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3RAC Policies

Last updated 1/31/2022

Cellular and Smart Device Policy

Students are expected to fully engage in all aspects of the clinical experience throughout the course of the workday. This includes any preparatory activities (i.e., rounds, meetings etc.), direct patient care times, and professional development opportunities (i.e., lunchtime in-services, workforce development activities). The use of cellular or other smart devices for purposes other than work-related activities during clinic hours is strictly prohibited. Judicious use of smart devices to enhance the clinical experience is only permitted at the discretion of the clinical instructor(s) and site coordinator(s). Students are expected to follow facility policies regarding cellular and smart device use which may include storing such devices or keeping them in *Do Not Disturb* mode during clinic hours. Violations to this policy should be addressed promptly. The clinical instructor and/or site coordinator is encouraged to contact the program DCEs/ACCEs at their discretion.

Social Media Policy

Student must comply with all clinical facility HIPAA policies. Students are held responsible for all things posted on social media sites such as, but not limited to, Facebook, Twitter, YouTube, Snapchat, and Instagram. Reference to any patient(s), clinical site(s), clinical instructor(s), school faculty or staff, even in generic terms, is strictly prohibited. Violations to this policy should be addressed promptly. The clinical instructor and/or site coordinator is encouraged to contact the program DCEs/ACCEs at their discretion.

Student Attendance Policy

Attendance is required for all clinical education experiences, according to the University's clinical education schedule. Students are to follow the daily work schedule established by the clinical facility. The learning experience is the student's priority. Therefore, all outside work obligations are secondary. Absences are warranted only in cases of personal illness, personal or immediate family (parents, spouse, siblings, and children) emergencies, or death of a family member (including extended family). The student must notify the site prior to the start of the workday and notify the DCE/ACCE as soon as possible. Students are not permitted to make independent requests, to their site, for time off. In some circumstances, students may be permitted to request an accommodation – through the DCE/ACCE. For example, students may request time off for religious observances, in advance. In all circumstances, missed clinical experience time must be made up.

Dress Code Policy

As a healthcare professional in training, students should demonstrate a professional appearance during all clinical activities. Students are expected to be neat and appropriately dressed. Professional dress includes business casual (dress slacks and shirts/blouses; polo shirts; closed low-heeled shoes; socks; no jeans). If the facility requires that scrubs and/or lab coats are worn, they must be clean and pressed. Hair should be sensibly styled, pulled back, neat, and clean. Fingernails should be kept trimmed and free of nail polish. Appropriate jewelry includes a watch with a second hand, wedding ring, and one post earring in each ear. Piercings, other than one set of post earrings, and tattoos must be covered. Cleavage and midriff skin must be covered. School or clinical facility name tag must be always worn.

When Should I Call the DCE/ACCE? - Guidance for CIs and SCCEs

Last Updated April 2020

When you provide a clinical education experience for a physical therapy student, the DCE/ACCE for that program is always available to you as a resource. There is no right or wrong time to call if you need information or direction for the clinical education process. If issues arise with a student, the DCE/ACCE should always be informed as early as possible even if you do not require assistance to address the situation. While not comprehensive, the following list may help you determine when it might be appropriate to call the DCE/ACCE:

1. Student is unsafe in the clinical setting.
2. Student has poor communication skills.
3. Student is disorganized, has difficulty focusing, or struggles with staying on task.
4. Student is defensive and does not implement constructive criticism from the clinical instructor.
5. Student is not performing as expected for the academic level or past clinical experiences, i.e. does not have the knowledge or skills expected, needs more supervision than expected.
6. Student demonstrates ANY unprofessional behavior that goes against the Code of Ethics or the Core Values of the profession.
7. Student has a sudden and significant unexplained change in performance.
8. Student is having a mental health crisis (see Guide for Recognizing Students in Distress).
9. Student is injured at or away from the clinical site. The DCE/ACCE will help determine the plan of action in case the student needs a medical leave of absence or requires restrictions to be put in place before returning to the clinic.
10. Clinical instructor is unsure of the expectations/goals of the academic program for the student.

Guide for Recognizing Students in Distress

Last Updated April 2020

Introduction

The increasing demands of our society seem to be reflected in the changing needs of our students in physical therapy educational programs. Each year, we see more students struggling with concerns such as depression, anxiety, panic disorder, and other mental health issues. Whether they were previously diagnosed and treated or it is a new concern, the demands of a rigorous physical therapy educational program often exacerbate the student's mental health concerns.

This guide is meant to provide a first step to recognizing when a student may not be managing a problem well and how to you might intervene. It is not meant to provide all the answers, only to help you to consider possible signs and

symptoms and direct the student appropriately. In case of an emergency or a situation where the student's health, safety, or the welfare of others is threatened, call 911 for police and medical help.

Possible Signs of a Mental Health Issues

1. Student's clinical performance/ quality of work changes drastically in a short period of time without an explanation.
2. Student is often tardy or misses clinic days frequently.
3. Student shows excessive procrastination.
4. Student demonstrates signs of anxiety.
5. Student appears to have a flat affect, has slow speech, is always tired, or shows difficulty concentrating.
6. Student is agitated or irritable or shows other marked changes in behavior.
7. Student demonstrates frequent mood swings or cries easily.
8. Student expresses feeling of hopelessness or worthlessness.
9. Student makes a reference to or shares thoughts of suicide (verbal or written).
10. YOU feel depressed or hopeless when you are speaking with the student.
11. Student appears to have a dramatic weight change.
12. Student presents with marked changes in personal hygiene.
13. Patients or other clinicians express concern related to the student.
14. Student reports complaints of chest tightness, palpitations, dizziness, heart racing, or other symptoms that may indicate an anxiety or panic attack.

What To Do if You Recognize any Symptoms

If you see any of the behavior changes or symptoms listed above, have a conversation with the student. Express to what you have observed and first ask for a possible explanation. If the student does not have a reasonable explanation, ask the student directly if he/she is feeling depressed or anxious. If the answer to this question is yes, then suggest that the student calls the University Counseling Center for an evaluation (or other healthcare provider if they prefer). In addition, call the DCE/ACCE at the student's university and notify this person of your concerns. The DCE/ACCE will follow up with the student to put a plan of action in place. The plan could include, but is not limited to, any of the following scenarios: (1) student continues the clinical experience while managing the mental health issue; (2) student continues the clinical experience with accommodations agreed upon by all parties; or (3) student takes a leave of absence from the clinical experience while he/she receives treatment. The clinical instructor should also notify the SCCE and/or facility director anytime a change in student performance or behavior is noticed and request assistance in addressing the concern.

The clinical instructor, SCCE, or facility director should always feel free to call the DCE/ACCE or any other academic faculty member to discuss possible concerns about a student's behavior.

Below are a few resources available for helping to address student's concerning behaviors.

Resources to call for student in crisis

Resolve Crisis Network: 1-888-796-8226

Western Psych Institute: (412) 624-2000