



Sam Houston State University
Physical Therapy
College of Health Sciences

DOCTOR OF PHYSICAL THERAPY

Clinical Education Handbook

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1.0 PROGRAM INFORMATION

1.1 Welcome

Welcome to the Clinical Education component of the Doctor of Physical Therapy (DPT) program at Sam Houston State University. This handbook provides policies, procedures, and guidelines specific to clinical education experiences, including part-time clinical experiences (PTCE) and full-time clinical education experiences (CEE).

This handbook is designed to support students, Clinical Instructors (CIs), and Site Coordinators of Clinical Education (SCCEs) in understanding expectations for clinical performance, professional behavior, and compliance during clinical placements. It addresses clinical-specific policies only, such as attendance requirements, remediation processes, evaluation standards, and site responsibilities. For all academic policies and general university procedures, please refer to the Doctor of Physical Therapy Student Handbook and official SHSU policies.

The clinical education curriculum is designed to provide students with progressive, hands-on learning experiences that bridge the gap between classroom knowledge and professional practice. Through extensive part-time clinical experiences and full-time clinical experiences, students develop the clinical reasoning, technical skills, and professional behaviors necessary to become competent entry-level physical therapists.

1.2 Mission and Vision

Mission Statement

The Department of Physical Therapy is committed to creating a student-centric environment that fosters academic excellence and encourages discovery. We aim to transform lives through innovative education, hands-on learning, and collaborative practice. By prioritizing professional development and teamwork, we empower our students to become compassionate, skilled professionals who make a meaningful impact in the field of physical therapy and the communities they serve.

Vision Statement

The Department of Physical Therapy strives to be a leader in innovative education and research, empowering future physical therapists to deliver compassionate, evidence-based care and dedicated service that transforms lives and enriches communities.

2.0 CLINICAL EDUCATION OVERVIEW

2.1 Schedule of Clinical Experiences

The Sam Houston State University DPT Clinical Education Program consists of eight distinct clinical experiences.

Part-Time Clinical Experiences:

Each part-time clinical experience is one credit, scheduled at three hours per instructional week, so total hours vary with the number of instructional weeks in the semester.

- Part-Time Clinical Experience I: Semester 2 (3 hours per instructional week)
- Part-Time Clinical Experience II: Semester 3 (3 hours per instructional week)
- Part-Time Clinical Experience III: Semester 4 (3 hours per instructional week)
- Part-Time Clinical Experience IV: Semester 5 (3 hours per instructional week)

Full-Time Clinical Education Experiences:

- Clinical Education I: Semester 6 (10 weeks)
- Clinical Education II: Semester 7 (8 weeks)
- Clinical Education III: Semester 7 (8 weeks)
- Clinical Education IV: Semester 8 (10 weeks)

2.2 Learning Outcomes

The clinical education curriculum is designed to achieve four core outcomes: developing entry-level competence in physical therapy practice, establishing evidenced-based methods for safe and effective patient care, and fostering a commitment to self-assessment and life-long learning. Additionally, the program ensures students cultivate the professional behaviors and interpersonal skills necessary to collaborate effectively within multidisciplinary healthcare teams to meet the needs of an evolving patient population.

2.3 Clinical Education Experience Requirements

The clinical education curriculum develops competency in generalist physical therapy practice through a variety of experiences that represent practice variations across geographical areas and patient populations throughout the lifespan. This comprehensive approach ensures graduates are prepared to practice in contemporary healthcare delivery systems.

2.3.1 Part-Time Clinical Experiences

During the first two years of didactic coursework, students complete part-time clinical experiences in both inpatient and outpatient settings. These experiences are exclusively conducted at designated partner facilities within the greater Houston metropolitan area to ensure curriculum integration and quality oversight while completing concurrent didactic coursework.

Students will be placed in a minimum of 3 of the 4 clinical settings to ensure adequate exposure to a variety of practice environments and patient populations prior to CEEs. PTCEs will focus on

professionalism, communication, understanding the role of the physical therapist across various practice settings, and clinical skills development.

- **Acute care** (hospital based), which exposes students to medically complex patients and interdisciplinary teams
- **Outpatient orthopedic/sports**, which focuses on musculoskeletal conditions and return to function
- **Rehabilitation/subacute** (skilled nursing facilities, inpatient rehab), which emphasizes functional mobility and discharge planning
- **Specialized population** (pediatrics, neurological, home health, or school-based), which provides exposure to specific patient populations

An international clinical education experience is offered as an option during the 2nd year of the program as a part-time clinical experience. Refer to Section 7.3.1 for detailed requirements.

2.3.2 Full-Time Clinical Education Experiences

Beginning in the summer of the second year, students complete four full-time clinical education experiences (CEEs). CEEs are available nationwide across a wide variety of practice settings.

Students must complete one experience in an outpatient orthopedic/sports clinic with emphasis on musculoskeletal-focused care and one experience in an inpatient setting. Inpatient experiences are defined as acute care, inpatient rehabilitation, post-acute care, long-term acute care, and skilled nursing facilities. The remaining two clinical experiences may be selected from outpatient orthopedic, inpatient, pediatric, neurologic, wound care, pelvic floor therapy, cardiac rehabilitation, home health, or other approved clinical settings.

This ensures students gain exposure to both outpatient orthopedic care and non-ambulatory patient populations, while allowing flexibility for their remaining clinical experiences based on students' interests and clinical site availability.

2.3.3 Patient Encounter Log and Lifespan Exposure

Students log every patient encounter in Exxat during part-time and full-time clinical experiences by age group (pediatric, adult, older adult), condition category, practice setting, and type of service, including screening, health promotion, and prevention activities such as fall-risk screening, cardiovascular risk screening, and exercise for prevention. The DCE reviews the encounter log at the end of each clinical experience.

Before each assignment, the DCE reviews the student's placement record and encounter log and assigns a site that fills a setting category or lifespan exposure the student still needs. A student who has not logged pediatric encounters by the end of the part-time clinical experiences is given priority for a pediatric or mixed-age setting in an elective full-time clinical education experience. The Clinical Education and Professional Practice Committee reviews each student's record before Clinical Education

I and again before Clinical Education IV to confirm that the student has completed, or is assigned to complete, all required settings and lifespan exposure.

2.4 Clinical Readiness Requirements

Students must demonstrate reasonable progress of clinical skills during the first two years, with successful completion of all didactic and skills-based lab courses required for curriculum progression. Students must also exhibit satisfactory professional behaviors consistent with current APTA standards. Academic instructors will contact the DCE to identify deficient student performance in didactic work, laboratory and practical skills, and/or unsatisfactory professional behaviors as outlined in the Student Handbook Sections 6.2.1 A and 6.3.2 D. The DCE must be informed of any Individual Remediation Plan (IRP) or Student Professionalism Roadmap (SPR) and notified upon successful completion, with clinical experience timing dependent on remediation completion. Future PTCE and CEE placements will be informed by successful completion of the IRP or SPR and performance during the current PTCE.

Each part-time clinical experience requires students meet expectations and complete assignments designed to achieve course objectives as outlined in syllabi.

Prior to the first CEE, the clinical education and professional practice committee evaluates each student's readiness using performance data aggregated from all didactic, skills-based lab courses, professional behavior assessments, and part-time clinical education experiences.

Incomplete IRP and/or SPR prior to start of a clinical education experience **AND/OR** failure to clear the clinical readiness evaluation by the clinical education and professional practice committee may result in reassignment of CEE.

3.0 ROLES AND RESPONSIBILITIES

3.1 Director of Clinical Education (DCE)

The Director of Clinical Education (DCE) carries the primary responsibility for overseeing and coordinating the clinical education component of the program. The DCE works directly with program faculty and staff, clinical faculty and coordinators, and students to provide a variety of structured clinical learning experiences designed to facilitate clinical competence. As DCE, he or she represents the university, provides indirect supervision of students in the clinic, and works directly with the Site Coordinator of Clinical Education (SCCE) and/or Clinical Instructor (CI) as appropriate. The DCE is assisted in these responsibilities by other faculty members as needed.

3.1.1 Key Responsibilities of DCE:

- Serves as the key contact person/liaison between the Program and clinical sites/faculty.
- 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 university'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 experience, 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.
- Counsels students individually on clinical performance and professional behavior issues.
- Determines the grades for clinical practice courses.
- Evaluates 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.

3.2 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 possess 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 (CIs) to incoming DPT students within the clinical site. Finally, the SCCE works with the DCE to execute a clinical affiliation agreement, completes and updates the clinical site information form (CSIF), and provides oversight to the student's clinical education experience.

3.2.1 Key Responsibilities of SCCE:

- Serves as the key contact person for the DCE in planning for upcoming clinical education experiences.
- Facilitates the completion of the Affiliation Agreement with the university.
- Assures the Program is provided with current clinical site and clinical instructor information through the completion and update of the Clinical Site Information Form (CSIF).

- Provides the Program with current information regarding student prerequisite requirements (immunizations, laboratory tests, certifications, screenings, etc.).
- Selects Clinical Instructors (CI) to supervise and educate DPT 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.

3.3 Clinical Instructor (CI)

The Clinical Instructor (CI) is a licensed physical therapist selected by the SCCE to directly supervise the affiliating 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.

3.3.1 Minimum requirements for clinical instructors include:

- 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
- Texas Consortium (or other state Consortium) CI credentialing
- ABPTS clinical specialist certification
- Other advanced certification or competencies in the practice area(s) in which clinical instruction is provided.

3.3.2 Key Responsibilities of CI:

- Collaborates with the DCE, SCCE, and with the student to identify appropriate objectives for the clinical experience within the specific setting, identifies unique learning experiences, and provides the student with “hands on” learning opportunities.
- 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.
- Ensure that student learning does not compromise the delivery or safety of patient/client care.
- Provides both formal and informal feedback to the student regarding his/her performance on a regular basis, including the completion of a midterm and final evaluation using the 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 remedial activities in collaboration with the SCCE, DCE and the student, if necessary.
- Completes Program-required documentation in a timely manner.
- Addresses the varying needs of clinical students in terms of experience, learning style, and progress within the curriculum and interpersonal communication characteristics.
- Models professional behaviors including, but not limited to, legal and ethical physical therapy practice.

3.4 Doctor of Physical Therapy Student

Student enrolled in a physical therapist professional education program. Students should not be referred to as “physical therapy students.”

3.4.1 Key Responsibilities of Doctor of Physical Therapy Student:

- 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.
- Secure and wear appropriate uniform/dress designated by each site.
- Read and abide by the policies, procedures and standards of the university, the Program, the clinical facility and the profession. This includes following facility/school policies and procedures regarding such items as confidentiality, conduct, dress, hours of attendance, etc.
- Notify the CI and DCE immediately when unable to attend clinic (this includes late arrival and early departure). Students will also be required to document this in the clinical education tracking system.
- Consult with the CI to make up missed clinical educational time and notify the DCE of these arrangements.
- Demonstrate appropriate technical competence for the level of professional education achieved prior to a clinical education experience.
- Participate actively in the clinical education process, working to develop both technical and professional skills, behaviors, and attitudes.

- Exhibit behaviors commensurate with professional behaviors and core performance standards as noted in the Student Handbook.
- Communicate any issues or concerns during the clinical education experience to the appropriate individual (CI, SCCE, DCE) in a timely manner.
- Complete all assignments during the clinical education experience including formal and informal feedback to the clinical instructor and DCE regarding the learning experience.
- Complete self-assessments of clinical performance and professional skills.

4.0 STUDENT REQUIREMENTS IN CLINICAL EDUCATION

4.1 Student Financial Responsibility

Students participating in clinical education experiences are solely responsible for all personal expenses incurred during their clinical experiences including but not limited to transportation, housing, meals, parking fees, additional background checks or health screenings required by specific sites, professional development activities, technology needs, and any emergency or unexpected costs. The Sam Houston State University DPT program and clinical sites do not provide financial compensation or reimbursement for these expenses, as students participate in clinical activities solely for educational purposes. The SHSU DPT program awards limited scholarships to offset expenses for select clinical rotation for students who possess advanced clinical certifications or bilingual language skills.

Students must plan and budget comprehensively for each clinical experience, maintain adequate emergency funds, and are encouraged to consult with the financial aid office and program administration well in advance if financial constraints may impact their ability to complete required clinical experiences. Financial hardship does not excuse students from meeting program expectations and graduation requirements.

Students should anticipate travel requirements as part of their clinical education and plan accordingly. Part-time clinical experiences are placed throughout the greater Houston metropolitan area. Students should account for commute times to PTCEs. To ensure exposure to a variety of practice settings and patient populations necessary for comprehensive clinical education that align with program standards and clinical objectives, students may have the opportunity to complete clinical experiences outside the state of Texas. While out-of-state placements are not required, they may be considered based on educational needs, site availability, and alignment with program objectives.

4.2 Prerequisite Requirements

In general, for a student to enter any clinical experience, they must demonstrate the following:

- Successful completion of all previous course work with a passing grade or permission from DCE, and Program Director/Department Chair for those with special circumstances
- Consensus of clinical readiness from the clinical education and professional practice committee prior to first CEE

- Current registration in the PTCE or CEE course. If the student has a “registration hold” the student will not be allowed to participate in clinical education experiences
- Demonstration of safe, legal, and ethical performance
- Attendance at all scheduled Clinical Education preparation meetings
- Successful completion of all required compliance trainings

4.3 Student Legal Requirements

4.3.1 Immunization Requirements

Upon arrival at the clinical experience, students are expected to have the following items readily available.

Required Documentation:

- Current proof of BLS CPR certification
- Current 2-step annual TB test
- Current personal health/medical insurance
- University liability insurance

Immunizations/Vaccinations:

- Diphtheria-Tetanus-Pertussis (current Tdap)
- Meningococcal Vaccine (MCV) for adults 21 and younger
- Current seasonal flu vaccination

Vaccination or positive titers required for:

- Hepatitis B
- Measles-Mumps-Rubella (MMR)
- Varicella (Chicken Pox)

If any changes are made to the required immunizations/vaccinations, the DCE will inform students in a timely manner to allow students to complete the vaccinations prior to clinical placement.

(See Appendix A, SHSU DPT Immunizations and Tests Form)

4.3.2 Background Checks and Drug Screening

Students must complete a criminal background check and drug screening prior to enrollment. Additional background checks or drug screenings may be required by clinical education sites. Many facilities may require criminal background checks/drug screens within a specified time of beginning the affiliation. Students are responsible for all costs associated with background checks and drug screenings.

4.4 Student Information Form

Students must complete a Student Information Form within Exxat prior to each clinical experience, including current emergency contact information, previous clinical experiences, learning styles,

professional development plan, and relevant personal information for the clinical site. This form will be submitted to the clinical facility at least four weeks before the start of the experience.

4.5 Student Performance Expectations for Clinical Experiences

Clinical education maintains the “Acceptable Performance” standard established in Section 6.2.1 of the Student Handbook. Students must demonstrate consistent performance at or above this threshold across all clinical experiences as established in each respective syllabus to ensure patient safety and professional readiness.

4.5.1 Professional Conduct and Behavior

Professional Appearance:

Students must abide by the dress code of the assigned clinical facility. Clinical attire may include program-designated polo shirts, clinic-specific uniforms with professional pants (no jeans or casual wear), or scrubs. Students must wear closed-toe professional shoes and always display their university and/or facility name badge. Excessive jewelry and visible offensive tattoos are prohibited during clinical experiences. Personal hygiene and grooming must meet professional healthcare standards for infection control and patient safety standards.

Communication and Interpersonal Skills:

Students must exhibit clear and effective oral communication when engaging with patients, families, and members of the healthcare team. Students must maintain accurate, legible documentation and conduct all correspondence in a professional manner using appropriate medical terminology and professional language. Students shall respond to needs and questions of patients, family, and members of the healthcare team promptly. Students are expected to demonstrate proficient therapeutic communication abilities underpinned by empathy, respect, and cultural competency, with sensitivity to the needs of discrete patient populations.

Ethical Standards:

Students are expected to adhere to the APTA Code of Ethics and the Guide for Professional Conduct. Students must maintain strict patient confidentiality in accordance with HIPAA regulations. Students must demonstrate the moral courage to immediately report any ethical concerns or violations to the clinical instructor, SCCE, or DCE.

4.5.2 Clinical Learning and Performance

Active Learning:

Students are expected to demonstrate strong initiative in seeking learning opportunities and experiences. Students must be prepared for clinical experience by reviewing relevant coursework and materials and completing assigned learning tasks by the clinical instructor. Students shall ask appropriate questions to enhance understanding and clinical reasoning and actively participate in case discussions and educational activities.

Clinical Skills Development:

Students are expected to be active leaders of their clinical development. Students must be prepared to apply theoretical knowledge to clinical practice and drive personal development by seeking feedback and implementing recommendations to the fundamental skills they bring to the clinic. Students shall demonstrate progressive improvement in clinical skills, and document progression by maintaining accurate records of clinical experiences and learning objectives.

Patient Care Responsibilities:

Students must provide safe, effective, and compassionate patient care with respect for patient rights, dignity, and privacy at all times. All safety protocols and infection control procedures must be consistently followed. Students are expected to establish and maintain appropriate boundaries for patient-therapist relationships.

4.5.3 Documentation and Record Keeping**Clinical Documentation:**

Students are expected to complete all required documentation accurately following facility-specific documentation standards and procedures within established timeframes. Students must adhere to security procedures to maintain confidentiality of all patient information.

Coursework Documentation:

All required clinical education forms, documentation of learning objectives demonstrating progress through the experience, and evaluations must be submitted to the DCE within scheduled deadlines. Students shall maintain records of key learning experiences to provide justification of self-assessments throughout each clinical education experience.

4.5.4 Collaboration and Teamwork**Healthcare Team Integration:**

Collaboration is inherent in clinical practice. Students should actively participate in team meetings and case conferences, demonstrate respect for the roles and expertise of other healthcare professionals, and communicate effectively within the interdisciplinary team.

Peer Relationships:

Students shall maintain professional relationships with fellow students, support classmates as appropriate, and avoid conflicts of interest and competitive behaviors that may compromise patient care. Students are encouraged to develop leadership and mentorship behaviors within their cohort.

4.5.5 Compliance and Safety**Facility Policies:**

Students will complete all required facility orientation and training programs, adhere to clinical site policies and procedures, and follow all emergency procedures and safety protocols. Any safety concerns or incidents must be reported following clinical policy as well as reported to the DCE.

Regulatory Compliance:

Students are required to maintain current health clearances and vaccinations. Students must comply with all legal and regulatory requirements and practice within the scope of student doctor of physical therapists. Students shall participate in quality assurance and improvement activities.

4.5.6 Clinical Instructor Relationship

Supervision and Feedback:

Students and clinical instructors shall work collaboratively to achieve learning objectives within the clinical experience. Students are expected to communicate openly about learning needs and challenges, accept constructive feedback, and make a good faith effort to implement recommendations. Students shall demonstrate respect for clinical instructor expertise and authority to manage patient care.

Professional Development:

Students are the drivers of their professional development. Students shall commit to lifelong learning and professional development by engaging in self-reflection and assessment activities, seek mentorship, and participate in goal-setting processes.

4.5.7 Problem Resolution

Addressing Concerns:

Once a concern is identified, students must attempt prompt informal resolution through direct discussion with the clinical instructor and document the attempt. If resolution is not achieved, students shall inform the DCE and follow established channels for conflict resolution. The DCE will collaborate with the student, CI, and SCCE to establish clear expectations for the learning experience and recommend academic and non-academic supports.

Academic Support:

Students are expected to seek assistance early when experiencing difficulty and make a good faith effort to utilize available resources for academic and clinical support. Students must participate in remediation activities as directed and maintain open communication with academic program faculty through established communication channels.

4.5.8 Use of Artificial Intelligence (AI)

The DPT program permits limited use of generative AI tools for research assistance, study support, and writing development when their use is disclosed and properly attributed. AI cannot substitute for original work, be used during examinations, self-assessment of clinical performance or be used to bypass essential learning processes. Students must abide by clinic policy for AI use. **Students are prohibited from using AI for documentation of clinical assessments.** Students must disclose AI use in all submissions by specifying the tools used, distinguishing between AI-generated and original content, and explaining how AI content was evaluated and integrated. Violations will be treated as academic misconduct under SHSU Academic Policy Statement 810213.

4.5.9 Consequences of Non-Compliance

Performance Issues:

Failure to meet clinical experience expectations may result in additional supervision and monitoring, formal counseling, development of a clinical remediation plan (CRP) and/or student professionalism roadmap (SPR), failure of the clinical experience, placement on clinical probation, delay in commencement, or program dismissal. (APS 910312 Section 7.04)

Serious Violations:

Violations of ethical standards, patient safety, or professional conduct may result in immediate removal from clinical experience, formal disciplinary action, program dismissal, and/or notification to appropriate regulatory bodies.

4.6 Health and Safety

When off-campus for clinical experiences, students should familiarize themselves with local resources for health and safety, including hospitals, local news sources, and site security if available.

It is the student's responsibility to obtain security contacts and protocols at their clinical site and to become familiar with any security features of their living environment while on clinical rotations.

Students are responsible for maintaining medical insurance coverage and for the costs of medical care, including emergency care, during clinical experiences. Students have 24/7 access to mental health support through TimelyCare.

If you are in an emergency, call 911.

5.0 ATTENDANCE POLICY

5.1 General Attendance Policy

Attendance is mandatory every day of the clinical experience. The student shall follow the CI's established schedule and the clinic's holiday schedule. Closure of the University or any University holidays do not excuse students from attending CEEs. CIs' schedules may include early morning, late afternoon, or weekend hours. Students may need to arrive early or stay later than the CI's arrival and departure times to appropriately prepare for clinical practice or complete documentation. Student shall not participate in direct patient care without supervision of a qualified CI.

5.1.1 Punctuality

Students are expected to arrive on time and ready to start at the agreed upon time with the CI. Students must notify the CI as soon as possible for tardiness and follow site policies. Repeated tardiness is an unprofessional behavior and may result in remediation through a learning contract, or possible failure

of the clinical rotation. Students are expected to make up missed time as directed by the CI and program requirements.

5.2 Excused Absences

Absence is not permitted without prior approval by the CI and DCE. Excused absences are defined by University Policy. Students must submit the Clinical Education Absence Form (CEH-ABS) to the DCE 14 days prior to the planned absence. For unanticipated absences such as illness, students must contact the CI as soon as possible and complete the Clinical Education Absence Form within 24 hours. Any absence reducing clinical participation to below the mandatory 32-hour per week threshold must be made up through extended hours or additional days, subject to site approval. The DCE or CI may require making up all missed time dependent on progress towards learning objectives for the CEE.

5.3 Unexcused Absences

An absence not defined as excused within this policy or failure to obtain prior approval or notify the DCE within 24 hours of an unanticipated absence is considered unexcused. Sites are not obligated to provide opportunities for students to make up unexcused missed clinical time. Unexcused absences may result in failure of the clinical course and/or other academic penalties. Multiple unexcused absences may result in disciplinary action, including clinical probation or dismissal from the program.

5.4 Notification and Documentation

Students must notify the CI and DCE at least 14 days prior to the date of the absence. Students must complete and submit the Clinical Education Absence Form (CEH-ABS). Students must provide the DCE a physician's excuse for illness lasting more than three consecutive days.

Refer to the Doctor of Physical Therapy Student Handbook Sections 4.4 (Attendance) and 4.4.4 (Extended Absences and Leave of Absence).

6.0 PROCEDURE FOR DEVELOPING AND EVALUATING CLINICAL SITES

6.1 Student Initiation Process

Students may request clinical experiences at facilities not currently partnered with the program. Each student is limited to one new site request during their enrollment at SHSU.

6.1.1 Request Process

All inquiries must be directed to the DCE through the designated request form, including rationale and facility contact information. Students interested in proposing new clinical sites should provide the DCE with detailed information about the facility, potential clinical instructors, and the unique learning opportunities the site would provide. The DCE evaluates student requests for new clinical sites based on

their potential to provide exceptional learning experiences that meet program educational objectives and quality standards while aligning with program mission and philosophy.

6.1.2 Approval Criteria

New sites are established only when they address current program needs. Sites must complete contractual requirements promptly.

6.1.3 Site Assignment

Upon approval, the DCE determines whether the new site is reserved for the requesting student or available to the entire class based on student fit and ability to meet program requirements for clinical settings. Students offered their requested site must accept the placement.

6.1.4 Timeline Requirements

Requests must be submitted a minimum 18 months prior to the clinical experience start date to allow adequate evaluation and contract negotiation time. Clinical placements are contingent upon fully executed affiliation agreements, which may require up to one year to complete.

6.1.5 Program Authority

The Department of Physical Therapy reserves the right to initiate or discontinue clinical agreements as deemed appropriate. Students are strictly prohibited from independently contacting clinical sites outside this process.

6.2 Clinical Site Initiation Process

Clinical sites may contact the DCE to inquire about becoming an affiliating site. The following steps outline the process for establishing new clinical partnerships:

6.2.1 Request Process

Potential clinical sites should contact the DCE directly to express interest in becoming an affiliating partner and to discuss preliminary requirements and expectations.

6.2.2 Program Overview

The DCE will provide comprehensive information about the physical therapy program, including curriculum details, student learning objectives, and clinical education requirements.

6.2.3 Site Evaluation

The DCE will assess the facility's capacity to provide quality clinical experiences that align with program educational objectives and standards. All clinical sites for both part-time clinical experiences and terminal clinical experiences are evaluated on the following criteria:

Program Alignment & Support

Clinical sites shall be philosophically compatible with the academic program and demonstrate willingness to provide ongoing clinical experiences including administrative support for clinical education.

Quality & Standards

Clinical sites shall provide ethical and legal delivery of physical therapy services and demonstrate contemporary expertise within the field. Clinical experiences must be planned to meet program, site, instructor, and student learning objectives. Preference will be given to sites that cultivate stimulating learning environments and participate in ongoing development with the clinical education team.

Clinical Instructor Qualifications

Clinical instructors are licensed physical therapists, with a minimum of one year of full-time, or equivalent, post-licensure clinical experience and are effective role models and clinical teachers. Clinical instructors should demonstrate clinical competence, professional conduct, and show participation in professional activities. Highly effective clinical instructors are collaborative, communicate expectations clearly, evaluate skills in low and high stakes situations, and provide formative and summative feedback.

6.2.4 Documentation Review

Interested facilities will receive and review affiliation agreement documentation (unless the facility requests use of their own contract format).

6.2.5 Contract Negotiation

Upon mutual interest, the DCE will initiate formal contract negotiations and affiliation agreement processes.

6.2.6 Final Approval

The potential for establishing a long-term clinical education relationship will be determined based on program needs, site capabilities, and successful completion of contractual requirements.

6.3 Clinical Affiliation Agreement

Before any students are assigned to any clinical placements at a specific facility, a legal affiliation agreement must be completed and up to date. Formal affiliation agreements exist for all facilities participating in PTCEs and CEEs.

6.4 Site Information Management

Clinical facilities can update their information directly through the Exxat system or by contacting the SHSU clinical education administrative assistant. For account modifications, sites should email dptclined@shsu.edu to ensure accurate and current records are maintained.

6.5 Annual Clinical Site Evaluations

Clinical education sites are evaluated continuously during and after each course through formal and informal written and verbal communications with students and faculty. Information is maintained in the Exxat clinical education management system according to basic site selection standards and APTA Guidelines for Clinical Education. The DCE documents site visits and phone consultations to gather

information and develop relationships with clinical sites and instructors, while students complete formal online evaluations using the Student Evaluations of Clinical Experience and Clinical Instruction. Student ratings indicating program needs development or inadequate development trigger DCE exploration and facility discussion if necessary. Clinical sites are encouraged to complete self-assessments using the APTA Guidelines and Self-Assessments for Clinical Education available on the Sam Houston State University DPT Program's Clinical Education webpage.

6.6 Clinical Site Supports

The DPT program values development of skilled clinical instructors and clinicians to best support our local communities. Sites may request DCE or faculty consultation, workshops, or presentations for their staff.

7.0 CLINICAL EDUCATION PLACEMENT PROCESS

7.1 Overview and Purpose

The department selects, develops, and maintains high-quality clinical sites that align with program objectives. Clinical sites providing clinical experiences maintain ongoing collaborative relationships with the department and are strategically pre-selected to align with the program's didactic curriculum objectives. The Director of Clinical Education (DCE) assigns students to facilities and works with the SCCE to select clinical instructors and using 1:1 or 2:1 student-to-CI ratio. Facilities may request a shared clinical instruction model 1:2 student-to-CI ratio.

All clinical placements for both part-time clinical experiences and terminal clinical education experiences are assigned based on site availability, student educational needs, and compatibility factors between students and clinical environments.

The selection of clinical education sites is a critical component of the Doctor of Physical Therapy (DPT) program's commitment to providing high-quality clinical education experiences. Site selection ensures that students receive appropriate variety and comprehensive learning opportunities that align with program objectives and prepare graduates for entry-level practice. All clinical education sites must meet established criteria to ensure quality educational experiences and compliance with accreditation standards.

7.2 Preparing for Site Selection

Prior to clinical placement assignments, students will meet with the DCE; additional advising can be scheduled to discuss specific learning objectives and explore how potential placements align with their career goals, professional development, and meeting program standards and objectives. Students shall rank order sites for CEEs. While student preferences regarding travel, geographic location, and other personal considerations are thoughtfully reviewed and incorporated into the decision-making process

when possible, placement decisions are ultimately determined by curricular requirements, individual student learning needs, clinical site strengths and specializations, and site availability.

7.3 Part-time Clinical Experience Assignments

Part-time clinical experience assignment process begins in the first semester. Students shall write a professional development plan with specific career and program goals. PTEs will be assigned by the clinical education team based on site availability, program goals, and learning needs to meet the professional development plan.

7.3.1 International Part-Time Clinical Experience

An international clinical education experience is offered as an option during the 2nd year of the program as a part-time clinical experience. Students are responsible for additional costs associated with international placement. Permission from the DCE, with consultation from the Department Chair and Program Director, is required to complete an international clinical experience.

Students wishing to participate in international affiliations will submit an international internship application corresponding to their affiliation of interest. The final decision to allow student participation in an international experience is made collaboratively by the DCE with input from the Department Chair and Program Director, based on student performance in didactic and laboratory experiences, professional behavior, and progress toward clinical education objectives. Only students in good standing will be considered. Any academic, professional, behavioral, or other concerns may disqualify a student from consideration.

International affiliations require completion of documents to secure appropriate visas and travel clearance. Completing the appropriate documentation and paying any associated fees is solely the student's responsibility. While applying for an international experience, students agree that they will remain at the international site despite any changes to location, clinical instructor, or site setting. In case of a national/global crisis or pandemic where the student faces unsafe or challenging conditions, the Clinical Education Team and Department Chair will coordinate with the student to assist with organizing a safe return to the US.

7.4 Full-time Clinical Experience Assignments

The clinical assignment process begins in the second semester of the first year. Clinical sites complete information forms on Exxat to provide students with details about available placements. Students review available options and identify their preferences.

Students must rank their clinical site preferences and submit them to the DCE by the specified deadline. **Students are strictly prohibited from contacting clinical sites directly during the assignment process.** Students are encouraged to select from existing affiliated sites, as requesting new placements may limit assignment options.

7.4.1 Assessing Clinical Site Availability

The Director of Clinical Education (DCE) initiates contact with clinical facilities during the APTA's voluntary national coordination period, conducted annually from March 1–15, with facility responses requested by April 30. This approach aims to secure clinical placements approximately one year in advance of scheduled clinical experiences though early confirmation cannot be guaranteed in all circumstances.

Clinical facilities retain full authority to evaluate their capacity for student education and may decline placements based on operational needs, staffing changes, or other institutional factors. This includes the right to withdraw from previously confirmed placements when circumstances require such decisions.

The program recognizes that clinical site availability is subject to change due to factors beyond institutional control and maintains flexibility in placement coordination to accommodate these dynamic healthcare environment demands.

7.4.2 Assignment Decisions

Assignment decisions are made through a comprehensive process that includes individual DCE and student planning meetings, faculty input regarding student learning needs, and consideration of student preferences. The DCE shall also consider educational requirements of the clinical education experience, site availability, and equitable distribution of placements among all students.

Students will receive their clinical assignments with adequate time to plan for housing, transportation, and other logistics.

7.5 Assignment Changes

Finalized clinical assignments may only be altered under documented, extraordinary hardships beyond the student's control e.g. serious medical or personal emergencies. Known inherent difficulties associated with clinical experiences such as but not limited to financial responsibilities, travel, and housing needs are not qualifying hardships.

Students requesting assignment changes must submit a Clinical Assignment Hardship Request Form (Appendix B) to the DCE with supporting documentation. The DCE will review each request individually and determine whether alternative placement is warranted. Approved changes are subject to site availability and clinical education requirements. Changes may delay program progression and commencement. Students who do not receive approved changes must complete their assigned clinical experience to pass the course.

7.5.1 Site Cancellations

In cases where clinical sites become unavailable due to circumstances beyond program control, the DCE will work individually with affected students to secure equivalent learning opportunities. The program maintains records of all site cancellations for quality improvement purposes.

7.5.2 Site Withdrawals

The Director of Clinical Education reserves the authority to withdraw a student from a clinical education site at any point during a scheduled rotation. Withdrawal may be initiated by the DCE or via a

formal request from the student when a clinical site is deemed an unsuitable learning environment. The request must detail the cause of the unsuitable learning environment. A site may be classified as unsuitable if it fails to meet the student's clinical development needs or fails to adhere to the program's established expectations for clinical instruction and professional standards. In instances where student safety is not compromised, the DCE will immediately consult with the SCCE, CI, and student to identify and address specific deficiencies and establish a monitoring period to observe corrective actions and improvements in the learning environment. If corrective actions are unsustainable, or if necessary changes cannot be successfully implemented before the end of the rotation, the student will be formally withdrawn from the placement.

Upon withdrawal, the DCE will make immediate efforts to secure an alternative clinical placement. In the event a suitable replacement site is unavailable within the current semester, the student will receive a grade of Incomplete (X) for the clinical education course. The program will provide a subsequent clinical education opportunity within the following semester to ensure the student meets all degree requirements. While every effort will be extended to secure an alternative clinical placement, program delay may occur if a replacement site is not available.

8.0 GRADING, CLINICAL STANDING, AND REMEDIATION

8.1 Grading System

Part-time clinical experiences and full-time clinical education experiences are graded as pass or fail courses. Transcripts will be noted with the following codes:

Code	Meaning
CR	Academic credit earned; used for Pass/Fail courses.
NC	Non-credit; academic credit not earned; used for Pass/Fail courses.
IP	In Progress; used for thesis or multi-semester courses.
W	Withdrew; assigned for resignations.
X	Incomplete; must be completed by the end of the next academic semester or it converts to F.
Q	Dropped (from the 13th class day through the last class day, before final examinations); not counted in GPA. The number of permitted Q-drops is governed by university policy.

8.2 Determination of Final Grade for Clinical Experiences

Students must complete all required paperwork, assignments, and projects as outlined in the clinical course syllabus and any additional assignments from the SCCE and CI to receive a passing grade for each clinical experience. Clinical experiences are graded as credit (CR) or no credit (NC) with final grades determined solely by the DCE based on clinical education faculty feedback. Students must submit all

assessment documents to the DCE within the syllabus timeline for comprehensive review and prompt grade submission.

8.2.1 Part-time clinical experience

Student performance expectations are specified within the syllabus of each part-time clinical education course. Part-time clinical experiences use a structured portfolio evaluation framework adapted from the Clinical Internship Evaluation Tool (CIET), which includes continuous scoring of 11 foundational core skills and sequential competency tracking across all 44 patient management and professional behavior skills. Satisfactory performance, meeting benchmark score thresholds on the professional behavior and patient care rating scales, is required for progression to the next clinical course, together with satisfactory completion of course assignments, self-assessments, and clinical feedback.

8.2.2 Full-time clinical education experience

Students are required to achieve the performance expectations specified in the syllabus for each CEE course. Clinical Instructors must provide comprehensive narrative comments to substantiate exceptionally high or low ratings across all applicable performance indicators. Clinical Instructors are encouraged to consult with the Director of Clinical Education for guidance regarding student performance assessments as needed. A formal written midterm assessment is mandatory.

The Director of Clinical Education will initiate contact with each student via email and each Clinical Instructor upon receipt of CIET pairing information prior to the midterm week using previously established communication protocols. Timely completion and submission of both midterm and final evaluations by the Clinical Instructor and student is required. All evaluation materials must be completed and submitted to the Director of Clinical Education or delivered in person by the student within one week following completion of the CEE or sooner if otherwise specified by the Director of Clinical Education.

Upon receipt of evaluation materials, the Director of Clinical Education will conduct a comprehensive review to assess whether performance standards have been met. If clarification is required the DCE will consult with the CI, SCCE and/or student for additional information.

For detailed CIET benchmarks and progression expectations, see Appendix B (CIET Benchmarks).

8.2.3 Site Visits

Part-time clinical experience site visits

During part-time clinical experiences, course instructors may make periodic visits to participating clinics while students are present.

Full-time clinical experience site visits

A clinical contact via on-site visit, telephone, or email will be scheduled by the DCE or faculty at the mid-point of each clinical experience to assess student progress and entry-level skill development, with additional contacts available upon request.

Each student will receive at least one on-site visit during their clinical education experiences unless prevented by program resources or emergencies, with additional visits available if requested by the student or CI to resolve problems.

The DCE may select to visit CEE sites for quality assurance and program development. Site visits are performed in conjunction with student placements and may be in-person or virtual, with phone consultations scheduled when visits are not performed.

8.2.4 Evaluation Tools

Part-time clinical experiences use the portfolio evaluation framework described in Section 8.2.1, with formative and summative assessments outlined in each course syllabus. The latest version of the Clinical Internship Evaluation Tool (CIET) serves as the primary evaluation instrument for assessing student performance and professional development during CEEs.

Students will utilize self-directed goals and objectives in conjunction with the CIET to conduct self-assessments of their performance across various components of their clinical experience. Additionally, students will complete comprehensive online evaluations of their clinical site and clinical instruction to assess facility performance and student satisfaction regarding how well the site and instruction meet individual learning needs. These evaluations are forwarded to the Clinical Instructor and/or Site Coordinator of Clinical Education upon completion of the CEE. The Director of Clinical Education conducts annual reviews of all information collected from each facility. Student assignment evaluations, including projects and in-service presentations, are documented within the electronic student tracking system.

8.2.5 Student Professional Development Plan

Students will create a professional development plan within the first semester of the program and update that plan during each PTCE and CEE. The DCE will review the PDP at the beginning and end of each clinical experience. Students will also evaluate their individual goals and objectives on the PDP, which should be written in SMART format with performance, condition, and criterion statements in behavioral and measurable terms. These goals and objectives must be reviewed with the clinical instructor at the clinical experience's onset and refined through periodic weekly reviews throughout the clinical experience. Students must complete self-assessments and reflections during part-time clinical experiences according to course guidelines and conduct performance self-assessments using the CIET during CEEs.

8.3 Clinical Progression

The Clinical Education program maintains the same academic standards established in Section 4.6 of the Student Handbook, recognizing that clinical experiences represent the critical bridge between didactic learning and professional practice. During clinical education experiences, students must demonstrate not only technical competency but also the professional behaviors, clinical reasoning, and patient safety awareness essential for entry-level physical therapy practice as a competent clinician.

Successful progression through the DPT clinical curriculum requires that students meet all requirements established in Section 4.6 of the Student Handbook, with specific clinical education applications:

- Maintain cumulative academic GPA of 3.0 or higher throughout all clinical education experiences
- Achieve satisfactory performance on all Clinical Internship Evaluation Tool (CIET) assessments, with minimum scores meeting program benchmarks
- Exhibit professional behaviors consistent with APTA Code of Ethics and Standards of Practice throughout clinical experiences
- Complete all required clinical education hours with documented evaluations from approved Clinical Instructors

As a doctoral-level healthcare professional program, the DPT curriculum maintains rigorous standards that protect the integrity of the physical therapy profession. Students are expected to demonstrate accountability for their professional development and demonstrate progression towards clinical excellence.

Clinical instructors along with the clinical education team provide guidance and support, but students are expected to take ownership of their clinical success and seek assistance proactively when needed.

8.4 Clinical Deficiency

8.4.1 Clinical Deficiency Categories

Clinical education deficiency occurs when students fail to meet the specific CIET performance benchmarks established for each clinical experience level, a critical incident is observed in patient safety, or progression of clinical development stalls. Clinical deficiencies are categorized based on CIET competency areas and experience-specific expectations:

Professional Behavior Deficiency:

Students fail to meet the specific CIET performance benchmark or the clinical instructor reports demonstration of unprofessional conduct, ethical violations, or inability to maintain professional standards consistently. The only skills that can be marked “Not Observed” are communication items involving interaction with other professionals when such interactions are unavailable at the clinical site.

Patient Management Skills Deficiency:

Patient management deficiency occurs when performance is below established benchmarks for any of the 24 patient management items, inability to demonstrate appropriate skills for the clinical experience, substandard performance in patient care delivery or treatment planning, and/or inadequate clinical reasoning.

Global Clinical Competence Deficiency:

Global clinical competence deficiency occurs when cumulative performance across all CIET domains fails to meet the benchmarks for that clinical experience or clinical performance indicates insufficient readiness for advanced clinical experiences.

Patient Safety and Clinical Judgment Deficiency:

Patient safety and clinical judgment are the foundations of clinical practice. Any performance that raises concerns about patient safety or welfare regardless of CIET scores indicates a clinical deficiency and will trigger an immediate intervention. Poor clinical reasoning leading to inappropriate treatment decisions is a clinical judgment deficiency. Failure to recognize contraindications, precautions, or emergency situations in addition to inadequate response to urgent clinical situations demonstrate patient safety deficiencies.

Progressive Clinical Skills Deficiency:

Failure to demonstrate appropriate skill progression, inability to meet experience-specific learning objectives and milestones, and clinical performance that is below the expected development trajectory are progressive clinical skill deficiencies.

8.5 Clinical Education Remediation Process and Support

8.5.1 Purpose

The clinical education support and remediation process provides structured support for students who do not meet clinical performance expectations. It ensures students achieve entry-level competency while maintaining patient safety and professional standards.

8.5.2 Early Intervention Triggers

Clinical early identification systems are aligned with academic monitoring systems in Student Handbook Section 6.2.1 B. Early identification provides immediate feedback and structured support to address performance gaps before they impact overall standing.

Identification	Intervention Triggers	Clinical Performance Supports
Pattern Recognition	Repeated themes of CI feedback on weekly planning forms. Multiple PTCE or CEE assessment items reflect a declining performance between assessments.	Increase frequency of monitoring. DCE directly communicating with the student.
Proactive Support	Failure to meet benchmarks for mid-term evaluations in PTCE or CEE. CI expresses concern about the student's ability to meet mid-term or final benchmarks. Incongruence between a student's self-assessment and CI assessment, OR student expresses concern they are unsure how they will be assessed.	Pattern recognition supports will continue along with: student mentoring; clinical instructor support; execute a clinical remediation plan (CRP).

The DCE shall review weekly planning forms and track CIET benchmark performance to monitor student progress towards CEE learning objectives. Clinical instructors shall inform the DCE within 48

hours of observed clinical deficiency trends or a singular occurrence of a serious event using the Critical Incident and Performance Trend Report (CEH-INC, Appendix B). Clinical instructors are expected to contact the clinical education team on the day of a critical event so support can be provided to the student, CI, and site without delay.

8.5.3 Clinical Performance Supports

The clinical education team proactively provides support dependent on the early identification system. Support starts with increased monitoring and contacting students when performance meets the pattern recognition stage and progresses to communicating with the CI, mentoring, and/or formal execution of a clinical remediation plan as needed in the proactive support stage.

8.5.4 Clinical Remediation Plan (CRP)

Each student requiring remediation receives a written clinical remediation plan (CRP) that documents the specific skill deficiency, defines measurable learning objectives, and details student learning actions and educational supports. CRP requirements must be fulfilled in addition to the defined expectations for the clinical experience.

Students are expected to take ownership of their clinical success and actively participate in the development and execution of the CRP.

Students are responsible for:

- documenting learning actions within the CRP
- scheduling weekly check-ins with the clinical education team.

If the clinical site cannot provide the resources required to complete the CRP within the allotted timeframe, the DCE shall work to secure an appropriate site or learning opportunity to meet the student's needs.

For a detailed CRP template, see Appendix B (Clinical Remediation Plan).

8.5.5 Remediation Outcomes

If increased time is required for successful implementation and completion of the CRP, the DCE reserves the authority to delay subsequent CEEs. CRP timelines that extend past the academic semester will result in an incomplete (X) grade, and the student must complete the CRP and CEE requirements within the next academic semester to receive credit (CR). Failure to complete the CRP requirements or meet the CIET benchmarks by the end of the next academic semester will result in a no credit (NC) grade, clinical probation placement, and mandatory repetition of the CEE.

Remediation may require change of clinical placement and result in delay of program progression. Students are responsible for all costs incurred to complete the CRP including but not limited to travel, housing, and repeated registration in the clinical education course.

8.5.6 Clinical Education Termination Conditions

Termination of CEE may occur at any point by the DCE or the Clinical Site on a case-by-case basis for critical incidents. Critical Incidents include:

- serious patient safety incidents
- unethical behavior
- egregious unprofessional behavior
- confidentiality violations
- policy violations.

Clinical sites may also request to terminate a CEE due to insufficient progress towards CRP requirements resulting in a disruption of normal clinical operations.

Students must meet with the DCE within 48 hours of a clinical termination. The DCE will review student and clinic performance documents as well as consult with CI, SCCE, and Department Chair/Program Director to determine remediation mechanisms through CRP or clinical probation.

8.6 Clinical Probation

Students may be placed on clinical probation when they fail to meet clinical progression standards despite remediation efforts or are dismissed from a clinical placement, in alignment with Section 6.2.3 of the Student Handbook. This formal designation represents the final opportunity for clinical recovery with intensive support and clearly defined expectations. The DPT clinical probation policy operates within the framework of SHSU Academic Policy Statement 910312 Sections 7–10 (Academic Probation, Suspension, Dismissal, and Termination) and the Graduate and Professional School policies on graduate academic standing.

Note. The clinical probation period represents a final opportunity for students to demonstrate their commitment to clinical excellence and professional development. Students must actively engage in all required activities and take full responsibility for their clinical recovery.

8.6.1 Clinical Probation Triggers

- Failure to meet CRP requirements and/or new deficiencies are identified during a CRP
- Accumulation of more than two CRP across all CEEs
- Persistent pattern of declining clinical performance across experiences
- Serious patient safety violations or incidents
- Clinical termination will be reviewed on a case-by-case basis to determine if the student shall be placed on clinical probation

8.6.2 Clinical Probation Expectations

Students on clinical probation must meet immediately with the DCE to develop an intensive clinical recovery plan. This plan includes mandatory professional development activities specific to the identified deficiency, structured study schedules, remediation and assessment, and enhanced supervision during all clinical experiences. Students on clinical probation must successfully complete all learning objectives and pass a skills assessment demonstrating successful remediation of deficient skills to be cleared to repeat or continue a CEE.

Clinical probation is supervised by an appointed clinical instructor, core faculty, or clinical education faculty with progress monitored by the DCE.

Students on clinical probation may face extension of clinical education time, change in clinical placement, repetition of a CEE, and program delay. Students are responsible for all costs incurred during clinical probation including but not limited to travel, housing, and repeated registration in the clinical education course.

8.6.3 Clinical Probation Outcomes

Students will be removed from clinical probation when students successfully complete requirements of the CRP and meet all CIET benchmarks within the involved CEE. The DCE will continue enhanced surveillance of student progression through all remaining CEEs.

Failure to meet the learning objectives of the CRP or meet the CIET benchmarks within the involved CEE will result in academic dismissal proceedings following Section 6.2.4 of the Student Handbook.

Students may only be on clinical probation once; any subsequent clinical probation triggers will result in academic dismissal proceedings following Section 6.2.4 of the Student Handbook.

8.7 Clinical Dismissal

8.7.1 Alignment with Academic Dismissal Standards

Dismissal from clinical education experiences, and subsequently the DPT program, follows the framework established in Section 6.2.4 of the Student Handbook, with specific consideration for the critical patient care responsibilities inherent in clinical practice.

8.7.2 Clinical Education Dismissal Conditions

Immediate Clinical Dismissal Situations:

Dismissal from a clinical rotation may occur at any point during a scheduled rotation by the DCE or the clinical site on a case-by-case basis for serious patient safety violations or incidents, unethical behavior, unprofessional behavior, confidentiality violations, or policy violations. Dismissal may result in a no credit (NC) grade, incomplete (X), required course repetition, program delay, or program dismissal in accordance with program policies.

Dismissal Following Unsuccessful Clinical Remediation:

Students may be dismissed from a clinical experience when they fail to achieve acceptable clinical performance standards after comprehensive remediation, accumulate more than 3 clinical deficiencies across different experiences, or have repeated unsuccessful completions of clinical education requirements. Patterns of declining clinical performance with inability to respond to support strategies or inability to demonstrate entry-level knowledge, skills and behaviors necessary for patient care will result in dismissal.

8.7.3 Clinical Dismissal Process and Student Rights

Students must meet with the DCE within 48 hours of a clinical dismissal. The DCE will review the student's performance to determine remediation mechanisms in consultation with the Department Chair and Program Director. Students may be subject to required course repetition, program delay, or program dismissal in accordance with program policies.

Students facing program dismissal due to a clinical dismissal case receive formal written notification detailing specific clinical deficiencies and have access to due process procedures through the appeal process described in Section 6.2.4 of the Student Handbook (APS 910312, Section 10).

Clinical dismissal decisions are made collaboratively between the Department Chair/Program Director, DCE, program faculty, and clinical site representatives, with thorough documentation and review to ensure consistency with program standards and accreditation requirements.

8.7.4 Professional Responsibility in Clinical Dismissal

Clinical education dismissal decisions reflect the program's paramount obligation to ensure patient safety and maintain the integrity of the physical therapy profession. Students who cannot demonstrate the clinical knowledge, skills, attitudes and professional behaviors required for safe, effective patient care represent an unacceptable risk to patient welfare and professional standards.

The clinical education program maintains responsibility not only to students but to patients, clinical partners, and the profession to ensure that all graduates possess the knowledge, skills, attitudes and professional behaviors necessary for competent, ethical practice.

8.8 Appeals and Due Process for Clinical Education Decisions

All clinical education decisions regarding remediation, probation, or dismissal are subject to the same due process procedures established in Section 2.3.4 of the Student Handbook. Students have the right to appeal clinical education decisions through established grievance processes, with specific consideration for the unique aspects of clinical education and patient care responsibilities.

8.9 Documentation and Record Keeping

All clinical education assessments, remediation plans, probation agreements, and related communications are maintained in accordance with program policies, accreditation standards, and institutional requirements. Clinical education records integrate with academic records to provide comprehensive documentation of student progress and competency development throughout the program.

9.0 COMPLIANCE AND LEGAL ISSUES

9.1 HIPAA Compliance

All Doctor of Physical Therapy students participating in clinical education experiences must comply with the Health Insurance Portability and Accountability Act (HIPAA) and maintain strict

confidentiality of all protected health information (PHI) encountered during the clinical experience. Students are considered members of the healthcare team at clinical sites and are bound by the same HIPAA privacy and security regulations that apply to all healthcare professionals. Prior to beginning clinical experiences, students must complete HIPAA training and sign confidentiality agreements as required by each clinical facility. Students may only access, use, or disclose patient information that is necessary for their educational activities and direct patient care responsibilities under the supervision of licensed healthcare providers. All patient information, including medical records, conversations, observations, and any other PHI, must be kept strictly confidential and may not be discussed with individuals who are not directly involved in the patient's care. Students are prohibited from photographing, recording, or sharing patient information through any medium, including social media, email, or text messaging. Any violation of HIPAA regulations or breach of patient confidentiality will result in immediate removal from the clinical site and may lead to disciplinary action, including dismissal from the program. Students must report any suspected HIPAA violations or security breaches to their clinical instructor and the Director of Clinical Education immediately. Each clinical site may have additional privacy and security policies that students must follow, and students are responsible for understanding and adhering to all facility-specific requirements. Questions regarding HIPAA compliance should be directed to the clinical site's privacy officer or the Director of Clinical Education.

9.2 Institutional Property

All information related to a clinical site is the property of that site. If a student would like to use/present information related to patients or administrative aspects of clinic management beyond that facility, they must obtain the expressed permission of the clinic director.

9.3 Patient Rights

Students are obligated to obtain informed patient consent prior to providing any treatment or intervention during clinical education experiences. Students must clearly disclose their student status to all patients and provide the name of their supervising licensed physical therapist. Patients have the fundamental right to refuse treatment by a student without any negative impact on the quality or availability of their healthcare services. Students must ensure that patients understand they are receiving care from a student under supervision and that declining student involvement will not affect their access to treatment or the standard of care they receive. If a patient declines treatment by a student, the supervising therapist will provide all necessary care, and students must respect this decision without question or persuasion. Students should approach patient consent conversations professionally and respectfully, allowing patients adequate time to make informed decisions about their care. Any patient concerns or questions regarding student involvement should be directed to the supervising therapist or clinical instructor. Students must document patient consent appropriately according to facility policies and never proceed with treatment without proper consent. This policy ensures patient autonomy is respected while maintaining the integrity of the clinical learning environment for students.

9.4 Student Liability Insurance

The University provides professional liability insurance coverage for all Doctor of Physical Therapy students participating in clinical education experiences as part of their required curriculum. This coverage includes a minimum of \$1,000,000 per occurrence and \$3,000,000 aggregate professional liability insurance that specifically covers DPT student clinical activities, including direct patient care, therapeutic interventions, and other professional duties performed under the supervision of licensed physical therapists. The University-provided insurance coverage is automatically active for all enrolled DPT students during their clinical experience and covers all activities performed as part of their clinical education requirements. Students are not required to obtain separate professional liability insurance for clinical education experiences, as the University's policy provides comprehensive coverage for all clinical activities. However, students should be aware that this coverage applies only to activities performed within the scope of their clinical education assignments and under appropriate supervision. Some clinical facilities may require proof of insurance coverage, and the Clinical Education office will provide necessary documentation of the University's liability insurance policy upon request. Students who engage in physical therapy-related activities outside of their required clinical education experiences, such as volunteer work or employment, may need to obtain separate liability insurance coverage for those activities. Any questions regarding the scope of coverage or insurance documentation should be directed to the Director of Clinical Education or the University's Risk Management office.

Students can opt to purchase additional liability insurance.

9.5 Services for Students with Disabilities in Clinical Education

Sam Houston State University provides reasonable accommodations in compliance with the Americans with Disabilities Act (ADA) and Section 504. The Department of Physical Therapy ensures that students with documented disabilities can participate fully in clinical education while maintaining patient safety and essential program standards.

Requesting Accommodations

- **Register with Services for Students with Disabilities (SSD)**
 - Location: Lee Drain Building
 - Phone: 936-294-3512
 - Email: disability@shsu.edu
 - Website: <https://www.shsu.edu/dept/disability>
- **Submit Documentation**
 - Provide current documentation from a qualified professional describing diagnosis, functional limitations, and recommended accommodations.
- **Obtain Accommodation Letter (LOA)**
 - SSD issues an official LOA each semester listing approved accommodations.
- **Share and Implement**
 - Provide LOA to the DCE and CI before the start of the clinical rotation.

- Discuss implementation details promptly with the DCE and CI.

Important Notes

- Accommodations cannot be applied retroactively.
- Students remain responsible for meeting essential program functions and patient safety requirements.
- Clinical sites may require alternative arrangements if accommodations cannot be implemented without compromising patient care.

Refer to the Doctor of Physical Therapy Student Handbook §4.7.1 D for classroom and testing accommodations.

9.6 Title IX and Sexual Misconduct

SHSU is committed to creating and maintaining educational communities in which each individual is respected, appreciated, and valued. SHSU's focus on tolerance, openness, and respect is key in providing every member of the SHSU community with basic human dignity free from all forms of Sexual Misconduct, including Sexual Harassment, Sexual Assault, Domestic Violence, Dating Violence, and Stalking. Any such conduct is defined and governed by the Texas State University System Sexual Misconduct Policy and Procedures, which includes procedures for reporting, investigation, applicable supportive measures, and resolution processes. Any report of behavior that threatens our institutional values and breaches this policy shall promptly be investigated and remediated in accordance with principles of law, fairness, and equity to all parties to which it applies.

For concerns of discrimination based on sex, please see SHSU PRE-29 Non-Discrimination Policy.

9.7 Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act of 1974, as amended (FERPA), is a federal law which provides that colleges and universities will maintain the confidentiality of student education records. This law also affords students certain rights with respect to their education records directly related to the student and maintained by SHSU or a party acting on its behalf. SHSU FERPA compliance is governed by Academic Policy Statement 810806 (Student Educational Records), which includes a statement of students' rights, permitted use of student's educational records, student and procedures to inspect and/or correct educational records, and other guidelines and important information. Violations of this policy may result in appropriate disciplinary action.

The FERPA campus official at SHSU is the Registrar. For additional information please see resources available on the Office of the Registrar's Website or you may direct questions as follows:

Registrar's Office, BOX 2029, Huntsville, TX 77341, (936) 294-1040

Email: registrar@shsu.edu

Physical Address: 1903 University Avenue, Estill Building, Room 331, Huntsville, TX 77340

To file a complaint regarding alleged violations of rights accorded to students by the Family Educational Rights and Privacy Act (FERPA) or the regulations promulgated thereunder, please visit

<https://studentprivacy.ed.gov/file-a-complaint>. For more information visit the U.S. Department of Education at <https://studentprivacy.ed.gov/ferpa>.

9.8 Program Complaint Policy

This policy gives prospective students, clinical education sites, clinical instructors, employers of graduates, and members of the public a way to raise a complaint about the Doctor of Physical Therapy program. Complaints by enrolled students follow the grievance procedures in the DPT Student Handbook, and complaints by faculty and staff follow the University procedures that apply to them. Complaints of discrimination, harassment, or sexual misconduct are referred to the SHSU Title IX Office or Human Resources.

How to file. Submit the complaint in writing, by email to dpt@shsu.edu or by letter to the Program Director, Department of Physical Therapy, 945 City Central Avenue, Conroe, TX 77304. Include your name and contact information, a description of the concern, the dates involved, and the outcome you are seeking. A complaint about the Program Director should be sent to the Dean of the College of Health Sciences.

Review. The Program Director acknowledges the complaint within 5 business days, gathers information from the people involved, and sends a written response with the resolution and its reasons within 20 business days. If more time is needed, the complainant is told in writing and given a new date.

Review by the Dean. A complainant who is not satisfied may ask the Dean of the College of Health Sciences, in writing within 10 business days of the response, to review the decision. The Dean's decision is final at the college level.

No retaliation. No person will be subject to retaliation for filing a complaint in good faith or for taking part in the review of a complaint. Retaliation is itself grounds for a complaint under this policy and may lead to action under University policy.

Complaints to CAPTE. A person who believes the program is not meeting CAPTE standards may also file a complaint with CAPTE, 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; accreditation@apta.org; www.capteonline.org. CAPTE generally expects complainants to use program and University procedures first.

Records. The Program Director records each complaint in the DPT Complaint Log (date received, source, nature of the complaint, office handling it, action taken, disposition, and date closed). Complaint records are kept for three years after final disposition, and longer if a complaint becomes the subject of litigation. This exceeds the two-year minimum in the SHSU Records Retention Schedule. The core faculty review a de-identified summary of the log each year.

APPENDICES

The following forms are included at the end of this handbook. Forms in **Appendix A** must be completed prior to the first clinical experience and returned to the Director of Clinical Education. Forms in **Appendix B** are completed as needed at designated points throughout the clinical education curriculum; students will be directed to the appropriate form by faculty or program administration when required. Current versions are also maintained on the program website and learning management system.

Form #	Form Title	When Completed	Submitted To	Retained In
Appendix A — Complete prior to first clinical experience				
CEH-ACK	Clinical Education Handbook Acknowledgement Form	End of 1st semester	Director of Clinical Education	Student academic file
CEH-IMM	Immunizations and Tests Form	Before first PTCE	Director of Clinical Education	Exxat
CEH-HEC	Health Certificate	Before first PTCE	Director of Clinical Education	Exxat
Appendix B — Clinical Education Forms (completed as needed throughout clinical education experiences)				
CEH-CAH	Clinical Assignment Hardship Request Form	As directed by the DCE	Director of Clinical Education	Course records
CEH-CIB	CIET Benchmarks	End of first week of clinical experience	Director of Clinical Education	Course records
CEH-WPF	Weekly Planning Form	Weekly for CEE	Director of Clinical Education	Course records
CEH-INC	Critical Incident and Performance Trend Report	Within 48 hours of any critical incident	Director of Clinical Education	Course records
CEH-CRP	Clinical Remediation Plan	Within 48 hours of receiving CEH-INC	Director of Clinical Education	Student academic file
CEH-ABS	Clinical Education Absence Form	14 days before a planned absence; within 24 hours of an unanticipated absence	Director of Clinical Education	Student academic file

**SAM HOUSTON STATE UNIVERSITY**

College of Health Sciences • Department of Physical Therapy

CLINICAL EDUCATION HANDBOOK ACKNOWLEDGEMENT

Instructions. Please return the completed form to the Department of Physical Therapy Administrative Office (HPB 308) by the first week of classes. A copy will be retained in your student file.

I, _____, acknowledge that I have received and read the Doctor of Physical Therapy Clinical Education Handbook for Academic Year _____. I understand that I am responsible for adhering to all policies and procedures described in this handbook. I further understand that these policies and procedures may be updated or modified by the program as needed, and that I will be notified of any changes.

Signatures*Signature**Date**Printed Name**SHSU Student ID*



SAM HOUSTON STATE UNIVERSITY
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CLINICAL EDUCATION ABSENCE FORM

Instructions. Use this form to report an absence from a part-time clinical experience (PTCE) or full-time clinical education experience (CEE). For a planned absence, submit to the Director of Clinical Education and notify the Clinical Instructor at least fourteen (14) calendar days in advance. For an unanticipated absence such as illness, contact the Clinical Instructor as soon as possible and submit this form within twenty-four (24) hours. A physician's excuse is required for illness lasting more than three consecutive days. Missed clinical time must be made up as directed by the Clinical Instructor and the Director of Clinical Education.

Student Information

Student Name:		SHSU ID:	
Cohort / Class Year:		Date Submitted:	
SHSU Email:		Phone:	

Absence Details

Date(s) of Absence:		Clinical Hours Missed:	
---------------------	--	------------------------	--

Type of Absence (select one):

☐ Planned (approved in advance) ☐ Illness / Injury ☐ Family Emergency ☐ Religious Holy Day ☐ Other

Reason for Absence

Briefly describe the reason. You are not required to disclose protected health information; however, supporting documentation may be requested by the Director of Clinical Education.

Make-Up Plan

Describe the missed clinical time and the plan to make it up, as agreed with the Clinical Instructor and the Director of Clinical Education:

Acknowledgments

- ☐ I understand that an excused absence does not waive clinical hour requirements, and that missed clinical time must be made up as directed by the Clinical Instructor and the Director of Clinical Education.
- ☐ Unexcused absences, or failure to obtain prior approval or to notify the Director of Clinical Education within 24 hours of an unanticipated absence, may result in failure of the clinical course or other academic penalties.
- ☐ The information I have provided is accurate to the best of my knowledge.

Student Signature

Student Signature:		Date:	
--------------------	--	-------	--

Program Use Only

☐ Approved ☐ Approved with Conditions ☐ Denied

Director of Clinical Education Signature:		Date: SHSU DPT Program • CEH-ABS Dept. of Physical Therapy • HPB 308 • dpt@shsu.edu • Rev. August 2025	
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Sam Houston State University
Physical Therapy
College of Health Sciences

SAM HOUSTON STATE UNIVERSITY

College of Health Sciences • Department of Physical Therapy

CLINICAL ASSIGNMENT HARDSHIP REQUEST

Policy. Finalized clinical assignments may only be altered under documented, extraordinary hardships beyond the student's control (e.g., serious medical or personal emergencies). Known inherent difficulties associated with clinical experiences — such as, but not limited to, financial responsibilities, travel, and housing needs — are not qualifying hardships.

The DCE will review each request individually and may consult with program faculty to determine whether alternative placement is warranted. Approved changes are subject to site availability and clinical education requirements. Changes may delay program progression. Students who do not receive approved changes must complete their assigned clinical experience to pass the course.

Student Name: _____ Date: _____

1. Describe the circumstances of your clinical placement hardship. (You are not required to disclose protected health information; however, supporting documentation may be requested by the Director of Clinical Education.)

2. What is the specific modification requested for your clinical education placement(s), and how does it accommodate the hardship?

3. Describe / list the supporting documentation included as attachments.

Student Signature

Student Signature: _____ Date: _____

FOR CLINICAL EDUCATION TEAM USE

Date received by clinical education team: _____ ☐ Approved ☐ Not approved Reviewer initials: _____ Date: _____

SHSU DPT Program • CEH-CAH Dept. of Physical Therapy • HPB 308 • dpt@shsu.edu • Rev. August 2025



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Physical Therapy
 College of Health Sciences

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 College of Health Sciences • Department of Physical Therapy

CIET BENCHMARKS

The Clinical Internship Evaluation Tool (CIET) is divided into two constructs: professionalism and patient management. Students are expected to consistently demonstrate professional behavior, initiative for learning, and safe clinical practice from the start of their first clinical experience, as reflected in the elevated professional benchmarks below.

All full-time clinical rotations are scheduled following successful completion of didactic coursework; as such, students are expected to have the foundational knowledge and skills to perform all patient management skills at a basic level. Any patient management skill scored at “Well Below” will initiate remediation supports.

Course	Evaluation	Safety	Professional Ethics	Initiative	Communication Skills	Patient Management	Global Rating of Competency
Clinical Education I (Semester 6, 10 weeks)	Mid-Term	“Most of the time” or “Always”	“Always”	“Sometimes,” “Most of the time,” or “Always”	“Sometimes,” “Most of the time,” or “Always”	No items rated “Well Below”	3 (Below a competent clinician)
Clinical Education I (Semester 6, 10 weeks)	Final	“Always”	“Always”	“Most of the time” or “Always”	“Most of the time” or “Always”	At least 60% of items rated “Familiar” or higher	4 (Developing competence)
Clinical Education II (Semester 7, 8 weeks)	Mid-Term	“Most of the time” or “Always”	“Always”	“Most of the time” or “Always”	“Most of the time” or “Always”	At least 60% of items rated “Familiar” or higher	3 (Below a competent clinician)
Clinical Education II (Semester 7, 8 weeks)	Final	“Always”	“Always”	“Always”	“Always”	At least 80% of items rated “Familiar” or higher	4 (Developing competence)
Clinical Education III (Semester 7, 8 weeks)	Mid-Term	“Most of the time” or “Always”	“Always”	“Most of the time” or “Always”	“Most of the time” or “Always”	At least 60% of items rated “Familiar” or higher	4 (Developing competence)
Clinical Education III (Semester 7, 8 weeks)	Final	“Always”	“Always”	“Always”	“Always”	At least 80% of items rated “Familiar” or higher	5 (Approaching competent clinician)
Clinical Education IV (Semester 8, 10 weeks)	Mid-Term	“Most of the time” or “Always”	“Always”	“Most of the time” or “Always”	“Most of the time” or “Always”	At least 70% of items rated “Familiar” or higher	5 (Approaching competent clinician)
Clinical Education IV (Semester 8, 10 weeks)	Final	“Always”	“Always”	“Always”	“Always”	All items rated “Familiar” or higher	7 (Entry-level readiness)

Professional benchmarks (Safety, Professional Ethics, Initiative, Communication Skills) refer to the frequency rating scale. Patient Management and Global Rating reflect the CIET competency scale. Benchmarks represent the minimum expected performance at each evaluation point.



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CLINICAL REMEDIATION PLAN

Student: _____ Clinical Experience: _____
Clinical Experience Dates: _____ Clinical Instructor: _____
Remediation Plan Prepared by: _____ Reviewed by: _____
Remediation Start Date: _____ Anticipated End Date: _____
Is the student on clinical probation? ☐ Yes ☐ No

Rationale for this remediation plan: What concern initiated this remediation plan?

--

Background Information (completed by student and DCE)

Individualize the learning plan, considering: academic history; relevant social circumstances; relevant health and wellness; academic relationships; and learning context.

Background information.

--

Student's Reflection (completed by student)

Identify areas of strength.

--

Identify areas of growth.

--

Learning goals (SMART format).

--

Clinical Instructor's Reflection (completed by the CI and DCE)

Identify areas of strength.

--

Define the skills gap.**Learning Objectives****Examples:**

- [Student Name] will select and perform safe transfer techniques for patients that require dependent and total assist supports.
- [Student Name] will demonstrate accountability for plan of care and treatment outcomes.

Learning objectives for this plan.**Assessment**

Assessment	Required to pass before return to patient care?	Evaluated By
<i>Example: [Student Name] will demonstrate safe application and use of lift harness system for dependent transfers.</i>	Yes	SCCE
<i>Example: [Student Name] will develop a complete plan of care with justification using a clinical decision-making framework.</i>	No	CI

Teaching and Learning Strategies

Student identifies learning strategies; DCE and CI describe teaching strategies.

Teaching and learning strategies.

Support services offered: faculty mentoring, academic services, student services, and wellness resources.

Outcomes of the Remediation Plan

Possible outcomes are documented by the DCE in reference to Section 8.5.5 (Remediation Outcomes) of the Clinical Education Handbook.

Outcomes.

Student Signature: _____ Date: _____
Clinical Instructor Signature: _____ Date: _____

Date:
SHSU
DPT
Program
• CEH-
CRP Dept.
of
Physical
Therapy •
HPB 308 •
dpt@shsu
.edu •
Rev.
August
2025

Director of Clinical Education Signature:



SAM HOUSTON STATE UNIVERSITY
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HEALTH CERTIFICATE (For Optional Use)

Instructions. As a participant in the Doctor of Physical Therapy program's clinical education, you are to complete this Health Certificate and an Immunizations and Tests Form. Make an appointment with your healthcare provider to document that all immunizations are completed (including booster dates) and that you are in good physical health and free from the diseases listed on the Immunizations and Tests Form. Clinical sites may require additional immunizations and/or tests.

Completed Health Certificate and Immunizations and Tests Form must be received by _____.

Student Information

Student Name: _____ Date of Birth: ____ / ____ / ____
Address: _____
Telephone: _____ Blood Pressure: _____

Provider Examination

I have examined the above-named student and find this student to be in good physical health. I also find the student to be free from the diseases listed on the Immunizations and Tests Form.

Restrictions or Limitations (e.g., latex allergy): _____

Provider Signature

Healthcare Provider Signature: _____ Date: _____
Printed Name: _____ Telephone: _____
Provider Address: _____

Please return this completed Health Certificate and the Immunizations and Tests Form to:

Kimberly Phelps, Director of Clinical Education • Department of Physical Therapy • Sam Houston State University



SAM HOUSTON STATE UNIVERSITY
College of Health Sciences • Department of Physical Therapy

IMMUNIZATIONS AND TESTS FORM

Student's Name: _____ SAM ID #: _____ Date of Birth: _____

Measles/Mumps/Rubella Vaccine — One of the following is required:	
A. Two doses of measles vaccine at least 28 days apart OR	Administration Date #1 _____ #2 _____ (mm/dd/yy)
B. Serologic test positive for measles antibody	Date _____ Circle: Positive Negative
Varicella (Chicken Pox) — One of the following is required:	
A. Two doses of Varicella vaccine administered 4–8 weeks apart OR	Administration Date #1 _____ #2 _____ (mm/dd/yy)
B. Serologic test positive for Varicella antibody	Date _____ Circle: Positive Negative

Tetanus (Tdap): Tdap protects against Tetanus, Diphtheria, and Pertussis. Given every ten years. (Td is not acceptable.)	Date _____ (mm/dd/yy)
Meningococcal Vaccine: Evidence of vaccination if student is 21 years or younger on the first day of the semester.	Date _____ (mm/dd/yy)
Flu Shot: Evidence of vaccination.	Date _____ (mm/dd/yy)

Hepatitis B (Hep B) Surface Antibody (titer) — draw titer to document immunity, no sooner than 1–2 months after the last Hep B dose and within 12 months of admission. <i>Titer results must be quantitative with reference ranges included.</i>	Date titer drawn (mm/dd/yy): _____ Circle: Positive Negative
Hepatitis B series (if needed): 3-dose series (0, 1, 6 months) OR 2-dose Heplisav-B series (minimum 4 weeks apart). Document doses and dates below.	Dose #1 _____ Dose #2 _____ Dose #3 _____ (mm/dd/yy)

Tuberculosis (TB) Testing — 2 Options. A. Two-Step Tuberculin Skin Test (second reading 7+ days from first), OR B. TB Blood test (T-Spot or QuantiFERON). If positive, attach treatment plan and Tuberculosis Assessment and Symptoms Checklist.	First Admin. Date _____ Read _____ Result: Positive Negative Second Admin. Date _____ Read _____ Result: Positive Negative Blood test: T-Spot / QuantiFERON Date _____ Result: Positive Negative
---	---

Physician or Approved Licensed Healthcare Provider Information

Printed Name: _____

Address:

Signature:

Date:

** Signature validates all information above.*



SAM HOUSTON STATE UNIVERSITY
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CRITICAL INCIDENT AND PERFORMANCE TREND REPORT

Instructions. Please document any single critical incident — such as serious patient safety, ethical, confidentiality, or policy violations — or any ongoing trend of poor clinical performance and unprofessional behavior that persists despite feedback. Ensure contact with the DCE on the day of a critical incident, and email this completed form to dptclined@shsu.edu within 48 hours.

Student Name: _____ Date: _____

Clinical Instructor Name: _____

Observer's Name (if not the clinical instructor): _____

Behavior or Performance Trend Observed

Describe the behavior or performance trend observed.

Critical Incident

Date / Time: _____

Setting (persons, place, surroundings).

Student's actions or behaviors.

Observer's interpretation.

Feedback and Response

Feedback provided to the student: ☐ Yes ☐ No

Comment on the feedback provided.

Student response to feedback.

--

Student comment.

--

CI / Observer Signature:

Date:

Student Signature:

Date:



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WEEKLY PLANNING FORM

Clinical Education Experience: _____ Week: _____ Date: _____

Student Review of the Week (completed by the student)

Summarize the feedback provided this week.

Areas of strength (consider professionalism, clinical decision making, skill performance).

Areas for improvement (consider professionalism, clinical decision making, skill performance).

CI's Review of the Week (completed by the CI)

Areas of strength.

Areas for improvement.

Goals for the Upcoming Week (completed by the student)

Goals for the upcoming week of: _____

Write 1-3 SMART goals for this week that address areas for improvement.

Write 1 SMART goal that addresses your personal professional development plan.

Student Signature: _____ CI Signature: _____