Wilson College empowers students to be confident and critical thinkers, creative visionaries, effective communicators, honorable leaders, and agents of justice.

Values: Creating possibilities, forging exceptional student success, and transforming lives.

Wilson College DPT Program Mission, Values, and Soul

Mission: Empower future physical therapists to become principled leaders who revolutionize healthcare outcomes and transform people's quality of life through deep understanding, bold advocacy, and dedicated service.

Vision: Integrate fully as compassionate healthcare providers; Inspire empowerment within healthcare and those we serve; Impact healthcare outcomes by transforming lives.

Values: Accountability; Authenticity; Beneficence; Courage; Discipline; Humility; Integrity; Presence

Thank you for your support in providing exceptional clinical education experiences for our DPT students.

--The Wilson College DPT Clinical Education Faculty Team

Student Attestation Statement

As a Doctor of Physical Therapy Student within the Wilson College program, I understand that it is my responsibility to read and review the material presented in this handbook. I recognize that information may change, and policies may need to be updated throughout my enrollment in the Doctor of Physical Therapy Program at Wilson College. It is also my responsibility to remain current with the policies and due dates in this handbook. I am aware of the location of the electronic version of this document in the Clinical Education Course in Canvas.

Students must fulfill all the following requirements to proceed to clinical education:

- Successful completion of all preceding didactic coursework
- Review and acknowledgement of the Wilson College DPT Student Handbook and Clinical Education Handbook
- Proof of completion of all required health assessments, immunizations, and testing

Please refer to the Clinical Education Handbook section 2.2 for details on the maintenance of health assessments, immunizations, and testing within the Exxat Clinical Management Database and the Clinical Site Requirements Form.

- a. Refer to section 2.2 of this handbook for information on communicating health assessment, immunization, and testing records with the Clinical Sites via Exxat Clinical Management Database.
- b. Review of the applicable State PT Practice Act
- c. Any other requirements for the clinical site to which a student is assigned

I understand that to participate in clinical education experiences, there are tasks that must be completed each semester and outside of any didactic course work.

I understand that I am required to submit information to clinical sites as a condition of participation in clinical education experiences.

I understand that I am to abide by the Policies, Procedures, and expectations outlined in the Wilson College DPT Program and Clinical Education Handbook, as well as the clinical site during clinical education experiences.

I understand that traveling for clinical education will likely be required, and I am responsible for all expenses associated with temporary relocation, including housing.

Student Signature

_____/_____/_____
Date

My signature above demonstrates my acknowledgement that I have received and read a copy of this handbook and given the opportunity to ask questions regarding the contents of this handbook and how it applies to me.

1.0 Clinical Education Program Overview

The Wilson College DPT clinical education program is designed to provide students with integrated and terminal clinical experiences that bridge the knowledge and skills gained during the didactic portion of the curriculum. The sequencing of the clinical experiences is meant to develop critical thinking and clinical reasoning skills and transfer skills from didactic coursework to patient care. The clinical education curriculum offers a variety of clinical experiences that expose students to diverse patient populations across the lifespan. In the clinical environment, students develop the ability to work as an integral part of an intra and interprofessional healthcare team.

1.1 The Clinical Education Team

The Director of Clinical Education (DCE)

The DCE is responsible for planning, directing, and evaluating the clinical education program for the Wilson College DPT program to ensure adherence to the curriculum, university and program missions and goals; and professional and regional accreditation standards. The DCE coordinates the administrative oversight of the clinical education program with academic and clinical faculty, students, and clinical sites. The specific roles and responsibilities are below. The DCE role includes the following:

- Acts as a liaison to clinical centers in determining whether standards for clinical education are met, oversees the development and enforcement of affiliation agreements, and performs evaluation of the effectiveness of clinical instructors.
- Coordinates the development and implementation of continuing education programming: in-service and training offerings available to clinical education partners (including but not limited to the APTA CI Credentialing Course), and continuing education presentations delivered by PT program faculty.
- Has final responsibility for grading all clinical education courses based on the review of Clinical Internship Evaluation Tool (CIET) completed by assigned clinical instructors.
- Acts as the liaison between the faculty and the clinical community through formal reporting at faculty meetings and information gathering during visits to clinical sites.
- Assists in coordinating Integrated Clinical & Patient Experiences with the faculty responsible for selected courses. This responsibility includes the recruitment of patient participants and development of criteria for evaluation of student performance.

Responsibilities:

- Serves as the key contact person/liaison between the Program and clinical sites/faculty.
- Coordinates with Exxat for clinical site agreements and availability.
- Recruits, evaluates, and retains clinical affiliation sites.
- Communicates regularly with clinical sites and clinical instructors in planning for student affiliations.
- Works with the facility and the college's legal counsel to establish affiliation agreements that meet the needs of the university, student, and facility.
- Schedules the dates and assignments for clinical education experiences, including special scheduling (i.e., holidays, atypical arrangements, missed clinical educational time).
- Assigns students to sites for clinical experiences.
- Provides or facilitates continuing education and training of clinical instructors in collaboration with the facility SCCE.
- Monitors and facilitates student progress toward individual and course goals/objectives during clinical experiences.
- Counsel students individually on clinical performance and professional behavior issues.
- Determines the grades for clinical practice courses.
- Determines the effectiveness of clinical instructors, clinical facilities, student programs, and the program's clinical education component.
- Communicates information related to student clinical performance to program core faculty.
- Maintains necessary/appropriate documentation related to student clinical performance and the program's clinical education courses.
- Addresses any changes within the clinical education site that may affect students' clinical educational experiences.

- Provides intervention, guidance, and problem-solving strategies for both the student and clinical instructor when necessary.
- Determines an action plan when issues of student performance and/or conduct arise.
- Synthesizes information from students, sites, and CIs for reporting to core faculty and program curriculum and outcomes assessment.

Wilson College DPT Program DCE

Tiffany Duran, PT, DPT

Site Coordinator of Clinical Education (SCCE)

The Site Coordinator for Clinical Education (SCCE) may be a physical therapist, physical therapist assistant, or other non-physical therapist professional who possesses the requisite skills to develop and implement an effective clinical education program. This role includes coordinating learning activities available at the clinical facility, determining the readiness of facility-based physical therapists to serve as clinical instructors, and developing the instructional skills of the clinical instructors.

The SCCE administers, manages, and coordinates the assignment of Clinical Instructors to incoming physical therapy students within the clinical site. The SCCE works with the DCE to execute a clinical affiliation agreement, completes and updates the Clinical Site Information in Exxat, and provides oversight to the student's clinical education experience. The specific roles and responsibilities are below.

Responsibilities:

- Serves as the key contact person for the DCE in planning for upcoming clinical education rotations/experiences
- Facilitates the completion of the Affiliation Agreement with the college.
- Ensures the program is provided with the current clinical site and clinical instructor information through the completion and update of the Clinical Site Information in Exxat.
- Provides the program with current information regarding student prerequisite requirements (immunizations, laboratory tests, certifications, screenings, etc.)
- Selects Clinical Instructors to supervise and educate physical therapy students based on the Program's criteria for CIs and delegates clinical supervision of students to approved physical therapy CIs.

- Provides or arranges for education and training of CIs in collaboration with the DCE.
- Informs the Clinical Instructor of all pertinent information from the Program.
- Oversees the orientation of the student to the clinical facility.
- Acts as a liaison between the student and Clinical Instructor.
- Supervises the performance assessment of the student.
- Evaluates, in consultation with the DCE, the effectiveness of the clinical education program and the facility's Clinical Instructors.
- Maintains necessary/appropriate documentation related to the site's clinical education program.

Clinical Instructor (CI)

The Clinical Instructor (CI) is a licensed physical therapist selected by the SCCE to directly supervise the student. This individual provides direct supervision to the student in the clinic and delivers the data for assessment of student performance. The CI must be willing to work with students and be able to develop an appropriate environment for learning in the clinic. The CI has one of the most, if not the single most, vital role in the student's learning experience. The CI must have the following minimum qualifications:

- Clinical competence (determined by the SCCE or clinic supervisor) in the practice area(s) in which they will be providing clinical instruction.
- Licensure as a physical therapist in the jurisdiction in which they practice.
- A minimum of one year of experience in clinical practice.
- Legal and ethical behavior that meets or exceeds the expectations of members of the profession of physical therapy.
- Communication, interpersonal, instructional, supervisory, and evaluation skills conducive to effective clinical education.

Additional preferred, but not required, qualifications for a clinical instructor include:

- Professional membership in the APTA.
- APTA clinical instructor credentialing.
- ABPTS clinical specialist certification.

- Other advanced certifications or competencies in the practice area(s) in which clinical instruction is provided.

Responsibilities:

- Collaborates with the DCE, SCCE, and with the student to identify appropriate student-centered goals for the clinical experience within the specific setting, identifies unique learning experiences, and provides the student with "hands on" learning opportunities.
- Supervises the student appropriately to provide quality learning experiences in all appropriate areas of the patient management experience as well as research and administration as applicable.
- Provides the students with clinical instruction and experiences that develop the student's skills and behaviors toward the identified benchmarks (course objectives and CIET benchmarks) for the given clinical experience.
- Ensures that student learning does not compromise the delivery or safety of patient/client care.
- Completes the training module on Clinical Internship Evaluation Tool (CIET) grading via Exxat.
- Provides both formal and informal feedback to the student regarding their performance on a regular basis, including the completion of a midterm and final evaluation using the Clinical Internship Evaluation Tool (CIET).
- Communicates with the SCCE and DCE regarding student performance.
- Identifies problems in student's performance and conduct, communicates with the student regarding these issues and plans for remedial activities in collaboration with the SCCE, DCE, and the student, if necessary.
- Completes program required documentation in a timely manner.
- Adjusts clinical teaching based on the varying needs of clinical students in terms of experience, learning style, and progress within the curriculum and interpersonal communication characteristics.
- Model's professional behaviors including, but not limited to, legal and ethical physical therapy practice.

CIIs are evaluated by the student at the endpoints of each clinical experience for clinical teaching effectiveness using the PTSE CI form.

CIIs who are deemed to be ineffective will meet with the SCCE and DCE to develop an action plan. If the next consecutive student evaluation indicates no change in performance, the CI or site will no longer be used for clinical education.

Clinical Education Student

The student is responsible for taking an active role in directing his or her learning.

Responsibilities:

- Submit to the DCE preferences and all other required paperwork for clinical education placements by appropriate deadlines.
- Plan for transportation, food, housing, and other necessities associated with clinical education (student is responsible for associated costs for the clinical education experience).
- Secure and wear appropriate uniform/dress designated by each site.
- Demonstrate appropriate technical competence for the level of professional education achieved prior to a clinical education experience.
- Read and abide by the policies, procedures, and standards of the college, the Program, the clinical facility, and the profession. This includes the following facility/school policies and procedures regarding such items as confidentiality, conduct, dress, hours of attendance, etc.
- Notify the CI and DCE when unable to attend the clinic (this includes late arrival and early departure).
- Plans with the CI to make up missed clinical educational time and notify the DCE of these arrangements.
- Participate actively in the clinical education process by developing technical and professional skills, behaviors, and attitudes.
- Demonstrate mindful practice and professional behaviors.
- Communicate any issues or concerns during the clinical education experience to the appropriate individual (CI, SCCE, DCE).
- Complete all assignments during the clinical education experience.

- Provide formal and informal feedback to the clinical instructor, SCCE, and DCE regarding the learning experience.
- Complete self-assessments of clinical performance and effective/professional skills using the Clinical Internship Evaluation Tool (CIET) (mid-term and final).
- Complete the Physical Therapy Student Evaluation of the Clinical Experience and Clinical Instruction (PTSE) in Exxat.

1.2 Clinical Education Faculty Team Roles and Responsibilities

The Wilson College DPT Program clinical education faculty team will establish working relationships with clinical faculty and associated facilities, locally and throughout the United States. The program is committed to providing continuous development for clinical educators, clinical sites, and SCCE's through in-services, professional meetings, and continuing education courses. The DCE assisted by core faculty will facilitate organizational strategies for student development, offer problem-solving techniques for CI's and students, and are a resource for both parties regarding communication, counseling, and behavior modification tactics. Clinical faculty are educated on generalized challenges in current cohorts and strategies for managing various learning styles and abilities of students.

Communication standards: Communication needs to be frequent and is highly important between the clinical team and DCE during each clinical experience for student success. Communication may take the form of different methods which include email, written correspondence, and verbal communication. On-site, virtual, or phone visits will be scheduled for every clinical experience for each student during the mid-term and final CIET assessments. CI's and students will collaborate and determine their preference for the site visit. The CI and student will meet with the DCE or other members of the clinical education faculty team. The CI and student will have the opportunity to meet separately and together with the DCE or other members of the clinical education faculty team.

Clinical feedback: Students will provide feedback regarding the clinical site and experience using the PTSE form at the conclusion of the clinical.

1.3 Clinical Education Site Qualifications

Clinical education is conducted in facilities that meet the Wilson College DPT program standards. The program will partner with facilities that provide the following:

- The clinical site practices and CI are compatible with the program.
- The site provides exposure to patients that represent the commonly seen diagnoses in practice across the lifespan and continuum of care.

- The clinical education experiences for students are planned to meet specific objectives of the academic program, the CI, and the student.
- The roles and responsibilities of physical therapy personnel are clearly defined with services being provided in an ethical and legal manner.
- The site has appropriate resources available to students.
- The physical therapy personnel are adequate in number to provide an educational experience for students.
- Interactions with and mentorship by physical therapist role models whose practice is consistent with evidence-based and outcomes-oriented patient care and aligns with the program's philosophy of practice.
- The clinical site provides opportunities for intra/interprofessional care.

The facility representative (usually the SCCE) provides evidence and certifies that the clinical site meets the requirements on the facility's clinic profile page located in Exxat. All clinical education sites will be visited in person or virtually by the DCE or designated DPT clinical education faculty team member during student placement. These visits are conducted to assess the quality of the clinical education environment and to determine if additional support or resources are needed to optimize the student's learning experience.

Prior to student placement, an Affiliation Agreement must be executed between Wilson College and the clinical site prior to placement. The DCE is responsible for coordinating and maintaining all agreements. Occasionally, clinical sites may require the use of their internal contract/agreement format. In such cases, the DCE, appropriate administrators, and legal counsel will review the facilities contract/agreement prior to formal execution of signatures. Copies of fully executed agreements are kept on file in Exxat.

The DCE maintains current information on all clinical sites with active affiliation agreements in place. The DCE verifies this information prior to and in preparation for placing students in appropriate facilities for clinical experiences.

1.4 Clinical Instructor Rights and Responsibilities

Clinical instructors are valued members of the Wilson College DPT program and vital for the success of our students. Clinical instructor rights and responsibilities are as follows:

- The CIs primary responsibility is excellence in patient care.
- The right to provide feedback on the curriculum and the performance of students and have that feedback documented.

- Responsible for providing the student with appropriate supervision, coaching/mentorship, and opportunities to improve performance.
- Responsible for assessing the student's ability to practice competently, safely, ethically, and legally as appropriate to the student's level of education.
- The right to request a conference or to have the student removed from a clinical rotation at any time.
- Opportunity to request individual training and/or information related to their areas of clinical education.
- Opportunities to attend selected continuing education programs at a reduced or free rate when sponsored by the college.
- The CI is responsible for documenting objective and subjective data regarding student performance and discussing the assessment with the student and DCE in a timely manner. The final assessment will include a thorough assessment of the student's level of competency based on the facility standards. This will be completed using the CIET at mid-term and final.
- Opportunity to attend APTA Clinical Instructor Certification Course at a reduced rate (with APTA membership) when sponsored by the college.
- The CI is expected to assess the DCE's performance at the end of each clinical education experience using the DCE Performance form.

1.5 Student Rights and Responsibilities

Students have rights and responsibilities associated with each clinical rotation. The following rights and responsibilities are afforded to the student:

- The student should expect a supportive learning environment
- The student is responsible for one's own learning experience. This includes discussing mutual objectives for the clinical experience with the clinical instructor, assessing one's own performance, and demonstrating initiative by seeking out and utilizing opportunities for learning.
- The student will make a commitment to continuous learning through education and practical engagement with faculty and classmates to consistently progress towards an entry-level clinician through the program.

- Throughout the program, the student will participate in collaborative relationships with the clinical community and educational healthcare partners to gain knowledge, experience, and leadership skills to become competent entry-level clinicians.
- Students will engage in service to their communities and local regions through outreach, service learning, and volunteerism.
- The student is responsible for transportation and living expenses incurred during the clinical education experience.
- The student is required to present an education project (in-service, case-study, journal club) during each clinical education experience.
- The student is required to have a current certification in Basic Life Support (BLS) for Healthcare Providers (CPR and AED). Proof of BLS certification is required to be uploaded to Exxat.
- The student must provide evidence of current immunizations and health insurance coverage.
- Students must have HIPAA, FERPA, OSHA, and bloodborne pathogens training and certification prior to clinical education placements.
- Students will upload standard information required by the DPT program and clinical sites prior clinical experiences into their Student Profile page in Exxat. Students will refer to Exxat for specific due dates for each of the following:
 - Student Data Sheet/Exxat Profile Page
 - Contact and identification information
 - Verification of Health Assessment, immunizations, and testing including the following:
 - Tetanus/diphtheria/acellular pertussis (Tdap)
 - Measles, Mumps, Rubella (MMR) vaccination dates or proof of titer
 - Hepatitis B series with proof of positive surface antibody test or HepB Waiver Form
 - Tuberculosis: 2-step PPD (annually while enrolled in the program)

- Varicella vaccine or proof of positive titer
- Influenza vaccine
- COVID-19 vaccine (*facility dependent)
- Clinical Student Health Record
- Drug testing (*facility dependent)
- Proof of health insurance
- Emergency contact information in Exxat Student Profile
- BLS certification (CPR and AED) through the **American Heart Association**
- OSHA training/certification
- HIPAA training/certification
- FERPA training/certification
- PT-CIET training attestation
- Accommodation letters
- Background check
- FBI Fingerprinting
- The student must maintain copies of all records submitted.
- The student must comply with all requirements outlines on the syllabus from Wilson College for each clinical education course.
- The student is responsible for assessing the DCE performance through Exxat at the end of each clinical experience using the DCE Performance survey.

1.6 Student Contact Information

A current list of students' names, addresses, and phone numbers will be maintained in Exxat. Students are required to maintain a permanent address and at least one emergency contact throughout the duration of the program and clinical education experiences. Students will complete a form prior to matriculation that provides the DCE with the current and future geographical location information for clinical education experiences.

1.7 Core Performance Standards (Student Preparedness for Clinical Education)

Core faculty have the responsibility to adequately prepare students during the didactic portion of the curriculum for their clinical education experiences. Core faculty plays a crucial role in ensuring material is consistent and maintains continuity between the didactic and clinical education components of the curriculum. Progression toward entry-level is assessed for each term through various formative and summative assessments. Core faculty has the following responsibilities to ensure students are prepared for and successful in the clinical education component of the curriculum:

1. Assess student performance during the didactic preparation and make recommendations for improvement as needed.
2. Enforce safe, professional, and ethical student behavior and conduct during all learning activities (practical exams, skill checks, etc.) to prepare students for clinical education.
3. Ensure students have the skill acquisition and clinical competence to progress to each clinical experience.
4. Ensure that only students who meet academic and professional requirements and expectations progress to each clinical experience.
5. Perform midterm and final clinical education conferences with students and their clinical instructor using the Clinical Education Conference Form. Provide completed forms to the DCE along with an overview of the student's performance and any concerns requiring DCE action or follow-up in a timely manner.
6. Communicate with students regularly to maintain connection with the program while students are out on their clinical rotations.
7. Support the DCE and/or clinical site in all decisions related to student performance. Support decisions to dismiss a student from the facility for lack of professional behavior, safety concerns, or poor clinical performance warranted by illegal, unsafe, unprofessional, and/or unethical behavior.
8. Collaborate and support the DCE with promediation planning and activities as needed.

The criteria used to determine students' preparedness for clinical experiences includes the following:

Academic Requirements

1. Successfully complete all required prerequisite coursework identified within the curriculum plan.

2. Be in good academic standing as defined by the DPT Program Student Handbook.
3. Maintain a cumulative GPA of 3.0 or higher.
4. Demonstrate achievement of course learning outcomes related to examination, evaluation, diagnosis, prognosis, intervention, outcomes assessment, and clinical decision-making.

Clinical Skills and Safety Requirements

1. Successfully complete all required practical examinations, laboratory competency assessments, and skill checks with a minimum score of 80%.
2. Successfully complete the Comprehensive Practical Examination at the end of semester 3 with 80% or higher and without any critical safety failures.
3. Demonstrate safe and effective application of examination and intervention techniques.
4. Exhibit no unresolved safety concerns that would place patients, peers, faculty, or clinical personnel at risk.
5. Demonstrate competency in patient management skills appropriate for the level of clinical education experience.

Professional Behavior Requirements:

1. Consistently demonstrate professional behaviors consistent with program expectations and the APTA Code of Ethics.
2. Exhibit appropriate communication, accountability, integrity, cultural humility, respect, and professional judgment.
3. Have no unresolved concerns related to ethical conduct, professional behavior, or compliance with program policies.

Administrative and Compliance Requirements

The DCE will verify that all prerequisites are met prior to the onset of each clinical experience. The prerequisites include, but are not limited to the following:

- Successful completion of all preceding didactic coursework.
- Regular review of the Wilson College DPT Program Student and Clinical Education Handbook.
- Proof of completion of all required immunizations and testing and health forms.
- Any other requirements of the clinical site to which the student is assigned.
- HIPAA/FERPA/Bloodborne Pathogens/OSHA training
- Background check

- FBI Fingerprinting Clearance
- Child Abuse Clearance for Pennsylvania

In collaboration with the Coordinator of Student Affairs (CoSA), the DCE tracks and documents student progress through the curriculum, completion of all practical examinations and skill checks, and any faculty concerns related to patient management skills, professionalism, and safety. Students who fail to meet established academic, professional, clinical competency, or safety requirements may be deemed not ready for clinical education placement.

- Students who are not in good academic standing, who have unresolved safety concerns, or who fail to meet progression requirements shall meet with the DCE, Program Director, and Coordinator of Student Affairs to develop an appropriate course of action.
- Additional procedures regarding student progression, promediation, remediation, probation, suspension, and dismissal are outlined in the DPT Program's Promediation and Remediation (01-04), Probation & Dismissal Policy (01-08), Promediation and Dismissal Policy for Clinical Education (03-02, [Appendix G](#)), and other related policies contained within the Student Handbook, Clinical Education Handbook, the WC College Catalog, and the Wilson Blue Book.

The Clinical Education Preparedness Form (CEPF) is used by faculty to evaluate a student's readiness for clinical education. The assessment includes verification that the student has successfully completed all didactic coursework in Semesters 1-3, maintained a minimum GPA of 3.0, passed all required laboratory practicals and skill assessments, demonstrated receptiveness to constructive feedback, and exhibited professional behaviors consistent with published program and institutional standards. Faculty also identify any additional concerns that may limit or prohibit the student's progression to the clinical education experience. The DCE collects and analyzes all CEPF and with collaboration of the members of the Curriculum Committee makes a formal recommendation as to whether the student is ready to progress to the clinical education experience in the 4th semester. The same sequence of events will transpire at the end of semester 4 and middle of semester 5 to determine if the student is ready to progress to the second and terminal clinical education experience.

The DPT Program uses a systematic process to evaluate students for professionalism, competency, and safety to determine readiness for progression to clinical education. This process begins upon matriculation with students being assigned to a faculty advisor who facilitates success throughout enrollment. Faculty advisors practice a model that includes early intervention so that any concerns are addressed when detected. At the end of semester 2 and start of semester 3, the faculty mentor will fill out the CEPF for

each of their respective students. The CEPF contains items that assess the following criteria: academic progression, receptiveness to feedback, incorporation of clinical reasoning and evidence-based practice, and professionalism. Students are categorized in the following three categories:

- **Prepared:** the student has met all the academic progression standards, passed all practical examinations with no safety concerns, and has demonstrated appropriate professional behaviors and has met all programmatic requirements will be progressed to clinical education.
- **Prepared with Concerns:** the student has met the academic progression standards and passed all practical examinations; however, there exists an observable indicator of potential difficulty that initiates proactive faculty attention and documented intervention. This is a pedagogical judgment made by faculty. Students may be placed on a learning prior to the start of the clinical education experience, if deemed appropriate by the DCE and CoSA.
- **Unprepared:** the student has not met the academic progression standards and/or has demonstrated consistent patterns of unsafe, unprofessional behavior, unethical, and/or illegal behaviors. Students who are determined to be unprepared are not permitted to progress to clinical education and are referred to the suspension (deceleration) or dismissal procedures in accordance with the program's Probation & Dismissal Policy.

See [Appendix H](#) for additional details

1.8 Clinical Education Experiences Curriculum

The Wilson College DPT program clinical education program comprises three clinical rotations throughout the curriculum. Students will be exposed to a minimum of two clinical practice settings, including general outpatient physical therapy practice and a second inpatient setting that encompasses the continuum of care across the lifespan. The inpatient setting may be in an acute inpatient facility, post-acute inpatient facility, skilled nursing facility, etc. The clinical education curriculum consists of 30 weeks of clinical experiences spread out throughout the curriculum, with two clinical education experiences integrated.

- **DPT 670: Physical Therapy Practice 1** is an integrated 8-week full-time clinical experience during the 4th academic semester. Students will engage in a minimum of 36 hours per week in direct patient care. This clinical experience may be in an inpatient or outpatient setting but may not be a primary pediatric specialty setting due to not having the didactic coursework to support this setting.
 - No concurrent courses

- DPT 675: Physical Therapy Practice 2 is the second integrated 8-week full-time clinical during the 5th academic semester. Students will be required to complete a minimum of 36 hours per week of direct patient care. This clinical experience can be in an inpatient or outpatient setting. This clinical experience has one concurrent didactic course.
 - Concurrent course: Capstone 1
- DPT 680: Physical Therapy Practice 3 is a 14-week full-time terminal clinical experience during the 6th academic semester. Students will engage in a minimum of 36 hours per week of direct patient care and have one concurrent didactic courses. The terminal clinical experience is designed to provide exposure to a variety of patients and diagnoses to develop strong entry-level skills. The depth of knowledge and skill is the specific goal of this experience, thereby preparing the student for licensure and clinical practice. This clinical experience may be in either an inpatient or outpatient setting. This clinical experience has one concurrent didactic course.
 - Concurrent course: Capstone 2

1.9 Clinical Education Course Policies and Requirements

Students are required to complete three full-time clinical education experiences to graduate from the Wilson College DPT program. An associated responsibility for the students is setting up and maintaining their Exxat account. All health and clearance requirements for the program and clinical education experiences must be completed in Exxat or uploaded by the student. The student is responsible for the costs related to completing clinical requirements.

Students' compliance with specific health and clearance requirements is a commitment that begins prior to matriculation. Additionally, students are responsible for obtaining and maintaining health insurance coverage throughout the entire program, including all clinical education experiences. All documentation and proof of records will be uploaded to the student's personal account in Exxat, located under the "Required Documents" link found on the Student Profile page. If students have any limitations related to physical restrictions, health issues, fail a drug test, or have a criminal history, they will be required to contact the DCE immediately to discuss the implications for completion of the clinical education curriculum and sitting for the National Physical Therapy Examination exam for licensing. Students are required to review each specific requirement below and the timeframe identified.

Background Clearance

The following needs to be completed after matriculation and annually:

- A background check must be completed no later than September 1st
- FBI Fingerprint Clearance
- Child Abuse Clearance for Pennsylvania (annually)
- Any other state specific requirements needed for clinical education sites
- If the clinical site has additional requirements not noted in the affiliation agreement or in their profile in Exxat, the site is required to communicate site specific requirements to the DCE. Students must complete all required health forms, vaccines, and trainings prior to start of the first clinical rotation.

Health Requirements

Physical Examination (to be completed prior to matriculation and annually).

The following provides an outline for students during the duration in the program.

Requirement prior to matriculating into the program

- Physical exams should be completed between June 1 and up until September 1st. DPT students will utilize the Wilson College Health Form located on Exxat. The initial physical exam form includes immunization records and TB test results.
- Physical exams must be signed off by a licensed medical professional indicating the student is fit to participate in clinical experiences.
- TB Infection Test: Complete an initial 2 step TB skin test prior to matriculation into the DPT program, annually, and as required by the clinical site
 - The TB test is valid for one year and **MUST BE repeated prior to the previous test date expiration**. If completed after, the process must be restarted.
- Immunizations: students are required to provide documentation of immunity and immunization record for MMR, Varicella, Hep B, and Tetanus-Diphtheria.

Requirement Year 1

- A second physical exam must be completed between June 1 and September 1 using the same health form located on Exxat.
- TB test

Requirement Year 2

- A second physical exam must be completed between June 1 and September 1 using the same health form located on Exxat.

- TB test

Additional Clinical Site Requirements

- Students should have titers drawn to determine if there is immunity.
- Some sites require additional vaccinations such as COVID-19 or Influenza.
- If you are unable to receive a vaccine, then you must obtain a letter of declination from your physician and fill out the appropriate documentation.
- ***Please note: Clinical sites can refuse to take a student who is not able to prove immunization or provide documentation of declination to specific vaccines.
- The Wilson College DPT Program does not require drug screening. However, a clinical site may require a drug screen to be completed by the student prior to beginning the clinical experience. It is the responsibility of the student to arrange for their drug test and upload it to Exxat.

Medical exemptions to any of the above-listed requirements will be considered for approval upon submission to the DCE. If the medical exemption is approved, the student must sign an acknowledgement statement outlining the risk associated with completion of degree and licensure. Specific information regarding mandatory medical tests/procedures and other requirements can be found in the Clinical Affiliation Agreement and/or the Clinical Site Information in Exxat.

Additional Information

- Students who have any physical and/or mental conditions which may interfere with their ability to function as a student physical therapist are advised to contact the Wilson College Academic Success Center and the DCE as early in the professional curriculum as possible. After a student has submitted an accommodation request for the clinical experience, communication between the Academic Success Center, the DCE, the clinical site's CI and/or SCCE, and the student will occur. All student accommodation requests will be shared with the DCE and the clinical site as appropriate. Such students may be asked to provide a medical release to facilitate participation, optimal benefits, and safety while participating in clinical education experiences.
- Please note that any time a student suffers an injury or condition that requires the student to limit their activities in classes or clinical experiences, a medical release to return to normal student activities is required. All injuries which are work or education related regardless of where they occur (on or off campus) and any injury on Wilson's property must be reported to the DCE and Program Director.

Clinical Dress Code

1. Professional dress code

- The appearance of all students must conform to the highest standards of cleanliness, safety, and good taste. The dress code for the classroom, clinical environment, and professional meetings is varied.

2. Clinic Setting

- In the clinical setting, students represent Wilson College, the DPT program, the physical therapy profession, and yourself. Students are to dress appropriately for the clinical setting and must comply with the dress code of the DPT program. Failure to comply with the dress codes or instructions will result in removal of the clinical experience until proper attire is obtained and donned. Students will:
 - Dress appropriately for their role as a DPT student
 - Wear only authorized insignia and professional pins
 - Avoid excessive cologne or perfume
 - Limit jewelry to appropriate style and amount
 - Groom hair, as well as beards, mustaches, and sideburns. Hair must not interfere with patient safety
 - Groom nails so not to be visible over the fingertips
 - Wear shirts of a length that can be tucked into and remain in the pants
 - Wear clean, closed-toed shoes with socks/stockings
 - Wear an appropriate lab jacket if required
 - Always wear a name tag identifying as a Student Physical Therapist

Items listed below are always unacceptable in clinical facilities:

- T-shirts (unless provided by the clinical site), tank tops, sleeveless tops, sweatshirts (with and without a hood), shirts revealing excessive cleavage or

midriff area, pajamas, bib overalls, skirts or dresses, shorts, jeans (denim), open toed shoes, flip flops, beach sandals.

- Jewelry, visible body piercing, or body art that is inflammatory, derogatory or provocative
- Insignia/slogans which are crude, vulgar, profane, obscene, libelous, slanderous, or sexually suggestive
- Display of smoking, alcohol, and/or tobacco products
- Under garments which are visible beneath uniforms, scrubs, or other clothing
- Sunglasses, hats, caps, visors, and other head coverings shall not be worn inside
- Leggings and/or jeggings

Clinical Attendance

- Student attendance is required, and promptness is expected during the entire clinical experience. The student is expected to comply with the schedule of the facility. The facility may consider special accommodations with notification of the program if the required hours and experiences can be met within the allotted time frame. The program does not provide the students with “time off” or “days off” during the clinical.
- Clinical education hours are established by the clinical instructor and are expected to average a minimum of 36 hours per week of direct supervised patient care. Students are expected to maintain the same schedule as their clinical instructor, which may include but is not limited to evening hours, weekends, or holidays. The clinical instructor and DCE must approve all absences, and all time lost must be made up.
- The student must notify the DCE if clinic hours will exceed 42 hours a week.
- It is the responsibility of the student to notify the clinical instructor and DCE if the student will be late or unable to attend clinical education time. Notification must occur no later than 30 minutes before the start time of the clinical experience. More notice is preferred; however, we understand extenuating circumstances do occur. Excused absences will only be permitted for an EMERGENCY OR ILLNESS accompanied with the proper medical documentation.
- If a student misses or plans to miss a significant portion of the clinical experience, the DCE will collaborate with the Coordinator of Student Affairs and

the Core Faculty Advisor to recommend a decision on the student's status and ability to progress in the program.

Refer to [Appendix F](#) for additional details

Leave of Absence (LOA)

Refer to Policy 01-10 Leave of Absence, Withdrawal, and Re-enrollment

HIPAA

Students are provided with Health Insurance Portability and Accountability ACT (HIPAA) education and training in the DPT curriculum. Students are educated on this material, tested on knowledge, and understand that patients have the right to refuse treatment when services are rendered by a student.

Enforcement of HIPAA

Persons violating patient confidentiality practices may be subject to civil and criminal liability under applicable law.

Professional Conduct

Students are to put all electronic devices, other than tablets and computers being used for learning, on silent or airplane mode, including Apple watches, when in class/labs, practical exams, and clinic, even when participating remotely. Devices, other than those needed for class, should be kept out of sight during the duration of class. Failure to adhere to stated policies for conduct will be considered a violation of professional standards and can result in a violation of academic integrity and/or professional behaviors. Refer to the Wilson College DPT Policy 01-02 and the Professional Behaviors and Conduct Expectations form.

Social Media

Wilson College recognizes that social networking websites and applications, including but not limited to Facebook, Instagram, Twitter, LinkedIn, Snapchat, and blogs, are an important and timely means of communication. The Office of Marketing and Communications oversees all official Wilson social networking platforms. In the event there is a breach of student conduct, the Office of Student Development oversees any potential investigation of policy violations and any related disciplinary actions. Refer to the Wilson College DPT Policy 01-12 for more specific information.

Informed Consent

Informed consent is a process of reciprocal information sharing between clinicians, student clinicians, and patients. Physical therapy interventions, including assessments and treatments, require the patient, or a legal representative of the patient, to grant informed consent. Informed consent encompasses providing information in lay terminology that allows the patient to clearly understand the request. The information

presented must include intervention rationale, risks, benefits, and alternative treatment options. The patient must be allowed opportunities to ask questions before consenting to any intervention.

Students are required to accurately and clearly identify themselves prior to requesting consent as a student physical therapist.

Informed consent may be revoked by the patient at any time during the treatment session.

Clinical Incident

In the event a student has an incident with a patient while on their clinical experience, the student will follow the facility's established protocol. The student will notify the DCE immediately of the incident via email. The DCE will notify the PD regarding the incident.

Non-Discrimination

The Wilson College DPT program prohibits discrimination, harassment, and retaliation in all aspects of clinical education. No student, faculty member, or clinical site personnel may discriminate on the basis of protected characteristics, including race, color, national origin, ethnicity, primary language or limited English proficiency, religion/creed, sex, sexual orientation, gender identity or expression, pregnancy or related conditions, age, disability, veteran status, or any other status protected by federal or applicable state law.

2.0 Clinical Education Placement Procedures

Clinical Placements ensure students receive exposure to a variety of practice settings that demonstrate the breadth and depth of clinical practice. Students will have a minimum of one inpatient and one outpatient clinical experience.

The DCE will maintain a database of clinical education sites using Exxat.

- Exxat contains a list of active and inactive clinical sites
 - Active sites indicate a current contract between Wilson College and the clinical site.
 - Inactive sites indicate sites without an active contract, but familiar with the Wilson College DPT program
- Addition of new clinical site:
 - As students are admitted to the Wilson College DPT program and based on geographical needs, the DCE may request that incoming students identify potential clinical sites in their community that may serve as a clinical education placement.
 - The DCE will contact the identified site to determine if the site meets the needs of the program and the student. The DCE will determine the

- Site's availability and initiate a new clinical affiliation agreement with the identified facility.
- Once the site and Wilson have a signed clinical affiliation agreement, the site will be listed in Exxat.

Clinical sites will be contacted requesting slots through the March 1st mailing. As slots are confirmed by clinical sites, the DCE maintains a list of available clinical slots for each clinical experience in Exxat. Regular updates occur with:

- Completed student commitments via Exxat slot management system (annual request for placements via the March 1st mailing)
- Informal communications with sites regarding available student placements (emails, phone calls).

Students will develop and maintain a Student Profile page in Exxat. Students should refer to the Clinical Education Canvas Course for details on the development and maintenance of the Student Profile in Exxat.

The DCE assigns clinical sites to students after considering the following factors:

- Site availability
- Student's prior experience before entering the Wilson College DPT program
- Location of the facility
- Type of facility and expectations/considerations of the clinical faculty
- Education and personal goals of the student
- Student preference
- Residency options (as desired by the student)
- Academic and professional performance of the student

The DCE strives to achieve the best fit for each student for the respective clinical site, clinical faculty, and his/her educational learning needs. When determining the final clinical placement, the DCE must take into consideration if any student is missing any requirements for graduation regarding clinical education experiences. It may be impossible to accommodate the top choices for all students. If several students request the same site, the DCE will collaborate with the students to seek alternative placement options.

Students are not placed in facilities in which they are, have been, or will be employed, where family members are employed, or in other settings in which there is a recognized

conflict of interest. Students will not be placed at facilities where they have a future contract to work.

The DCE will coordinate with the clinical sites to confirm availability and finalize all student placements with formal requests sent to the SCCE prior to the clinical placement.

Students should be aware that any or all their clinical experiences may be conducted outside of the local region or out of state. Students are responsible for all travel to clinical sites, including all associated expenses. The costs of any necessary emergency services are the responsibility of the student. The student should inform the DCE of potential hardships related to travel which may factor into circumstances when making placement considerations. Depending on the circumstances, there is no guarantee of allowances for personal preferences or special accommodations. Students need to plan for relocation as necessary to complete clinical education experiences. Students will be asked to complete a Clinical Education Hardship Form if they are experiencing extenuating circumstances that limit travel for a clinical experience. The Clinical Education Committee will approve the form on a case-by-case basis with proof of military status, primary caregiver status, chronic illness, and dependents within the home.

General timelines for clinical experiences selection process are as follows:

- Semester 1:
 - Students develop a personal profile in Exxat for review by potential clinical sites.
 - The DCE provides students with a list of available clinical sites during the 1st academic semester.
 - Students are encouraged to begin researching the Clinical Profile Page in Exxat or the website for each of these facilities.
 - Students complete a wish list in Exxat to assist the DCE with future site matching.
- Semester 2:
 - The DCE and Coordinator of Student Affairs review and approve the student personal profile page
 - Students provide the DCE with their clinical preference list (top 3 choices) for Physical Therapy Practice 1 using the Wish List in Exxat.

- The DCE coordinates with clinical sites to verify availability and finalize student placements.
- Semester 3:
 - Students are informed of their placement for the 1st clinical experience at the beginning of the Summer Term Session 1.
 - Students provide the DCE with their clinical wish list in Exxat (top 3 choices) for the 2nd and 3rd clinical experiences. Students also provide preliminary decisions regarding interest/desire for residency training.
 - Sites chosen by a student are provided online access to the student's profile page.
 - Students may be scheduled for interviews (in-person/web based) as required by specific sites. Sites requiring interviews will be indicated on the clinical site page in Exxat.
 - The DCE coordinates with clinical sites to verify availability and finalize all student placements for the 2nd and 3rd experiences.
- Students are informed of their 2nd and 3rd clinical experiences no later than the start of Fall Term Session 2 of year 2.

2.1 Clinical Placement Changes or Cancellations

Clinical sites occasionally cancel clinical placements if circumstances change to the extent that they are no longer able to accommodate a student. In the event of cancellation by faculty, the DCE will notify the student promptly. In most cases, the DCE can find an alternative placement without a significant loss of clinical clock hours or continuity for the student. In certain cases, the student may be placed at an alternate facility depending on the timeline of the cancellation and other specific circumstances. This may require rescheduling or adding additional clinical practice hours. Students are not allowed to change their own clinical site arrangements.

A student wishing to appeal a placement decision should submit an appeal in writing to the DCE. The resulting decision will be made by the DCE and Coordinator of Student Affairs based on the information provided by the student. Only illness/injury, immediate family/personal emergency, unsafe travel conditions, military obligations, or officially sanctioned activity with appropriate documentation (e.g. physician's note, supporting paperwork) will be considered as reason to appeal. Situations such as weddings, employment opportunities, or other circumstances that existed before the clinical site was selected do not warrant a change in clinical placement.

Clinical sites have the right to request removal of a student from the site. Early termination and withdrawal from a clinical site are discussed in detail within this handbook.

2.2 Communication with the Clinical Education Sites

- Students are required to sign the Student Agreement to Clinical Education form and an information release waiver within the Exxat database upon entrance into the DPT program.
- Students upload standard information required by the DPT program and clinical sites prior to orientation and clinical experiences into their Student Profile page in Exxat. Students will share their profile page link with the sites and include the following information:
 - Student Data Sheet/Exxat Profile Page
 - Contact and identification information
 - Verification of Health Assessment, immunizations, and testing including the following:
 - Tetanus/diphtheria/acellular pertussis (Tdap)
 - Measles, Mumps, Rubella (MMR) vaccination dates or proof of titer
 - Hepatitis B series with proof of positive surface antibody test or HepB Waiver Form
 - Tuberculosis: 2-step PPD (annually while enrolled in the program)
 - Varicella vaccine or proof of positive titer
 - Influenza vaccine
 - COVID-19 vaccine (*facility dependent)
 - Clinical Student Health Record
 - Drug screening (*facility dependent)
 - Proof of health insurance
 - Emergency contact information in Exxat Student Profile
 - BLS certification (CPR and AED) through the **American Heart Association**

- OSHA training/certification
- HIPAA training/certification
- FERPA training/certification
- PT-CIET training attestation
- Accommodation letters
- Background check
- FBI fingerprint clearance
- Child Abuse Clearance for Pennsylvania
- The DPT Program Clinical Education Faculty Team will load each student's profile in Exxat with the following:
 - Verification of each student's background check (both state and federal) to be completed prior to the start of the program and annually.
 - Applicable academic and clinical performance
- Some clinical sites may require additional information unique to that site.
 - Such required information may include but is not limited to the following:
 - Verification of health insurance
 - Drug screening
 - COVID-19 testing
 - Office of Inspector General (OIG) exclusions
 - System for Award Management (SAM) registry
 - Vehicle registration information
 - Any other requirements of the site
 - These unique requirements are indicated on the site page in Exxat and viewable to the student when the list of available sites is made available to the student.
 - Students do not upload these additional documents to their profile page, as doing so will share documents to all sites with which the student is matched.

- Upon matching the student to a clinical site, the student's send the site any unique and additional required documents.
- Once matched to a clinical site, the student releases the required (standard and site specific) information to the clinical site via Exxat.
- The ability to place a student in selected clinical facilities is not possible without the sharing of information; therefore, failure to release required information may result in an inability to complete the clinical education component of the program.
- Clinical faculty and those involved with the clinical education process (SCCEs and CIs) are also required to protect student information according to university and Family Educational Rights and Privacy Act (FERPA) guidelines; thus, only student information needed to assist in the affiliation should be shared and only shared with those to whom the information is pertinent. Required information may be shared electronically with the facility representative responsible for student records. This information is provided to maintain compliance with an existing affiliation agreement for student placement and may include any information listed above. More information regarding FERPA rights and the release of education records is provided in the DPT Program Student Handbook or via this link <https://www.ed.gov/about/ed-overview/required-notice/privacy-program?src=rn>
- Information regarding academic standing and performance is not shared with the site. The student may choose to communicate this information with their CI or provide written permission to the DCE to share this information with the site. The DCE will relay any concerns relative to the student's preparedness for the clinical education experience. This process allows the clinical faculty to focus on specific areas for improvement throughout the clinical experience.
- Clinical sites will provide information to Wilson College and the DPT program regarding all aspects of the student's performance while participating in the clinical experience.
- The DPT program maintains a close partnership with each clinical education site. A member of the DPT Clinical Education Faculty team or DCE conducts a mid-term and final conference (site visit, telephone, or web-based) during each clinical experience to assess student progress and identify any areas in need of further development. The faculty team member or DCE will meet with both the CI and student, just the CI, and just the student during this visit. The DPT Clinical Education Faculty and the SCCE/CI will determine a convenient time and mode of communication.

2.3 Guidelines and Information for Clinical Sites

Orientation

- The student should have an adequate orientation to the clinical site. Orientation is one of the most important aspects of a positive and productive experience for the students, as well as the CI.
- Sites will complete an orientation check list with all students to familiarize them with the policies and procedures, layout, and any other valuable information regarding the site.

Clinical Experience

- Clinical facilities are expected to provide educational experiences consistent with the physical therapy education for any student accepted for a clinical rotation, which includes all aspects of patient care and practice management as is appropriate to the unique clinical facility and to the student's level of education and experience.

Supervision

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

STUDENT PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT
PROVISION OF SERVICES HOD P06-19-10-06 [Amended: HOD P06-00-18-30;
HOD 06-96-20-33; Initial: HOD 06-95-2011] [Previously Titled: Student Physical
Therapist Provision of Services; Previously Titled: Position on the Provision of
Physical Therapy and Physiotherapy Services by Student Physical Therapists)
[Position]

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

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

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

Direct supervision means the physical therapist, or the physical therapist assistant when supervising a student physical therapist assistant, is physically present and immediately available for supervision. In both cases, the physical therapist or physical therapist assistant will have direct contact with the patient or client on each date of service. Telecommunication does not meet the requirement of direct supervision.

[Standards of Practice for Physical Therapy](#) Accessed 01-08-2026
[American Physical Therapy Association Code of Ethics](#) Accessed 01-08-2026

Student Competence

- Prior to clinical placement, students are expected to demonstrate safety and competence in appropriate lab and simulated patient evaluation/intervention skills and knowledge. Clinical instructors are to be aware of this information to assist them in the education process. Only those skills and knowledge which have been covered prior to clinical placement are covered under the Wilson College Certificate of Liability policy. If the CI teaches a skill or procedure not addressed in prior academic coursework, the clinician does so at his/her own risk and assumes responsibility for and/or liability for such instruction and student performance of those specific tasks.

Unique Learning Opportunities

- The student should be provided with opportunities to participate in learning experiences unique to the clinical site. These opportunities may include, but are not limited to, involvement in:
 - Surgery observation
 - Physician's rounds
 - Quality improvement procedures/projects
 - Patient care/family conferences

- Department staff meeting and in-services
- Special diagnostic imaging/tests
- Interaction with other specialty departments (OT, speech, prosthetics, orthotics, ICU, etc.)
- Observation of amputee training, prosthetic application, artificial limb training

Patient/Client Participation

- Students are required to wear a school or facility name badge, identifying them as a student, and introducing themselves as such when working with a patient/client. **Patients have the right to refuse treatment/participation by the student in training.**

Communication with the DCE

- The CI and/or the SCCE are encouraged to contact the DCE at **ANY TIME** if questions or concerns arise. If the CI has any concerns regarding student performance with critical skills, patient safety, or other performance/behaviors that would indicate a student may not pass the given clinical experience, the CI and/or SCCE must contact the DCE **IMMEDIATELY**.

Student Progress during the clinical experience

- If a student is dissatisfied or is having difficulty at their clinical site, the following steps must be taken:
 - The student should first express his or her concerns to the clinical instructor or SCCE. Most concerns or problems can often be resolved by direct communication.
 - If the difficulties persist, the student should contact the DCE or faculty advisor in a timely manner. Students should not wait until the mid-term or final to bring up concerns.
 - When the student contacts the DCE, the DCE will document the time, date, and concerns as well as any recommendations made to the student to help mitigate the issue. The DCE may choose to schedule a phone call or zoom meeting to discuss the concerns with the CI and student (and SCCE if necessary). An on-site visit by the DCE and CI and/or SCCE will be made if it is deemed necessary. Collectively, the CI, DCE, and the student will attempt to resolve any issues and

develop an in-course promediation plan for a successful clinical experience. The in-course promediation plan will be documented, signed, and placed in the student's file.

- If the CI has concerns about the performance of the student:
 - The CI should address concerns with the student directly.
 - The CI should document the date, time, issues/concerns discussed, and recommendations for improvement. This should be signed by the CI and student.
 - The CI should notify the SCCE and DCE immediately to share the considerations and the agreed upon performance expectations. CIs do not need to wait until the mid-term or final visit to inform the DCE of unresolved issues.
 - When the CI/SCCE contacts the DCE, the DCE will document the date, time, issues/concerns discussed, recommendations made by the CI, and any additional recommended actions from the DCE.
 - The DPT Program has the right to temporarily remove a student from a clinical experience if remaining in the clinical experience is thought to be detrimental to the student, classmates, faculty, or to the delivery of patient care on a temporary basis.

Student's Relationship to Facility

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

Early Termination of the Clinical Experience

Following consultation with the SCCE and the CI, the DCE and Coordinator of Student Affairs may remove a student from the clinical site if, in their judgment, the student is performing incompetently or poses a safety threat to the patients or staff of the facility. The student may also be removed if the clinical environment is deemed an unsuitable learning environment. The clinical site supervisor and the CI may immediately remove any student from the premises who pose an

immediate threat or danger, or for just cause under the clinical site's disciplinary policy.

In some cases, a clinical education placement may not be an optimal learning environment or may not meet the student's developmental needs or the program's expectation. Once identified, the DCE will immediately work with the SCCE, CI, and student to address concerns and improve the clinical education experience. If concerns cannot adequately be resolved within a reasonable time frame, the DCE may decide to withdraw the student from the clinical education site. The DCE will reassign the student to a new clinical site as expeditiously as possible to prevent the loss of valuable clinical education time. The DCE will determine the location of the clinical education experience.

2.4 Clinical Education Attendance

Student Attendance/Promptness

- Student attendance is required, and promptness is expected during the entire clinical experience. The student is expected to comply with the schedule of the facility. The facility may consider special accommodations with notification of the program if the required hours and experiences can be met within the allotted time frame. The program does not provide the students with "time off" or "days off" during the clinical.

Clinical education hours will be established by the clinical instructor and are expected to be on average a minimum of 36 hours per week of direct supervised patient care. Students are expected to work the same schedule as their clinical instructor, which may include but not limited to evening hours, weekends, or holidays. The clinical instructor and DCE must approve all absences, and all time lost must be made up.

It is the responsibility of the student to notify the clinical instructor and DCE if the student will be late or unable to attend clinical education time. Notification must occur no later than 30 minutes before the start time of the clinical experience. Excused absences will only be permitted for an EMERGENCY OR ILLNESS accompanied with the proper medical documentation.

If a student misses or plans to miss a significant portion of the clinical experience, the DCE will refer the matter to the Coordinator of Student Affairs and the Faculty mentor to recommend decisions on the student's status and

ability to progress in the program. The DCE reserves the right to require a student to repeat the course (clinical education experience).

DPT Program Clinical Education Policy regarding unexcused absences

- Any absence from a scheduled clinical day or portion of the day including uncoordinated late arrival, early departure, or full-day absence(s) will be considered an unexcused absence. Unexcused absences are professional conduct violations. Refer to Policy 01-02 (Professional Conduct, Behaviors, and Dress code).

DPT Program Clinical Education Policy regarding excused absences

- An excused absence is an absence from a scheduled clinical day or portion of a day that meets program-approved criteria and has been appropriately coordinated in advance.
- Excused absences may include, but are not limited to, personal illness, personal or family emergencies, program- or college-approved activities, unsafe travel conditions, or military obligations.
- Students are expected to provide timely notification to the CI and coordinate with the DCE for all excused absences. Supporting documentation may be required, as appropriate. Students are responsible for making up any excused absence that results in missed required direct patient care hours during the week when the hours are missed. Unsafe travel conditions refer to circumstances that significantly impact safe travel to or from the clinical site based on the student's location during the clinical experience.

The DCE may be consulted as needed to determine whether conditions warrant an excused absence. Failure to notify the clinical instructor or DCE of an absence is a serious breach of professional conduct and will be subject to disciplinary action.

Students should refer to the Clinical Education Attendance Policy 03-01 ([Appendix F](#)) for additional information or questions.

2.5 Student Guidelines for Clinical Education Experiences

Facility Rules and Regulations

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

Clinical Experience Student Education Project

An education project (in-service, case-study, journal club) will be developed and presented by the student for each clinical education experience and based on site requirements. The specific sample behaviors are listed under the Professional Behavior section of the Clinical Internship Evaluation Tool (CIET). The topic and the audience are to be mutually agreed upon by the student and the CI/SCCE. The topic may be specifically related to a particular case or topic of interest among students and the clinical faculty and may be presented in a peer review fashion. A copy of the Inservice Handout/Presentation along with Inservice Evaluation Forms completed by the clinicians who attend, should be submitted to the DCE by the end of the clinical education experience.

2.6 Clinical Performance Assessment

Clinical Internship Evaluation Tool (CIET)

- The assigned clinical instructor and student will perform mid-term and final performance assessments during each clinical education experience using the Clinical Internship Evaluation Tool (CIET) available online through the Exxat. Students should seek frequent feedback from their clinical instructor to complement midterm and final assessments.
- Students and faculty will access the CIET via Exxat in the Resources section.
- All students and associated faculty shall complete CIET training and verification of CIET training by accessing the Resources section in Exxat.
- Students should refer to Appendix A for specific details related to how to use the CIET form.

Physical Therapy Practice Expectations by the FINAL CIET Assessment		
DPT 670 Physical Therapy Practice I	Professional Behavior	The student is expected to achieve a minimum of "Always" for categories including Safety, Professional Ethics, and Initiative, and

		a minimum of “Most of the Time” for Communication
	Patient Management	The student is expected to achieve “At that Level for Familiar Patients” for 22/24 categories
DPT 675 Physical Therapy Practice II	Professional Behavior	The student is expected to achieve a minimum of “Always” for all categories
	Patient Management	The student is expected to achieve “At that Level for All Patient for all (24/24) categories AND “At that Level for All Patients” for 4/24 categories
DPT 680 Physical Therapy Practice III	Professional Behavior	The student is expected to achieve a minimum of “Always” for all categories
	Patient Management	The student is expected to achieve “At That Level for All Patients” for all categories (24/24).

2.7 Clinical Education Grading

The final grade decision for all clinical education courses (DPT-670, DPT-675, and DPT-680) rests with the DCE. Grades that may be issued for the clinical education courses are Pass/Satisfactory Performance or Fail/Unsatisfactory Performance.

Student grades will be calculated by the DCE based on:

- Mid-term and final PT CIET assessments
- Verbal or written input from the clinical instructor
- A review of student assignments
- Collaboration with the core faculty mentor as needed
- Additional factors the DCE may consider when making grading decisions include, but are not limited to:
 - Clinical setting
 - Experience with patients in that setting
 - Relative weighting or importance of each performance criterion
 - Expectations for the clinical experience

- Progression of performance from midterm to final evaluations
- Level of experience within the didactic and clinical components
- Whether or not "No" was marked on the "Met Clinical Benchmarks" for any of the CIET standards
- The congruence between the CI's narrative midterm and final comments related to the performance dimensions and the ratings provided
- Student and CI's understanding of properly completing the CIET
- The effectiveness of the students promediation and learning plan

Grading Specifics

Pass/Satisfactory Performance: The student successfully met all performance expectations, assignments, and course objectives.

Fail/Unsatisfactory Performance: The student did not successfully meet all performance expectations, assignments, and course objectives. Professional Behaviors that may result in a failing grade may include, but not limited to:

- Multiple unexcused absences
- Excessive excused absences that cannot be made up
- Tardiness that continues after two warnings
- Unethical, illegal, or unprofessional behavior
- Misconduct resulting in possible danger or harm to a patient

Promediation, Suspension, and Dismissal

If students are not performing at the required standards for the clinical education experience, promediation will be activated by the DCE and Coordinator of Student Affairs. Promediation is the intentional, proactive phase of student support characterized by direct faculty engagement, targeted guidance, mentor consultation, and documented support and is mandatory. Promediation is a non-punitive opportunity for students to improve their achievement of knowledge, skills, attitudes, and behaviors required for the profession and correct their academic trajectory. Proactive interventions are formally documented.

Learning Plan: a written corrective document used for concerns arising during clinical education experiences that identifies the student's challenge(s), required corrective steps, assigned responsibilities, measurable benchmarks, and defined timelines for resolution. Learning Plans support the promediation processes and are mandatory.

Academic Suspension and Dismissal: The formal, involuntary separation of a student from the DPT program which may occur as a Suspension with the privilege of reenrollment (Deceleration) or as Dismissal without the privilege of re-enrollment and is preceded by due process.

- a. **Suspension (Deceleration):** requires the student to separate from the DPT program for a defined period of time. Within this policy, this status is referred to as Deceleration and the student may be eligible to apply for reenrollment upon successful completion of all the conditions of the Academic Success Plan. Re-enrollment is not guaranteed.
- b. **Dismissal:** a final dismissal determination resulting in permanent separation from the DPT Program, rendering the student permanently ineligible for re-enrollment. Dismissal is reserved for the most serious violations, including severe patient safety violations, egregious confirmed academic integrity violations, repeated and willful professional conduct violations following formal intervention, or conduct demonstrating fundamental incompatibility with the ethical and professional standards of physical therapy. A student is dismissed if they fail to make academic progress upon return from suspension.

Academic Success Plan: A written, individualized, and signed agreement between the student and the DPT Program used to document required conditions for academic progression during suspension and re-enrollment. The Academic Success Plan outlines the student's academic status, required actions, performance expectations, timelines, responsible parties, deadlines, criteria for successful completion, consequences of non-compliance, curriculum implications, anticipated re-enrollment term when applicable, and any required evidence of academic, professional, or clinical readiness.

Consistent with WC College Catalog and the academic progression standards, Dismissal for the DPT Program is automatically outlined when the student earns a non-passing final grade in any clinical education course in accordance with the Matriculation & Graduation Policy, which identifies non-passing grades as an 'F' in clinical courses.

Institutional Coordination and Due Process. Suspension and dismissal determinations are communicated to the WC Office of Financial Aid, the Office of the Registrar, the Dean of the School of Professional and Graduate Studies, and the Office of Student Success as applicable and consistent with FERPA. All processes are governed by equity, transparency, and due process requiring written communication, fair opportunity, and appeal rights in accordance with the Appeals & Grievances Policy. An appeal does not suspend compliance requirements.

Policy:

At-Risk Indicators triggering promediation

Faculty initiate promediation upon observing one or more of the following indicators. The list is not exhaustive. The professional judgment by the faculty may identify additional concerns warranting promediation.

1. **Academic performance**

- a regularity of incomplete or missing assignments suggesting systemic academic difficulty rather than isolated missed submissions.

2. **Professional behavior**

- documented lapses or emerging patterns under the Professional Behaviors, Conduct, and Dress Code Policy and the Grading, Attendance, and Participation Policy including tardiness, absence, communication deficiencies, or difficulty receiving constructive feedback that suggest disengagement or a developing barrier to clinical readiness.

3. **Safety and clinical readiness**

- observable unsafe behaviors during the clinical education experience suggesting gaps in safety awareness or clinical judgment.
- psychomotor skill development that is not at the level expected for the respective clinical education experience.
- concerns regarding physical or cognitive readiness during the clinical education experience, identified through CI observation or student self-disclosure.

Promediation Process. Promediation proceeds through five sequential steps. The CoSA and DCE remain available to support faculty and students throughout the process.

1. Identification. The DCE, faculty advisor, or clinical instructor identifies at-risk indicators at the earliest observable signal.
2. Engagement. The faculty initiates a private, direct conversation with the student that describes the observed concern using the SBI (Situation-Behavior-Impact) feedback model; is framed as supportive and developmental; identifies specific, concrete improvement strategies; and establishes a follow-up checkpoint timeline.
3. Documentation and Notification. The faculty documents the promediation engagement (Learning Plan) promptly in the student's advising record and Exxat, including the date, identified concerns, improvement strategies, established follow-up checkpoints, and the student's response. This documentation serves as notification to the DCE, CoSA, and the student's core faculty advisor.
4. Monitoring. The reporting faculty and DCE monitor performance against the improvement strategies at the established checkpoints, documenting progress or continued concern accordingly, with collaboration with the CI.
5. Promediation Outcome Review: At each checkpoint, the faculty member and DCE jointly evaluate, based on documented evidence and communication with the CI, whether promediation is producing demonstrable improvement. Based on this review, promediation may be continued, modified, or concluded.

Suspension (Deceleration): Consistent with Wilson College Catalog and the academic progression standards, suspension from the DPT Program is automatically outlined when the student earns a non-passing final grade in any clinical education course in accordance with the Matriculation & Graduation Policy, which identifies a non-passing grade as an 'F'. Suspension preserves the student's eligibility for re-enrollment with the subsequent cohort. Eligibility does not extend beyond that cohort. An Academic Success Plan supports Suspension and outlines the terms and conditions required for re-enrollment. To return to the program, students must do the following at least three weeks prior to the beginning of the next semester:

1. Contact the WC Registrar, the DPT Program Director (PD), CoSA, and Director of Admissions (DoA) indicating intent to return.
2. Submit appropriate documentation showing satisfactory completion of all aspects of the Academic Success Plan.
3. Schedule a meeting with the Dean of Student Success (DSS) and the CoSA.
4. Request clearance from Student Financial Services, if applicable.

Dismissal: All Clinical education courses are Pass/ Fail (P/F). Due to the accelerated nature of the DPT program, students must pass each clinical experience to progress to the subsequent clinical experience or didactic term. If the student with a learning plan does not successfully complete all required steps by the indicated deadline or meet the required benchmarks by the end of the clinical experience, the student fails the Clinical Experience, receive a course grade of F in accordance with the Probation & Dismissal Policy.

Academic & Non-Academic Triggers for Suspension or Dismissal

- a. A non-passing final grade, 'F', in any DPT clinical education experience per the Grading, Attendance, and Participation Policy.
- b. Inability to meet clinical education performance standards of a Learning Plan or the failure to complete the requirements of an agreed-upon Learning Plan within the specified timeline.
- c. Confirmed or egregious violation of the Academic Standards and Integrity Statement and expected Professional Behaviors, including plagiarism, unauthorized collaboration, misrepresentation of AI-generated content, cheating on graded assignments, or misrepresentation of clinical documentation or patient information; academic dishonesty during a promediation activity (an aggravated violation regardless of the original concern); or a pattern of integrity concerns demonstrating willful disregard for the ethical and professional standards of the profession.
- d. Egregious or repeated violations of professional behavior standards under Professional Conduct, Behaviors, and Dress Code Policy; a documented

patient, colleague, or public safety violation demonstrating incompetence, recklessness, or willful disregard for patient welfare; HIPAA, patient confidentiality, or clinical site policy violations of sufficient severity to constitute a fundamental breach of professional and legal obligations; conduct that seriously discredits the student, the DPT Program, Wilson College, or the profession; fundamental breach of the APTA Code of Ethics or Core Values.

Students should refer to Clinical Education Policy 03-02 (Promediation-Dimissal, [Appendix G](#)) for additional information.

Students must successfully complete each Physical Therapy Practice course in sequence to progress through clinical experiences and be eligible for graduation.

Refer to the DPT Program Clinical Education Attendance Policy 03-01 ([Appendix F](#)) and Grading Policy 01-05 for additional information.

2.8 Clinical Education Curriculum and Program Assessment

The DCE solicits feedback and input from students, clinical sites/clinical instructors, and core faculty to review the program's clinical education curriculum. This is an ongoing process with formal reports to the core faculty and Program Director annually. The following are specific assessment tools utilized by the program and DCE:

- Clinical Education Preparedness report
- Site profile in Exxat
- Mid-term and Final Clinical Education Conference form
- Weekly Clinical Experience Report
- Weekly Clinical Performance Sheet
- DCE performance surveys

Exxat surveys completed by SCCE/clinical instructors

- Site profile in Exxat
 - Clinical site completes the form in Exxat
- Self-assessment of the Clinical Experience and Clinical Instruction
 - Exxat survey completed by SCCE/CI annually
- DCE Performance Assessment Faculty Survey
 - Survey completed annually by SCCE/CI

- DCE Self-Assessment and Academic Administrator Survey
 - Exxat survey to be completed annually by DCE, Program Director, and DPT Core Faculty
- CI Program Review form to be completed by the CI in Exxat.
- Clinical Internship Evaluation Tool (CIET) in Exxat.

Surveys completed by students:

- Professional practice course evaluations via Canvas DPT-670, DPT-675, and DPT- 680
- DCE Performance Assessment Student Survey
 - Completed after every clinical education experience
- CI details form
- Physical Therapy Student's Evaluation of the Clinical Education and Clinical Instruction (PTSE)
- Weekly Clinical Experience Report
- Weekly Clinical Performance Report
- Clinical Internship Evaluation Tool (CIET) in Exxat

Assessment of the Clinical Facility, SCCE, and CI

- As a component of the overall Clinical Education Program Assessment, the DCE utilizes review of the following documents, surveys, and reports to gather information and plan the management, performance, and development of clinical sites and faculty:
 - Clinical site inputs/uploads information into Exxat
 - Communications with the facility SCCE, CI and/or staff (email, phone calls)
 - Mid-term and Final Conference Report completed by the DPT Clinical Education Faculty Team or DCE in Exxat
 - Physical Therapy Student's Evaluation (PTSE) of the Clinical Education and Clinical Instruction completed by the student upon completion of the clinical experience in Exxat

- Self-assessment of the Clinical Experience and Clinical Instruction an Exxat survey completed by the SCCE/CI annually in Exxat
- Professional Practice course evaluations completed by student upon completed of the clinical experience DPT-670, DPT-675, and DPT-680
- Exxat reports generated by DCE after each clinical experience

The DCE utilized information from the following sources in the evaluation of clinical instructors:

- **Mid-term and Final Clinical Education Conference Form** documents communication between the DCE or the student's clinical education faculty team member, student, and the CI providing information on student perceived clinical instructor strengths/weaknesses, the developmental needs of the CI, and clinical site (DCE or clinical education faculty team member reported) via Exxat.
- **Physical Therapist Student Evaluation (PTSE) of Clinical Experience and Clinical Instruction** will be completed by students following every clinical education course. This evaluation provides information on clinical faculty communication and instruction style, availability and organization, and CI development needs (student assessed; Exxat PTSE).
- **Self-Assessments for Clinical Education and Clinical Instruction** will be completed by SCCEs for the Clinical Education Site and CIs annually using an Exxat survey link and provides information on the developmental needs of the CI, SCCE, and clinical facility.

As a component of the overall Clinical Education Program Assessment, feedback from these sources is reviewed by the DCE to plan for future clinical instructor training presentations/modules based on identified individual CI development needs and facility-specific clinical faculty development needs. Information regarding clinical instructor strengths and development needs is also shared with facility SCCEs as requested and/or needed.

Assessment of the DCE

Each academic year, feedback is solicited from clinical instructors, SCCEs, students, core faculty, and Program Director by utilizing the DCE Performance Assessment Faculty Survey. The DCE will self-evaluate annually using the DCE Self-Assessment and Academic Administrator Survey. Both surveys contain the following data related to the following DCE performance indicators:

- Development of student clinicians
- Development of clinical education faculty

- Development and assessment of the Clinical Education Program
- Management and Coordination
- Leadership and Collaboration
- Communication
- Professional Behaviors
- Overall DCE strengths/weaknesses

As a component of the Clinical Education Program Assessment, feedback from these stakeholders is reviewed by the DCE along with the Program Director to (1) establish personal/professional development goals (2) evaluate the current policies and processes utilized in the clinical education program (3) plan future clinical faculty development and identify resource needs for the clinical education program.

Thank you for your dedication to clinical education and our students!



APPENDIX A

Clinical Internship Evaluation Tool: Clinical Instructor and Student Instructions INTRODUCTION

The Wilson College Doctor of Physical Therapy program recognizes that in the present-day health care environment, a student graduating from an entry-level physical therapy program must be a fully independent holistic practitioner. The graduate must be able to critically think and clinically reason to manage patients in an efficient manner while achieving an effective outcome. The mission of the program is to empower future physical therapists to be principle-based leaders who revolutionize healthcare outcomes through comprehension, advocacy, and service that transform the quality of life of people. We strive to achieve this goal through both the didactic and clinical education portions of our curriculum. Thus, the clinical performance tool our program uses evaluates the student for these benchmarks. Students must be rated against the standard of a competent clinician who meets the above criteria for the clinical performance tool to be an effective and reliable measure. If students are rated against the standard of an entry-level practitioner, the clinical performance tool will not provide a uniform method of evaluation. It is our belief that this criterion reinforces the standards established by our mission.

USING THE FORM

The CIET is composed of two sections: **Professional Behaviors** and **Patient Management**.

- **Professional Behaviors** evaluate Safety Skills, Professional Ethics Skills, Initiative Skills, and Communication Skills in the clinic.
 - Safety
 - Safety behaviors address whether the student is following all health and safety precautions required at your facility along with taking any other measures needed to maintain both the patient's safety and their own safety.
 - Professional Ethics
 - Professional Ethics addresses the student's knowledge of, and compliance with, all rules, regulations, ethical standards, legal standards, and their professional appearance and conduct in the clinic during all interactions.
 - Initiatives
 - Initiative addresses the student's ability to maximize all opportunities for learning during their clinical affiliation, begin to

problem solve independently, seek out, accept, and implement constructive criticism, and develop teamwork and flexibility in the clinical setting.

- Communication Skills
 - Communication Skills look at both student ability to verbally communicate with patients, families, and other healthcare professionals along with their written skills with documentation, home programs, and other required paperwork.
- When evaluating a student's **Professional Behaviors**, the frequency of appropriate behavior is the construct being measured. The occurrence of the appropriate behavior is rated as:
 - Never (0% occurrence)
 - Rarely
 - Sometimes (50% occurrence)
 - Most of the Time
 - Always (100% occurrence)
- Students are expected to abide by the APTA Code of Ethics and Code of Conduct, and Wilson College DPT Program Professionalism Policy and the Professional Behaviors and Conduct form as outlined in the DPT Student Handbook.
 - The CI will contact the DCE regarding any concerns related to student conduct/behavior.
 - Clinical facilities have the right to request removal of a student from the site at any time due to behavior or performance deficits.
 - Any conduct in gross violation of the Wilson College DPT Professionalism Policy (Student Handbook) may result in immediate removal from a clinical education experience and may face disciplinary action.

Student Professional Behavior Performance and Progression Expectations During Clinical Education			
Safety	Professional Ethics Skills	Initiative Skills	Communication Skills
<p>We expect the student to achieve 100% “Always” rating in the Safety Skills during all clinical education experiences.</p> <p>Note that you cannot mark “Not Observed” on these behaviors.</p>	<p>We expect the student to achieve 100% rating of “Most of the Time” or above in the Professional Ethics Skills during the initial experience and progress to 100% “Always” by the end of the final experience.</p> <p>Note that you cannot mark “Not Observed” on these behaviors.</p>	<p>We expect the student to achieve 100% “Sometimes” or above in the Initiative Skills during the initial clinical experience and progress to 100% “Always” by the end of the final experience.</p> <p>Note that you cannot mark “Not Observed” on these behaviors.</p>	<p>We expect the student to achieve 100% “Sometimes” or above in the Initiative and Communication Skills during the initial clinical experience and progress to 100% “Always” in the final experience.</p> <p>You may mark “not observed” for Communication Skills if the student has not had the opportunity to demonstrate a particular skill. For instance, if the student has had no opportunity to communicate with other professionals this would be “not observed.”</p>
<p>The student will develop their Professional Behaviors in the clinic during the three Physical Therapy Practice to achieve 100% “Always” rating at the conclusion of the final clinical experience in all subcategories. Qualitative comments should support the rating selected.</p>			

- The second section of the CIET, **Patient Management**, evaluates the student’s ability to efficiently manage a patient with an effective outcome. It is divided into four sections: *Examination, Evaluation, Diagnosis/Prognosis, and Intervention*.

CIET Patient Management Ratings	
Well Below	Student requires Guidance from their clinical instructor to complete an item for all patients

Below	<p>The student requires Supervision and/or has difficulty with time management while completing the item for all patients.</p> <p>The student could continue to require Guidance for the patient with a more complex presentation while only needing Supervision with the patient with a familiar presentation.</p>
At That Level for Familiar Patients	<p>The student is independently managing patients with a familiar presentation; he/she is at the level of a competent clinician with these patients when performing an item.</p> <p>The student requires Supervision to manage patients with a complex presentation and he/she is below the level of a competent clinician for these patients.</p>
At That Level for All Patient	<p>The student is independently managing both patients with a familiar presentation and patients with a complex presentation.</p> <p>The student can carry an appropriate caseload for your clinic and achieve an effective outcome with patients.</p> <p>The student is at the level of a competent clinician in your setting.</p>
Above	<p>Student is performing above the level of a competent clinician in your clinic.</p> <p>Clinical skills are highly effective and demonstrate the most current evidence in practice. The student can carry a higher than expected caseload.</p> <p>The student actively seeks out and develops independent learning opportunities.</p> <p>The student serves as a mentor to other students and provides resources to the clinical staff.</p>

- Anchor definitions for each student rating, as defined by the authors of the validated CIET Assessment, are as follows:
- **Patient Presentation:**
 - **Familiar presentation:** Could include any of the following: a patient diagnosis/problem that is seen frequently in your setting, a patient with a diagnosis that the student has evaluated and treated more than once, a diagnosis that was specifically covered in the student's didactic curriculum, a patient who does not have a complex medical history or complicated course of care for this episode of care in physical therapy.

- **Complex presentation:** Could include a patient problem/diagnosis that is rarely seen, a patient problem/diagnosis that the student did not cover in their didactic curriculum, a patient diagnosis that is rarely seen in this clinic, or the patient who has had a complicated course of care for the present episode of care or a complex medical history.
- **Level of Clinical Instructor Support:**
 - **Guidance:** The student is dependent on the CI to direct the evaluation/patient treatment; either the CI is present throughout the patient interaction, or the student needs to discuss with the CI after each step of the evaluation and treatment. If the student requires the guidance level of support for an item on the Patient Management Scale for the majority of the patients seen, then he/she should be marked at ***Well Below*** for that item.
 - **Supervision:** The student is able to carry out the evaluation and treatment but needs to be monitored to correct minor errors in technique or to facilitate decision making. The student is able to make the correct clinical decisions with only a few verbal cues/suggestions from the CI. The CI is not directing decision-making.
 - If a student requires supervision for an item for patients with both a familiar and a complex presentation, then he/she should be marked ***Below*** for that item.
 - If the student requires supervision only for patients with a complex presentation, he/she should be marked **At That Level for Familiar Patients**.
 - **Independent:** A student is considered “independent” if he/she is directing the evaluation and treatment and getting an effective outcome.
 - If a student is coming to the CI for a consultation about a patient’s evaluation or plan of care or clarifying a clinical decision, this is not considered “Supervision.”
 - When the student is at the “independent” level of CI support for an item on the Patient Management Scale, the student is demonstrating the skills of a competent clinician.

- If the student is independent only for patients with a familiar presentation, she/he would be marked ***At That Level for Familiar Patients.***
- If the student is independent for all patients, then he/she would be marked ***At That Level for all Patients.***

Physical Therapy Practice Expectations by the FINAL CIET Assessment		
DPT 670 Physical Therapy Practice I	Professional Behavior	The student is expected to achieve a minimum of “Always” for categories including Safety, Professional Ethics, and Initiative, and a minimum of “Most of the Time” for Communication
	Patient Management	The student is expected to achieve “At that Level for Familiar Patients” for 22/24 categories
DPT 675 Physical Therapy Practice II	Professional Behavior	The student is expected to achieve a minimum of “Always” for all categories
	Patient Management	The student is expected to achieve “At that Level for All Patient for all (24/24) categories AND “At that Level for All Patients” for 4/24 categories
DPT 680 Physical Therapy Practice III	Professional Behavior	The student is expected to achieve a minimum of “Always” for all categories
	Patient Management	The student is expected to achieve “At That Level for All Patients” for all categories (24/24).

- Students need to meet the performance expectations upon completion of each of the three clinical education experiences. Each respective course syllabi also contains the following performance expectations.

From the onset of the clinical experiences, our expectation is that the student shows safe, professional behavior and demonstrates a great deal of initiative.

APPENDIX B

WILSON COLLEGE DPT PROGRAM

STUDENT AGREEMENT FOR PARTICIPATION IN CLINICAL EDUCATION EXPERIENCES

I, _____ (printed name), as a student in the Wilson College DPT Program, agree to the following terms and conditions related to clinical education experiences:

1. Participate fully in clinical education during hours that the facility designates and arranges. I will adapt my personal schedule to allow for regular/required hours as required by the clinical facility and Clinical Instructor (CI).
2. Notify the Director of Clinical Education (DCE) and the CI in advance of the time that I am scheduled to arrive for work if I am unable to report as scheduled.
3. Conform to the policies, procedures, rules and regulations of Wilson College, the DPT Program, and the clinical facility.
4. Always maintain professional behavior including taking responsibility for my own learning, seeking opportunities and taking initiative for educational experiences, accept and implement feedback; to be honest, courteous, cooperative and punctual, and to exhibit proper dress, grooming and health habits.
5. Consult the CI, SCCE, or DCE about any difficulties arising during my clinical experience.
6. Submit promptly to the DCE all information and reports required by Wilson College DPT Program.
7. Indemnify and hold harmless the clinical facility and its officers, employees, agents and other representatives from and against liability for damages, claims, lawsuit, judgments, expenses and attorney's fees which may be incurred by the Facility or the CI resulting from any acts or omissions of the student.
8. Maintain individual health insurance to cover any injuries or illnesses that might arise as a direct or indirect result of my work at the Facility.
9. I am responsible for all transportation, living expenses, and arranging housing related to clinical experiences.
9. Strictly protect the confidentiality of all records and information belonging to the Facility, its personnel and patients, including its methods of operation and business and all information that could be considered proprietary or that might be contrary to HIPAA policies.
10. Inform all patients that I am a student physical therapist from Wilson College and that the patients have a risk-free right not to participate in clinical education.

Student Signature

Date

APPENDIX C
WILSON COLLEGE DPT PROGRAM
CLINICAL EDUCATION PREPAREDNESS FORM

Student name:
Faculty Advisor:
Cohort:

DPT 670 PHYSICAL THERAPY PRACTICE I

Date:

ACADEMIC PROGRESSION:

Did the student pass all didactic courses in semesters 1-3 and maintain an overall 3.0 GPA?

- ☐ Yes
☐ No

Did the student pass all lab practical/skill checks, including the comprehensive practical for semesters 1-3?

- ☐ Yes
☐ No

Is the student open and receptive to constructive feedback and incorporate feedback into subsequent performance?

Is the student able to incorporate clinical reasoning and EBP into all practical exams, including the comprehensive practical for semesters 1-3?

Are there any concerns regarding professional behaviors, safety, or any other concerns for progressing this student to the first clinical education rotation?

Is the student currently participating in, or pending initiation of, an academic or professional behavior plan? If yes, include a brief summary of concern(s), progress to date, and recommendations for clinical support.

RECOMMENDATIONS

Faculty Advisor:

- ☐ Prepared
☐ Prepared with Concerns
☐ Unprepared

Comments/concerns:

DCE:

- ☐ Prepared
- ☐ Prepared with Concerns
- ☐ Unprepared

Comments/concerns:

CLINICAL EDUCATION PREPAREDNESS DECISION:

- ☐ Prepared: progress to clinical experience
- ☐ Prepared with Concerns: progress to clinical experience
- ☐ Unprepared: no progression to clinical experience

Comments/concerns:

DPT 675 PHYSICAL THERAPY PRACTICE II

Date:

ACADEMIC PROGRESSION:

Did the student pass all didactic courses in semesters 4-5 and maintain a 3.0 GPA?

- ☐ Yes
- ☐ No

Did the student pass all lab practical/skill checks for semesters 4-5?

- ☐ Yes
- ☐ No

Is the student open and receptive to constructive feedback and incorporate feedback into subsequent performance?

Is the student able to incorporate clinical reasoning and EBP into all practical exams, for semesters 4-5?

Are there any concerns regarding professional behaviors or any other concerns for progressing this student to the second clinical education rotation?

Is the student currently participating in, or pending initiation of, an academic or professional behavior plan? If yes, include a brief summary of concern(s), progress to date, and recommendations for clinical support.

RECOMMENDATIONS

Faculty Advisor:

- ☐ Prepared
- ☐ Prepared with Concerns
- ☐ Unprepared

Comments/concerns:

DCE:

- ☐ Prepared
- ☐ Prepared with Concerns
- ☐ Unprepared

Comments/concerns:

CLINICAL EDUCATION PREPAREDNESS DECISION:

- ☐ Prepared: progress to clinical experience
- ☐ Prepared with Concerns: progress to clinical experience
- ☐ Unprepared: no progression to clinical experience

Comments/concerns:

DPT 680 PHYSICAL THERAPY PRACTICE III

Date:

ACADEMIC PROGRESSION:

Did the student pass all didactic courses in semesters 4-5 and maintain a 3.0 GPA?

- ☐ Yes
- ☐ No

Did the student pass all lab practical/skill checks for semesters 4-5?

- ☐ Yes
- ☐ No

Is the student open and receptive to constructive feedback and incorporate feedback into subsequent performance?

Is the student able to incorporate clinical reasoning and EBP into all practical exams, for semesters 4-5?

Are there any concerns regarding professional behaviors or any other concerns for progressing this student to the final clinical education rotation?

Is the student currently participating in, or pending initiation of, an academic or professional behavior plan? If yes, include a brief summary of concern(s), progress to date, and recommendations for clinical support.

DCE:

- ☐ Prepared
- ☐ Prepared with Concerns
- ☐ Unprepared

Comments/concerns:

CLINICAL EDUCATION PREPAREDNESS DECISION:

- ☐ Prepared: progress to clinical experience
- ☐ Prepared with Concerns: progress to clinical experience
- ☐ Unprepared: no progression to clinical experience

Comments/concerns:



APPENDIX D

WILSON COLLEGE DPT WEEKLY CLINICAL PERFORMANCE SHEET

Student Name:

Clinical Instructor:

Clinical Site:

Week #:

Hours completed:

Absences:

Caseload

Total number of patients treated:

Number of patients student treated:

Percentage of caseload:

Percentage of Supervision: 0-24% 25-50% 51-74% 75-100% 100%

Diagnoses treated:

Previous week's goals:

1.

Met or not met

2.

Met or not met

3.

Met or not met

Student performance reflection for the week:



CI feedback:

Student Strengths and Achievements:

Student Feedback	CI Feedback

Areas for continued development:

Student Feedback	CI Feedback

Goals for next week:

- 1.
- 2.
- 3.

Do you want the DCE to contact you regarding any concerns:

Yes

No

Date:

CI Signature:

Student Signature:



APPENDIX E

**WILSON COLLEGE DPT PROGRAM CLINICAL EDUCATION DOCUMENT
TIMELINES**

Clinical Education Assessments Completed by the Student		
Weekly Clinical Performance Weekly Clinical Experience Form Timesheet	Exxat Exxat Exxat	Weekly Weekly Weekly
Online CIET Self-Assessment Midterm	Exxat CIET online	Due on Friday of Week 4 (8- week rotations) Due on Friday of Week 7 (14- week rotation)
Online CIET Self-Assessment Final	Exxat CIET online	Due on Friday of Week 8 (8- week rotation) Due on Friday of Week 14 (14- week rotation)
Physical Therapist Student Evaluation (PTSE) of the Clinical Instruction & Clinical Site	Exxat Survey	Upon completion of the clinical experience
Course Evaluation	Canvas	Upon completion of the clinical experience
CI Details form	Exxat online	First week of the clinical
Midterm Scheduling Form	Google Form	First week of the clinical
DCE Performance Assessment Survey	Exxat	Upon completion of the clinical experience
Clinical Education Assessments Completed by the Clinical Faculty		
Clinical Site Information (SCCE)	Exxat	Annually upon slot confirmation
Online CIET Self-Assessment Midterm	Exxat CIET online	Due on Friday of Week 4 (8- week rotations) Due on Friday of Week 7 (14- week rotation)
Online CIET Self-Assessment Final	Exxat CIET online	Due on Friday of Week 8 (8- week rotation) Due on Friday of Week 14 (14- week rotation)
DCE Performance Faculty Survey	Exxat Survey	Annually upon completion of the clinical experience
CI Program Review Survey	Exxat Survey	At the conclusion of the clinical
Clinical Education Assessments Completed by Wilson College DPT Program Faculty/DCE		
Clinical Education Preparedness	Exxat	Prior to Student Progression to Clinical Education Experiences
Mid-term and Final Clinical Education Conference Form	Exxat	Due on Friday of Week 4 (8- week rotations)

		Due of Friday of Week 7 (14-week rotation) Due on Friday of Week 8 (8-week rotation) Due on Friday of Week 14 (14-week rotation)
DCE Self-Assessment and Academic Administrators Survey	Exxat Survey	Annually by DCE and Academics Administrators
Exxat CAPTE Reports	Exxat	Annually
DCE Performance Faculty Survey	Exxat Survey	Completed annually by Program Director and Core Faculty



APPENDIX F

Policy Title: Clinical Education Attendance	Policy Number: 03-01	Wilson College, Doctor of Physical Therapy Program – Clinical Education
Approval: Tiffany Duran, PT, DPT, Director of Clinical Education		
Last Reviewed: 08/23/26	Last Revised: 10/20/2026	Effective Date: 04/20/2026

Purpose:

This policy establishes professional expectations for attendance, absences, and the associated time management requirements of students participating in Clinical education experiences at the Wilson College (WC) Doctor of Physical Therapy (DPT) Program. Clinical experiences provide DPT students the opportunity of supervised integration of academic knowledge application for professional formation. The purpose of this policy is to reinforce professional formation by establishing clear and precise standards governing student expectations for attendance, excused and unexcused absence procedures, and punctuality during clinical placements. This policy governs all three clinical education courses: DPT-670 (Physical Therapy Practice 1, 8 weeks), DPT-675 (Physical Therapy Practice 2, 8 weeks), and DPT-680 (Physical Therapy Practice 3, 14 weeks).

This policy governs the responsibilities of students, Clinical Instructors (CIs), Site Coordinators of Clinical Education (SCCEs), the Director of Clinical Education (DCE), core faculty, the Coordinator of Student Affairs, and the Program Director in the planning, monitoring, and enforcement of professional participation standards.

Scope:

This policy applies to students enrolled in the DPT Program during clinical education experiences and to all parties involved in clinical education oversight. It governs all activities occurring within the clinical placement schedule, including but not limited to scheduled direct patient care sessions, CI-directed in-services, staff meetings, professional development activities at the clinical site, and all other components of the student's CI-established schedule.

Definitions:

- A) Attendance: The physical presence of all CI-scheduled learning activities during their full designated time including direct patient care sessions, in-services, staff meetings, and other professional development activities directed by the CI. Attendance in the clinical setting is governed by the CI's established schedule, not the WC academic calendar.
- B) Punctuality: Arriving to a scheduled clinical activity **before** the designated start time in a state of readiness to actively participate from the moment the activity begins. The WC DPT Program expectations establish that arriving at the

scheduled start time is operationally late. A student who is prepared and ready to participate before the clinical session's designated start time is considered punctual. The minimum expected time for **punctuality is at least 10 minutes before** the designated start time.

- C) Tardy / Late Arrival: Arriving to a scheduled clinical activity **after the expected start time** to the designated start time established by the punctuality definition and arriving at the designated start time without being in a state of readiness to participate. A late arrival is documented by the clinical faculty and recorded in the student's attendance record for the course. Late arrivals are a lapse in professional behavior, regardless of the reason.
- D) Excused Absence: An absence from a scheduled clinical activity including arriving late or leaving early where the student has provided timely, appropriate documentation. Excused absence does not eliminate the academic responsibility for missed clinical hours nor does it eliminate the requirement to complete all minimum direct patient care hours by the end of the rotation.
- E) Unexcused Absence: Any absence, late arrival, or early departure from a scheduled clinical activity or clinical experience that does not meet the criteria for an excused absence or for which timely, appropriate documentation has not been provided. Unexcused absences are lapses in professional behavior and are subject to the consequences defined in this policy and policies governing professional behavior.
- F) Pattern of Absence: A recurring or systematic occurrence of absences, late arrivals, or early departures across a clinical practice course within a term. A pattern reflects faculty professional judgment applied to documented attendance records rather than a specific number threshold.
- G) Participation: Active, prepared, and engaged participation in a scheduled clinical activity. Participation is demonstrated by completing assigned preparatory work in advance of clinical sessions, contributing meaningfully to the experience, and remaining cognitively present and engaged throughout the full scheduled session.

Violations of the policies outlined in the WC Student Conduct and Community Standards processes are subject to procedures outlined in the [Wilson Blue Book](#) and are under the adjudication of the Joint Honor Council (JHC).

Policy:

Every student is responsible for attending and participating fully in scheduled clinical activities, arriving at least 10 minutes before the designated start time with active readiness, remaining for the full duration of the daily schedule, and engaging in clinical experiences throughout. Punctual and professionally engaged attendance at all

scheduled clinical education experiences is a requirement of the WC DPT Program. Any known excused absence is expected to be managed as far in advance as possible. Extenuating circumstances will be considered on a case-by-case basis. Clinical attendance standards exist to protect patient welfare, to ensure students achieve the supervised clinical hours necessary for entry-level competency, and to fulfill the DPT Program's obligations to its affiliated clinical partners and to CAPTE accreditation requirements.

1. Standard Hour expectations for DPT students are designated as a minimum of thirty-six (36) hours per week during clinical education experiences; however, students are expected to work the schedule of their CI. Students must track and document their weekly direct patient care hours (clinical hours timesheet) and submit this documentation on Exxat. Students must contact the DCE immediately if clinic hours will exceed 42 hours in one week.
2. The student's work schedule is established by the Clinical Instructor's schedule. This schedule governs student attendance and may not align with the official Wilson College academic calendar. Students are expected to follow the CI's schedule, including any substitute or secondary CIs. Clinical experiences may include holiday and weekend attendance as a requirement. Academic calendars do not automatically apply during clinical education placements. Students are expected to follow the clinical site's established holiday and operational schedule.
3. Planned absences should be managed as far in advance as possible. Any hours that fall short of the expected direct patient care hours must be made up within the same week, if possible. The DCE may be consulted as needed for policy clarification or concerns that may present themselves unexpectedly. However, the makeup time must be coordinated with the CI or the Site Coordinator of Clinical Education (SCCE). Additionally, make up time may include working weekends or working additional direct patient care time in the facility.
4. Being absent from scheduled clinical rotation day(s) without coordinating in advance with the clinical faculty or the DCE is considered an unexcused absence and may trigger consultation with the DCE, the CoSA, and the core faculty advisor.
5. Students are expected to attend lunchtime in-services, staff meetings, or other facility training opportunities as determined by the CI.
6. Failure to complete minimum required direct patient care hours, or failure to meet attendance and punctuality standards defined may jeopardize the student's ability to earn the "Pass" grade in the clinical course and may affect academic

progression. The DCE and CoSA meet to determine the course of action in accordance with program and institutional policies.

Qualifying Criteria:

Attendance as Professional Behavior: A student who is absent, tardy, or disengaged in the clinical setting demonstrates conduct inconsistent with the professional standards. These violations are documented and treated as lapses in professional behavior and accumulate within the same progressive consequence framework applied in the didactic setting under Policy 01-05 and Policy 01-02.

Travel Safety: A student is not expected to put themselves in physical danger or take unnecessary risks when traveling to or from a clinical site. Unsafe travel conditions qualify as an excused absence. In the clinical setting, unsafe travel determinations are specific to conditions at or enroute to the student's clinical placement location and may differ from WC campus conditions. The DCE is the authoritative decision-maker for unsafe travel determinations during clinical rotations.

Excused Absences: An absence, late arrival, or early departure will be considered excused when one or more of the following qualifying categories and when timely, appropriate documentation is provided:

- Illness or medical condition requiring the student's presence for treatment or recovery
- Personal or immediate family emergency of a serious and documented nature
- Military obligation, including mandatory drill, deployment orders, or other official military duty. Refer to WC College Catalog for further detail.
- Unsafe travel conditions, including severe weather, road closures, or other documented hazardous conditions
- Significant life events not mentioned above, reviewed and approved on a case-by-case basis

Unexcused Absence: All absences, late arrivals, and early departures that do not meet the qualifying criteria above, or for which timely and adequate documentation has not been provided, are classified as unexcused. An unexcused absence is a documented lapse in professional behavior. Unexcused absences are managed through the progressive consequence framework.

Progressive Consequence Framework Late Arrivals within a Single Term: The accumulation of late arrivals, defined as less than 10 minutes early to the designated start time, and early departures within each academic term. The following progressive consequence framework applies to late arrivals and early departures across the clinical Placement term or semester:

Occurrence within a Single Term	Consequence	Responsible Party
1st Late Arrival / Early Departure	Verbal discussion by course faculty. Documented in writing by the course faculty advisor and reported to the DCE.	Course Faculty Advisor
2nd Late Arrival / Early Departure	Mandatory meeting with the student's core faculty advisor, CoSA and DCE. Formal written warning issued to the student and a learning plan will be executed. Documented in the student's advising record.	DCE, Core Faculty Advisor, and Coordinator of Student Affairs.
3rd Late Arrival / Early Departure	Automatic referral to the Joint Honor Council for unprofessional behavior. The Joint Honor Council will determine appropriate action in accordance with the WC Blue Book.	Joint Honor Council. Coordinator of Student Affairs (referral initiated), Director of Clinical Education, and Program Director

IMPORTANT: The punctuality consequence framework is per-term and cumulative across all courses. A student who has one documented late arrival in Course A and one documented late arrival in Course B during the same term has accumulated two late arrivals toward the warning threshold. Late arrivals do not reset at the course level.

Consequences and Management:

Excused Full Absences: When a full absence qualifies as excused with adequate documentation provided, the CI will coordinate a make-up plan with the student. An excused absence potentially creates patient care hours deficit, which requires the student to make up all missed hours before the end of the week the hours are missed, if possible. Make-up options include:

- Extending daily clinical hours within the same rotation week, at the CI's approval
- Scheduling weekend clinical hours at the clinical site, at the CI's approval
- Any other make-up arrangement approved in writing by both the CI and the DCE.

Make-up plans must be coordinated with the CI and DCE as early as possible. *Make-up hours may not extend beyond the scheduled last day of the rotation.*

Excused absences do not accumulate but are tracked and documented independently. A pattern of repeated excused absences as identified by the core faculty, CI, SCCE, or the DCE, even when individually justified, may be reviewed by the DCE, Coordinator of Student Affairs and Core Faculty Advisor if the cumulative effect creates academic risk.

Attendance Review Threshold: If a student cannot complete all required minimum direct patient care hours by the end of the scheduled rotation, regardless of whether the hours were missed due to an excused or unexcused absence, the DCE will initiate a formal review. The DCE will:

- Document the hours deficit and the reason for the shortfall
- Consult with the CI and SCCE regarding the feasibility of any remaining make-up options
- Apply clinical education grading standards to determine the final course grade.

Unexcused Full Absences: An unexcused full-day clinical absence creates both a direct patient care hours deficit and a professional behavior concern. Unexcused full absences will be subject to the consequences in accordance with the progressive framework in this policy.

Procedure:

1. Program Director (PD)
 - a. Operationalize, disseminate, and annually review the attendance, punctuality, and participation standards of this policy, communicating updates to students, faculty, and staff at program orientation, at the start of each academic year, during any DCE Orientation Meeting, and upon any policy revision.
 - b. Receive written notification from the DCE, and the Coordinator of Student Affairs of any clinical attendance, punctuality, or hours concern that escalates to a JHC referral.
 - c. Approve or co-initiate JHC referrals for clinical attendance and punctuality-related professional behavior violations.
2. Director of Clinical Education (DCE)
 - a. The DCE is the primary operational authority for the clinical attendance policy and the central point of communication among students, CIs, SCCEs, the DPT Program and WC Institutional offices.
 - b. Communication & Policy Dissemination

- i. Communicate clinical education attendance requirements, the direct patient care hours standard, the release time framework, and the excused/unexcused absence protocol clearly and in writing.
 - ii. Ensure that students receive site-specific compliance requirements no less than thirty (30) calendar days prior to their clinical placement start date.
 - c. Attendance Monitoring & Determination
 - i. Serve as the authoritative decision-maker regarding whether a reported absence qualifies as excused or unexcused, in consultation with the CI and, as needed, the Program Director.
 - ii. Monitor student direct patient care hours throughout each clinical placement, reviewing submitted hours and communicating with CIs regarding compliance.
 - iii. Advise the CI and/or SCCE regarding makeup hour plans when a student's direct patient care hours fall below the required minimum.
 - iv. Consult with the CI when questions arise regarding the classification of release time activities.
 - d. Referral & Documentation
 - i. Initiate a formal referral in collaboration with the Coordinator of Student Affairs and the core faculty advisor in accordance with the progressive consequence framework of this policy.
 - ii. Maintain written records of all absence notifications, excused/unexcused determinations, hour logs, makeup plans, Learning Plans, and Joint Honor Council referrals for each student.
 - iii. Notify the Program Director and applicable core faculty advisor of any clinical attendance concern that is referred to the Joint Honor Council.
- 3. Core Faculty
 - a. Support the clinical education program by involvement in the grading process, midterm and final evaluations, and any other tasks designated by the DCE.
 - b. Engage proactively with assigned advisees throughout clinical education experiences monitoring for signs of attendance, professionalism, or performance concerns and facilitating early intervention as needed.

- c. Participate in the annual review of the clinical education attendance standards and policies to ensure alignment with CAPTE accreditation requirements, WC institutional policy, and the evolving landscape of physical therapy clinical education.
- 4. SCCE
 - a. Serves as the primary site-level contact for the DCE and is responsible for facilitating communication between the clinical site and the WC DPT Program on matters of student attendance, performance, and site policy.
 - b. Communicate promptly to the DCE any student attendance concerns, participation issues, or other circumstances at the clinical site that may interfere with the student's ability to successfully complete the clinical experience.
 - c. Ensure that site-specific scheduling, holiday, dress code, and any other policies are communicated to the student and the DCE prior to the placement start date.
 - d. If required, facilitate coordination between the CI and the DCE regarding makeup hour plans when attendance deficits arise.
 - e. Communicate with the DCE regarding student performance or participation related issues or concerns that may interfere with successfully completing the clinical education experience.
 - i. Notify the DCE immediately if a student attendance or conduct issue at the site creates concerns for patient safety or care continuity.
- 5. CI
 - a. The primary day-to-day supervisor of the student at the clinical site who bears direct responsibility for establishing, communicating, and providing timely feedback.
 - b. Schedule & Release Time
 - i. Establish, communicate, and maintain a clear work schedule for the student at the initiation of the clinical placement. Any changes to the established schedule must be communicated to the student in advance.
 - ii. Coordinate and approve release time activities on a case-by-case basis, ensuring that approved activities meet the substantive professional development standard and are directly related to the clinical learning environment.
 - iii. Document all release time approvals and communicate the nature of approved activities to the DCE upon request.

- c. Communication & Professional Modeling
 - i. Communicate to the DCE in a timely manner any student attendance concern, participation issue, professionalism concern, or circumstance that may interfere with the student's success.
 - ii. Provide constructive and documented feedback on professional behaviors in a private and timely manner.
 - iii. Model the professional attendance, punctuality, and scheduling behaviors expected of the student.
 - iv. Facilitate makeup hour opportunities for students with excused absence deficits in coordination with the DCE.
- 6. Students
 - a. Students bear primary personal responsibility for their professional behavior including attendance standards defined in this policy.
 - b. Discuss and coordinate expected work schedules with the CI in advance.
 - i. Consult with the DCE if there are any questions or issues present.
 - c. Notify CI well in advance, as is possible, of any events in which the student will miss clinical time.
 - d. Maintain an accurate log of direct patient care hours completed during each clinical placement. Submit the clinical timesheet in Exxat.
 - e. When an excused absence creates a direct patient care hours deficit, proactively coordinate makeup hours with the CI and DCE as early as possible.
 - f. Appreciate that unexcused absences which include leaving early or arriving late may result in consequences in accordance with this policy.

APPENDIX G

Policy Title: Clinical Education Promediation and Dismissal	Policy Number: 03-02	Wilson College, Doctor of Physical Therapy Program – Clinical Education
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Approval: Tiffany Duran, PT, DPT, Director of Clinical Education		
Last Reviewed: 08/23/27	Last Revised:	Effective Date: 05/20/2026

This policy is the Clinical Education parallel to Student Policies 01-04 (Promediation and Remediation) and 01-08 (Probation & Dismissal)

Purpose:

This policy establishes the standards governing academic and non-academic (professional behavior) promediation and dismissal pathways in the Wilson College (WC) Doctor of Physical Therapy (DPT) Program. This policy provides structured, time-sensitive, and accountable intervention that considers suspension or dismissal where promediation falls short, or conduct makes continued enrollment untenable. This policy provides rigorous and fair promediation, suspension, and dismissal pathways protected by due process. The purpose of this policy is to nurture student success while upholding the standards of the physical therapy profession.

Scope:

This policy applies to all enrolled DPT Program students currently matriculating through a Clinical Education experience and governs all promediation, suspension, and dismissal processes, including re-enrollment eligibility. It receives automatic referrals under Policy 01-05 (Grading, Attendance & Participation) and third-occurrence referrals under Policy 01-02 Professional Behavior, Conduct, and Dress Code. It operates in conjunction with Policies 01-01 (Academic Integrity), Policy 01-03 (Matriculation & Graduation Standards), Policy 01-06 (Essential Functions & Technical Standards), Policy 01-07 (Timeliness of Submission), Policy 01-09 (Appeals, Complaints, and Grievances), the Wilson College Catalog Policies Specific to Graduate Students and the WC Blue Book Student Handbook.

Definitions

Promediation: the intentional and proactive practice of student support within a didactic or clinical education course, characterized by direct faculty engagement, targeted guidance, advisor consultation, and documented support. Promediation is an opportunity for students to correct their academic trajectory. All proactive interventions and support measures are formally documented.

Learning Plan: a written corrective document used for concerns arising during clinical education experiences that identifies the student's challenge(s), required corrective steps, assigned responsibilities, measurable benchmarks, measurable benchmarks, and defined timelines for resolution. Learning Plans support the promediation processes and are mandatory.

At-Risk Student: A student whose observable clinical education performance, professional behavior, attendance, safety conduct, or academic integrity raises reasonable concern that matriculation standards may not be met without targeted

support. At-risk identification is made within the professional capacity of the course or clinical faculty.

Early Performance Signal: An observable indicator of potential difficulty that initiates proactive course or clinical faculty intervention.

Promediation Documentation: The written record of all promediation activities including the identified concern or deficiency, faculty-student interactions, agreed-upon improvement strategies, timelines, and follow-up checkpoints. Documentation is retained in the student's advising record and Exxat.

Academic Suspension and Dismissal: The formal, involuntary separation of a student from the DPT program which may occur as a Suspension with the privilege of reenrollment (Deceleration) or as Dismissal without the privilege of re-enrollment and is preceded by due process.

- a. **Suspension (Deceleration):** requires the student to separate from the DPT program for a defined period of time. Within this policy, this status is referred to as Deceleration and the student may be eligible to apply for reenrollment upon successful completion of all the conditions of the Academic Success Plan. Re-enrollment is not guaranteed.
- b. **Dismissal:** a final dismissal determination resulting in permanent separation from the DPT Program, rendering the student permanently ineligible for re-enrollment. Dismissal is reserved for the most serious violations, including severe patient safety violations, egregious confirmed academic integrity violations, repeated and willful professional conduct violations following formal intervention, or conduct demonstrating fundamental incompatibility with the ethical and professional standards of physical therapy. A student is dismissed if they fail to make academic progress upon return from suspension.

Academic Success Plan: A written, individualized, and signed agreement between the student and the DPT Program used to document required conditions for academic progression during suspension and re-enrollment. The Academic Success Plan outlines the student's academic status, required actions, performance expectations, timelines, responsible parties, deadlines, criteria for successful completion, consequences of non-compliance, curriculum implications, anticipated re-enrollment term when applicable, and any required evidence of academic, professional, or clinical readiness.

Consistent with WC College Catalog and the academic progression standards, Dismissal for the DPT Program is automatically outlined when the student earns a non-passing final grade in any clinical education course in accordance with the Matriculation & Graduation Policy, which identifies non-passing grades as an 'F' in clinical courses.

Policy:

At-Risk Indicators triggering promediation

Faculty initiate promediation upon observing one or more of the following indicators. The list is not exhaustive. The professional judgment by the faculty may identify additional concerns warranting promediation.

1. **Academic performance**

- a regularity of incomplete or missing assignments suggesting systemic academic difficulty rather than isolated missed submissions.

2. **Professional behavior**

- documented lapses or emerging patterns under the Professional Behaviors, Conduct, and Dress Code Policy and the Grading, Attendance, and Participation Policy including tardiness, absence, communication deficiencies, or difficulty receiving constructive feedback that suggest disengagement or a developing barrier to clinical readiness.

3. **Safety and clinical readiness**

- observable unsafe behaviors during the clinical education experience suggesting gaps in safety awareness or clinical judgment.
- psychomotor skill development that is not at the level expected for the respective clinical education experience.
- concerns regarding physical or cognitive readiness during the clinical education experience, identified through CI observation or student self-disclosure.

Promediation Process. Promediation proceeds through five sequential steps. The CoSA and DCE remain available to support faculty and students throughout the process.

1. Identification. The DCE, faculty advisor, or clinical instructor identifies at-risk indicators at the earliest observable signal.
2. Engagement. The faculty initiates a private, direct conversation with the student that describes the observed concern using the SBI (Situation-Behavior-Impact) feedback model; is framed as supportive and developmental; identifies specific, concrete improvement strategies; and establishes a follow-up checkpoint timeline.
3. Documentation and Notification. The faculty documents the promediation engagement (Learning Plan) promptly in the student's advising record and Exxat, including the date, identified concerns, improvement strategies, established follow-up checkpoints, and the student's response. This documentation serves as notification to the DCE, CoSA, and the student's core faculty advisor.
4. Monitoring. The reporting faculty and DCE monitor performance against the improvement strategies at the established checkpoints, documenting progress or continued concern accordingly, with collaboration with the CI.
5. Promediation Outcome Review: At each checkpoint, the faculty member and DCE jointly evaluate, based on documented evidence and communication with the CI, whether promediation is producing demonstrable improvement. Based on this review, promediation may be continued, modified, or concluded.

Suspension (Deceleration): Consistent with Wilson College Catalog and the academic progression standards, suspension from the DPT Program is automatically outlined when the student earns a non-passing final grade in any clinical education course in accordance with the Matriculation & Graduation Policy, which identifies a non-passing grade as an 'F'. Suspension preserves the student's eligibility for re-enrollment with the subsequent cohort. Eligibility does not extend beyond that cohort. An Academic Success Plan supports Suspension and outlines the terms and conditions required for re-enrollment. To return to the program, students must do the following at least three weeks prior to the beginning of the next semester:

1. Contact the WC Registrar, the DPT Program Director (PD), CoSA, and Director of Admissions (DoA) indicating intent to return.
2. Submit appropriate documentation showing satisfactory completion of all aspects of the Academic Success Plan.
3. Schedule a meeting with the Dean of Student Success (DSS) and the CoSA.
4. Request clearance from Student Financial Services, if applicable.

Dismissal: All Clinical education courses are Pass/ Fail (P/F). Due to the accelerated nature of the DPT program, students must pass each clinical experience to progress to the subsequent clinical experience or didactic term. If the student with a learning plan does not successfully complete all required steps by the indicated deadline or meet the required benchmarks by the end of the clinical experience, the student fails the Clinical Experience, receive a course grade of F in accordance with the Probation & Dismissal Policy.

Academic & Non-Academic Triggers for Suspension or Dismissal

- a. A non-passing final grade, 'F', in any DPT clinical education experience per the Grading, Attendance, and Participation Policy.
- b. Inability to meet clinical education performance standards of a Learning Plan or the failure to complete the requirements of an agreed-upon Learning Plan within the specified timeline.
- c. Confirmed or egregious violation of the Academic Standards and Integrity Statement and expected Professional Behaviors, including plagiarism, unauthorized collaboration, misrepresentation of AI-generated content, cheating on graded assignments, or misrepresentation of clinical documentation or patient information; academic dishonesty during a promediation activity (an aggravated violation regardless of the original concern); or a pattern of integrity concerns demonstrating willful disregard for the ethical and professional standards of the profession.
- d. Egregious or repeated violations of professional behavior standards under Professional Conduct, Behaviors, and Dress Code Policy; a documented

patient, colleague, or public safety violation demonstrating incompetence, recklessness, or willful disregard for patient welfare; HIPAA, patient confidentiality, or clinical site policy violations of sufficient severity to constitute a fundamental breach of professional and legal obligations; conduct that seriously discredits the student, the DPT Program, Wilson College, or the profession; fundamental breach of the APTA Code of Ethics or Core Values.

Suspension and Dismissal Procedure:

- Step 1. Promediation. The trajectory for any potential of Academic suspension or Dismissal is identified early by core faculty advisor or clinical faculty through proactive intervention in accordance with the Promediation Policy. Therefore, suspension and dismissal are outlined by the inability to meet the Clinical education Learning Plan requirements of Promediation, and the student earns a non-passing final grade in accordance with Grading, Attendance, and Participation Policy, and the Clinical Education Handbook.
- Step 2. Intervention Referral. The core faculty advisor or Director of Clinical Education (DCE) may initiate a formal written referral for intervention to the CoSA when conduct or performance has the ultimate potential of dismissal. Referrals must include a specific description of the concern, supporting documentation, and the referring party's professional assessment of severity and urgency. Consistent with affiliation agreements, a clinical site retains independent authority to remove a student from placement immediately when the students' conduct is egregious in nature. The DCE notifies the CoSA and Program Director without delay of any such site-initiated removal, and the matter proceeds through this policy determination process. In cases of urgent patient safety or conduct severity, the DCE in coordination with the CoSA and the Program Director may immediately suspend the student from clinical placement pending review, with written notification to the student. An immediate removal is a protective measure, not a final determination, and requires notification and approval of the Program Director and Dean of the School of Professional and Graduate Studies.
- Step 3. Notification and Due Process. Within three business days of the referral to the CoSA, the student receives written notification of the nature of the concern; the specific standards alleged to have been violated; and a request for a meeting with the CoSA. A meeting between the student, core faculty advisor, the DCE, and the CoSA is scheduled as quickly as possible to initiate the review and determine appropriate course of action in accordance with this policy and WC institutional policies.
- Step 4. Deliberation and Determination. The DCE, CoSA, and the Program Director, in consultation with appropriate institutional offices as needed, review the full record starting with historical documentation, the initiating referral and associated documentation, the student's written response, meeting determinations, and any information gathered during review. The DCE, CoSA,

and the Program Director render a written determination specifying findings, the policy or standard violated, the recommended action, the rationale, and any re-enrollment conditions.

- Step 5. Program and Institutional Review. The Program director signs off on the Academic Success Plan after student agreement. When dismissal is the final determination, the Program Director approval of the dismissal is forwarded immediately to the Dean of the School of Professional and Graduate Studies for review.
- Step 6. Written Notification. Upon final approval from the Dean of the School of Professional and Graduate Studies, the PD issues formal written Academic Suspension and Dismissal notification to the student within three business days, which is retained in the student's official academic file. The formal written dismissal states the specific grounds with policy citations, the effective date, the re-enrollment designation, any conditions, any timelines, the student's appeal rights under the Appeals & Grievances Policy, contact information for the appeal process, and confirmation that the Office of Financial Aid, the Office of the Registrar, and Office of Student Success have been notified.

Institutional Coordination and Due Process. Suspension and dismissal determinations are communicated to the WC Office of Financial Aid, the Office of the Registrar, the Dean of the School of Professional and Graduate Studies, and the Office of Student Success as applicable and consistent with FERPA. All processes are governed by equity, transparency, and due process requiring written communication, fair opportunity, and appeal rights in accordance with the Appeals & Grievances Policy. An appeal does not suspend compliance requirements.

Procedure:

1. Program Director
 - a. Establish and disseminate dismissal standards annually to faculty and staff, and upon any revision; conduct an annual review incorporating committee outcomes, dismissal and appeal data, re-enrollment outcomes, and procedural gaps.
 - b. Meet with the core faculty advisor, CoSA, and the DCE to review evidence and the corrective Learning Plan and sign off on the finalized Academic Success Plan; maintain a consultative role with the DCE; communicate status to the Dean and Provost as needed.
 - c. Hold final program-level decision-making responsibility on dismissal recommendations, ensuring due process is satisfied before any determination advances to the Dean and Provost; issue dismissal notifications within required timelines; grant or deny stays of compliance during appeals; render re-enrollment decisions in collaboration with the DCE and CoSA.

2. Coordinator of Student Affairs

- a. Disseminate dismissal standards at orientation for each cohort.
- b. Receive and process all student intervention referrals, communicate with student within three business days to provide written notification of concern, the specific standards alleged to have been violated, and the student's rights to respond and appeal consistent with the Notification and Due Process of this policy.
- c. Meet with each student in promediation, together with the core faculty advisor and DCE, to present the Learning Plan and Academic Success Plan maintain oversight of all Learning Plans with the PD; communicate status to the Financial Aid and Office of Student Success consistent with FERPA.
- d. Maintain complete, confidential records of referrals, Learning Plans, meetings, determinations, and outcomes in the student's official academic file.

3. Director of Clinical Education

- a. Monitor student clinical performance and professional conduct continuously throughout all clinical education experiences consistent with the standard of continuous monitoring required of Course Faculty; maintain ongoing communication with Clinical Instructors and Site Coordinators of Clinical Education regarding student progress and concerns.
- b. Recognize that a clinical site retains independent authority, consistent with its affiliation agreement, to remove a student from a placement immediately when the student's conduct is egregious in nature; notify the CoSA and the Program Director without delay of any such site-initiated removal.
- c. Function in the capacity of point of contact for referral purposes, submitting a written referral for intervention to the CoSA and notifying the Program Director to initiate a formal Learning Plan.
- d. Provide direct clinical intervention in coordination with the CI if appropriate to address identified performance deficiencies; Document all clinical intervention activities and outcomes on the Learning Plan schedule.
- e. Evaluate and document any concerns regarding a student's Essential Functions under the Essential Functions & Technical Standards Policy arising during clinical education and refer such concerns to the CoSA in accordance with this policy.
- f. Provide complete documentation and factual testimony to CoSA meetings and/or the Program Director when requested and confer in the Deliberation and Determination process as described in this policy.

4. Core Faculty

- a. Establish and annually review the academic, clinical, and professional thresholds for suspension, dismissal, and denial of re-enrollment, ensuring alignment with WC policy, CAPTE standards, and the ethics of the profession.

- b. As core faculty advisors: oversee advisees' Learning Plans with scheduled check-ins and documented progress reports to the CoSA and the DCE.
 - c. Alert the CoSA, DCE, and advisees proactively when patterns suggest escalating dismissal risk, maximizing the opportunity for intervention; maintain FERPA-compliant confidentiality of all proceedings.
- 5. Students
 - a. Formally accept the Learning Plan or appeal it under Appeals, Complaints and Grievances policy within the timeframe specified; comply fully with all elements by established deadlines; communicate proactively when barriers arise and seek support.
 - b. In dismissal determinations, respond to written notification in a timely, professional, good-faith manner (silence does not suspend the process) and exercise the right to submit a written response and/or appear at a formal hearing; accept or appeal the final determination under the Appeals, Complaints, & Grievances Policy within five business days, identifying recognized grounds with supporting documentation.
 - c. Engage with the entire process with professionalism, honesty, and a growth-oriented disposition; adhere to the Academic Standards and Integrity Statement throughout; continue meeting all other Program requirements while understanding that an active Learning Plan does not suspend other academic obligation; if dismissed with re-enrollment privilege, comply fully with all specified conditions.
- 6. Dean of Professional and Graduate Studies
 - a. Provide institutional review of all dismissal determinations approved by the Program Director, approving or reversing within three business days with documented rationale; approve interim suspensions in urgent safety cases; and upon approval or reversal, return documentation to the Program Director.

APPENDIX H

Policy Title: Student Readiness for Clinical Education	Policy Number: 03-03	Wilson College, Doctor of Physical Therapy Program – Clinical Education
Approval: Tiffany Duran, PT/DPT, Director of Clinical Education		

Last Reviewed: 08/23/27	Last Revised:	Effective Date: 05/20/2026
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Student Readiness for Clinical Education Policy

Purpose:

The Doctor of Physical Therapy (DPT) Program is committed to ensuring that students demonstrate the knowledge, skills, professional behaviors, and clinical competencies necessary for safe and effective participation in clinical education. The collective core faculty, in collaboration with the Director of Clinical Education (DCE), Coordinator of Curriculum, and Coordinator of Student Affairs, are responsible for assessing student readiness for clinical education and determining eligibility for progression to each clinical experience. The DCE will have final verification over students proceeding to the clinical experiences.

Policy:

The DPT Program systematically assesses student progression toward entry-level physical therapist practice throughout the curriculum. Student readiness for clinical education is evaluated through multiple formative and summative assessments, including academic performance, practical examinations, laboratory skill assessments, professional behaviors, safety performance, and faculty review of student progression.

Core faculty are responsible for ensuring alignment and continuity between the didactic and clinical components of the curriculum and for verifying that students have achieved the competencies required for successful participation in clinical education experiences.

Criteria for Clinical Education Readiness:

Prior to participation in any clinical education experience, students must demonstrate readiness as determined by the collective faculty and verified by the DCE.

At a minimum, students must:

Academic Requirements

1. Successfully complete all required prerequisite coursework identified within the curriculum plan.
2. Be in good academic standing as defined by the DPT Program Student Handbook.
3. Maintain a cumulative GPA of 3.0 or higher.
4. Demonstrate achievement of course learning outcomes related to examination, evaluation, diagnosis, prognosis, intervention, outcomes assessment, and clinical decision-making.

Clinical Skills and Safety Requirements

1. Successfully complete all required practical examinations, laboratory competency assessments, and skill checks with a minimum score of 80%.
2. Successfully complete the Comprehensive Practical Examination at the end of semester 3 with 80% or higher and without any critical safety failures.
3. Demonstrate safe and effective application of examination and intervention techniques.
4. Exhibit no unresolved safety concerns that would place patients, peers, faculty, or clinical personnel at risk.
5. Demonstrate competency in patient management skills appropriate for the level of clinical education experience.

Professional Behavior Requirements:

1. Consistently demonstrate professional behaviors consistent with program expectations and the APTA Code of Ethics.
2. Exhibit appropriate communication, accountability, integrity, cultural humility, respect, and professional judgment.
3. Have no unresolved concerns related to ethical conduct, professional behavior, or compliance with program policies.

Administrative and Compliance Requirements

The DCE shall verify completion of all required clinical education prerequisites prior to finalizing clinical placements, including but not limited to:

1. Successful completion of all prerequisite coursework.
2. Review and acknowledgment of the DPT Program Student Handbook and Clinical Education Handbook.
3. Required health documentation, immunizations, screenings, and other health-related requirements.
4. HIPAA, FERPA, Bloodborne Pathogens, OSHA, and other required compliance training.
5. Criminal background checks and any additional screening requirements.
6. Current certifications required by the program or clinical site (e.g., CPR certification).
7. Any additional requirements established by the assigned clinical facility.

Review of Student Readiness:

Student readiness for clinical education is reviewed on an ongoing basis throughout the curriculum. The DCE, in collaboration with the Core Faculty, Coordinator of Curriculum, and Coordinator of Student Affairs maintain documentation related to:

1. Academic progression.
2. Practical examination and laboratory competency performance.
3. Professional behaviors.
4. Safety concerns.
5. Faculty advising notes.
6. Promediation and remediation activities and outcomes.
7. Clinical education readiness determinations.
8. The collective faculty review student progression at designated intervals and determine whether students have met established criteria for progression to clinical education.

Determination of Students Meeting Readiness Criteria

In collaboration with the Coordinator of Student Affairs (CoSA), the DCE tracks and documents student progress through the curriculum, completion of all practical examinations and skill checks, and any faculty concerns related to patient management skills, professionalism, and safety. Students who fail to meet established academic, professional, clinical competency, or safety requirements may be deemed not ready for clinical education placement.

1. Students who are not in good academic standing, who have unresolved safety concerns, or who fail to meet progression requirements shall meet with the DCE, Program Director, and Coordinator of Student Affairs to develop an appropriate course of action.
2. Additional procedures regarding student progression, promediation, remediation, probation, suspension, and dismissal are outlined in the DPT Program's Promediation and Remediation (01-04), Probation & Dismissal Policy (01-08), Promediation and Dismissal Policy for Clinical Education (03-02), and other related policies contained within the Student Handbook, Clinical Education Handbook, the WC College Catalog, and the Wilson Blue Book.

The Clinical Education Preparedness Form (CEPF) is used by faculty to evaluate a student's readiness for clinical education. The assessment includes verification that the student has successfully completed all didactic coursework in Semesters 1-3, maintained a minimum GPA of 3.0, passed all required laboratory practicals and skill assessments, demonstrated receptiveness to constructive feedback, and exhibited professional behaviors consistent with published program and institutional standards. Faculty also identify any additional concerns that may limit or prohibit the student's progression to the clinical education experience. The DCE collects and analyzes all CEPF and with collaboration of the members of the Curriculum Committee makes a

formal recommendation as to whether the student is ready to progress to the clinical education experience in the 4th semester. The same sequence of events will transpire at the end of semester 4 and middle of semester 5 to determine if the student is ready to progress to the second and terminal clinical education experience.

The DPT Program uses a systematic process to evaluate students for professionalism, competency, and safety to determine readiness for progression to clinical education. This process begins upon matriculation with students being assigned to a faculty advisor who facilitates success throughout enrollment. Faculty advisors practice a model that includes early intervention so that any concerns are addressed when detected. At the end of semester 2 and start of semester 3, the faculty mentor will fill out the CEPF for each of their respective students. The CEPF contains items that assess the following criteria: academic progression, receptiveness to feedback, incorporation of clinical reasoning and evidence-based practice, and professionalism. Students are categorized in the following three categories:

- **Prepared:** the student has met all the academic progression standards, passed all practical examinations with no safety concerns, and has demonstrated appropriate professional behaviors and has met all programmatic requirements will be progressed to clinical education.
- **Prepared with Concerns:** the student has met the academic progression standards and passed all practical examinations; however, there exists an observable indicator of potential difficulty that initiates proactive faculty attention and documented intervention. This is a pedagogical judgment made by faculty. Students may be placed on a learning prior to the start of the clinical education experience, if deemed appropriate by the DCE and CoSA.
- **Unprepared:** the student has not met the academic progression standards and/or has demonstrated consistent patterns of unsafe, unprofessional behavior, unethical, and/or illegal behaviors. Students who are determined to be unprepared are not permitted to progress to clinical education and are referred to the suspension (deceleration) or dismissal procedures in accordance with the program's Probation & Dismissal Policy.

Faculty Responsibilities:

Core Faculty

1. Assess student performance throughout the didactic curriculum and provide timely feedback, intervention, and recommendations for improvement when deficiencies are identified.

2. Promote and enforce standards of professional, ethical, legal, and safe behavior during all educational activities, including classroom, laboratory, simulation, and experiential learning activities.
3. Evaluate student acquisition of psychomotor, clinical reasoning, communication, and professional competencies necessary for progression to clinical education.
4. Participate in the determination of student readiness for clinical education and recommend progression only for students who demonstrate satisfactory academic performance, professional conduct, and clinical competence.
5. Collaborate with the DCE in identifying students who may require additional support services, promediation, or other academic intervention prior to clinical placement.
6. Support the DCE and clinical instructor in decisions related to student clinical performance, including promediation, removal from a clinical site, suspension or dismissal from the program when warranted by safety concerns, professional conduct violations, or failure to meet program expectations.
7. Conduct clinical education midterm and final conferences, grading, review of timesheets, and other tasks assigned by the DCE and provide timely documentation regarding student performance, strengths, concerns, and recommendations for follow-up.
8. Maintain regular communication with students during clinical experiences to promote student success, provide support, and facilitate integration of didactic and clinical learning.
9. Document all interactions in the student's advising record and in Exxat, when appropriate.

APPENDIX I

Policy Title: Professional Liability Insurance	Policy Number: 03-04	Wilson College, Doctor of Physical Therapy
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		Program – Clinical Education
Approval: Tiffany Duran, PT, DPT, Director of Clinical Education		
Last Reviewed: 08/23/26	Last Revised: 10/30/2026	Effective Date: 10/30/2026

Policy

Wilson College covers all Physical Therapy students under the Certificate of Liability for each clinical site per the affiliation agreement with that site. Students are not required to purchase individual coverage while they remain actively enrolled as a student in the Wilson College DPT program.

