



Clarke

U N I V E R S I T Y

PHYSICAL THERAPY DEPARTMENT

DOCTOR OF PHYSICAL THERAPY PROGRAM

CATALOG AND HANDBOOK

CLASS OF 2022

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ACADEMIC POLICY AND PROCEDURE SECTION

I. PREFACE

This manual (paper or electronic) is designed for students enrolled in the Doctor of Physical Therapy Program at Clarke University. Students in the professional phase of the program are expected to use this handbook throughout their participation in this curriculum. This handbook will be reviewed and updated in the summer prior to each academic year. Students are also referred to the [Clarke University Academic Catalog](#) and the [Clarke University Student Handbook](#) which can be found on the Clarke website.

II. THE MISSION STATEMENT OF CLARKE UNIVERSITY

Clarke University is a Catholic academic community that believes learning is lifelong and life changing. We inspire intellectual curiosity, cultural engagement, professional preparedness, spiritual exploration, and a commitment to contributing to the common good in a global society.

CLARKE UNIVERSITY CORE VALUES STATEMENT

Clarke University is a learning community that lives by four core values: Education, Charity, Justice, and Freedom. These values emanate from our founder Mary Frances Clarke, the Sisters of Charity of the Blessed Virgin Mary, and those who follow their example to provide learning experiences that are relevant and forward looking.

EDUCATION:

As a community seeking wisdom, we help all to appreciate learning opportunities that enable persons to reach their full potential.

CHARITY:

As a community seeking to welcome all, we contribute to the well-being of others and the common good.

JUSTICE:

As a community standing with others, we strive to create a society that recognizes the dignity, equality and rights of all people and to respond faithfully to one another.

FREEDOM:

As a community seeking to live authentic lives, we invite all to be open to God's love and to be true to their best selves.

III. MISSION STATEMENT OF THE PHYSICAL THERAPY DEPARTMENT

The mission of the physical therapy program is congruent with the mission of Clarke University and consistent with contemporary preparation of physical therapy professionals. Both the University and department missions include providing a supportive environment that encourages personal and intellectual growth of professional leaders, promotes reflective professional practice within the context of a diverse global community, and advances decision making that is rooted in spiritual and ethical principles as well as social responsibility. The department mission aligns with the Normative Model of Physical Therapist Professional Education: Version 2004 in that it emphasizes excellence in the teaching and learning of skills related to the practice of physical therapy, the importance of critical thinking and ethical decision making, and the development of lifelong learning skills that will empower graduates to adapt to changing healthcare environments. The program's mission is also congruent with the Online Guide to Physical Therapist Practice (3rd edition), as students develop the attitudes, behaviors, and skills needed to contribute to the contemporary physical therapy community in a variety of settings. The Clarke University Mission Statement is attached as an appendix. The Physical Therapy Department Mission Statement follows.

MISSION STATEMENT OF THE CLARKE UNIVERSITY PHYSICAL THERAPY DEPARTMENT

The Clarke University Physical Therapy Department is part of the caring, learning community at Clarke University, committed to excellence in physical therapy education and dedicated to educating individuals who are prepared to contribute to society as physical therapy professionals in a variety of settings. We are part of the supportive environment that encourages personal and intellectual growth, promotes global awareness and social responsibility, and deepens spiritual values. As educators, we will play a significant role in providing continuing education to therapists in the State of Iowa as well as the tri-state region. The faculty will be active in community and professional organizations. We provide a supportive environment for learning while fostering the critical thinking and ethical decision-making skills required to participate in the rapidly changing health care environment. We build upon the core values of Clarke University including spiritual values, cultural appreciation, and acceptance of diversity of people and ideas. Clarke University physical therapy faculty, students, and graduates strive for a spirit of collaboration with the health care community to achieve optimum health and wellness for clients served.

IV. PHILOSOPHY OF THE PHYSICAL THERAPY DEPARTMENT

Physical therapy is a health profession dedicated to the improvement of the quality of life through the prevention, rehabilitation, and management of acute or prolonged movement impairment. Physical therapists treat individuals with pain, functional limitations and other health-related conditions resulting in disablement. A guiding principle for physical therapists is to effectively and efficiently facilitate increased functional ability of patients/clients. Through intervention and education, patients/clients and caregivers are enabled to assume responsibility for their functional recovery and health, thereby decreasing the cost of disability to society.

At Clarke University, a liberal arts foundation serves as an integral component of physical therapy professional education. Indeed, the physical therapy student develops an understanding

and appreciation for the structural, functional, psychosocial, emotional, and spiritual dimensions of humans. Individuals are recognized as unique composites of body, mind, and spirit and, in response, physical therapy intervention is based on individual patient/client needs.

The faculty recognizes that the delivery of health care is undergoing significant change and that the future of health care and physical therapy, will likely undergo regular change. Accordingly, the physical therapy graduate must appreciate the diversity in roles and practice settings and understand that physical therapy is not just an aggregation of facts and techniques but an evolving practice. The faculty believes that the best preparation for such changing roles is a commitment to life-long learning as well as critical and analytical thinking. Consequently, student reflection, critical thinking, and decision making are fostered during all phases of the professional curriculum in order to develop the problem-solving skills that are essential to competent practice.

Graduates have requisite skills to practice physical therapy as generalists who can appropriately adapt to practice across all health care settings and patient conditions. As a result of classroom and clinical experiences, and through personal reflection and personal growth, Clarke University physical therapy graduates are expected to be culturally sensitive, professional, and service oriented practitioners who demonstrate safe and effective practice within an ethical framework. Clinical management, communication, and scholarship form the foundation for professional practice.

V. CODE OF ETHICS

Preamble

Faculty and students of the Clarke University Physical Therapy Graduate Program, believing in the dignity and worth of each individual, respect an individual's right to receive the highest quality of health care. To this end, the following commitments are made:

1) Commitment of the Faculty

- a) Faculty members are committed to assisting individuals in meeting their physical therapy education needs. In fulfillment of this commitment, each student, as a member of the health care delivery system, is encouraged and aided in realizing his or her potential.
- b) The Faculty:
 - i) Shall strive for mastery of the subject material to be presented;
 - ii) Shall use a variety of teaching methods;
 - iii) Shall serve as role models for students;
 - iv) Shall avoid intentionally embarrassing any student;
 - v) Shall be non-discriminating in relationships with students;
 - vi) Shall hold in confidence privileged information unless disclosure is professionally or legally required;
 - vii) Shall share with students the basis for evaluation;
 - viii) Shall strive to achieve excellence in instruction

2) Commitment of Students

- a) Inherent in acceptance of a place in Clarke University Physical Therapy Graduate Program is acceptance of the ethics of the physical therapy profession and a commitment to learning.
- b) Students abiding by these:
 - i) Shall be self-disciplined and morally responsible;
 - ii) Shall show respect and concern for other individuals;
 - iii) Shall take the responsibility for learning the materials, information, etc., as identified by the course instructor;
 - iv) Shall present a personal appearance which will inspire confidence in all clients;
 - v) Shall hold in confidence privileged information unless disclosure is professionally or legally required;
 - vi) Shall undertake without supervision only those procedures involved in patient care in which competency has been determined by the instructor;
 - vii) Shall perform only those functions which lie within the realm of physical therapy;
 - viii) Shall make every effort to uphold the APTA Code of Ethics;
 - ix) Shall be responsible participants in the professional educational program;
 - x) Shall demonstrate integrity for keeping one's word, being on time, sharing information and resources appropriately, and working to the best of one's ability;
 - xi) Shall respect the dignity of colleagues, faculty, patients and staff;
 - xii) Shall conduct academic assignments in a fair and honest manner, (All cases of academic misconduct will be reported to the academic affairs office and will also be reviewed according to the procedure for professional behavior difficulties.)

- xiii) Shall demonstrate commitment to self-improvement, life-long learning, stress management, and health;
- xiv) Shall conduct research according to the policies of the Clarke University Institutional Review Board, and
- xv) Shall participate in professional activities.

3) Physical Therapy Code of Ethics (effective July 1, 2012)

Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal).

Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals. (*Core Values: Compassion, Integrity*)

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients. (*Core Values: Altruism, Compassion, Professional Duty*)

Principle #3: Physical therapists shall be accountable for making sound professional judgments. (*Core Values: Excellence, Integrity*)

Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public. (*Core Value: Integrity*)

Principle #5: Physical therapists shall fulfill their legal and professional obligations. (*Core Values: Professional Duty, Accountability*)

Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors. (*Core Value: Excellence*)

Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society. (*Core Values: Integrity, Accountability*)

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally. (*Core Value: Social Responsibility*)

VI. GOALS OF THE PROGRAM

Goals Related to Students

In accordance with the mission of Clarke University and the philosophy of the physical therapy department, faculty strive to:

1. Educate students to be competent and safe practitioners of physical therapy in a variety of practice settings.
2. Educate students in utilizing and mastering evidence-based clinical decision-making skills as the foundation for their physical therapy practice.
3. Educate students about professional ethics and legal issues in clinical practice and the profession of physical therapy as outlined in the APTA code of ethics.
4. Educate students about attitudes and clinical skills that are essential for optimizing their role as a physical therapist as a member of the health care team and the community.
5. Educate students to value, promote and improve the quality of health care through the unique and cooperative contributions of physical therapy.
6. Educate students to critically interpret and contribute to research related to the field of physical therapy.
7. Educate students to be an advocate for patient rights within the current and evolving health care environment (from political, economic and cultural perspectives).

8. Educate students to accept responsibility for personal and professional growth, and to participate in the development of the physical therapy profession.
9. Initiate students on a lifelong process of learning.

Goals Related to Faculty

The core faculty will:

1. Demonstrate commitment to the profession through membership in the American Physical Therapy Association (or other appropriate professional organization).
2. Participate in one or more area of scholarship as defined by Boyer.
3. Maintain clinical expertise in assigned content areas.
4. Participate in service activities consistent with the mission of the program and the University.
5. Be composed of clinical specialists and academically prepared doctorates.
6. Tenure-track faculty will make progress toward achieving tenure and promotion as described by the University's Faculty Evaluation Manual and Employment Manual.

Goals Related to the Physical Therapy Program

The program will:

1. Provide physical therapist education to prepare students for entry-level practice.
2. Provide continuing education opportunities to physical therapists in the tri-state region.
3. Contribute to new knowledge in physical therapy practice.
4. Provide opportunities for pro-bono care for community members.

The program's mission is reflected in goals related to students, faculty members, and the program itself. The goals delineated for students clearly are rooted in the department mission: Students' personal and intellectual growth are highlighted, particularly with regard to development of critical thinking and ethical decision-making skills. Goals related to faculty members also emerge from the department's mission: faculty are committed to achieving excellence in physical therapy education, to maintaining their own professional qualifications (in both the academic and practice settings), and to being active in the community and professional organizations. Faculty members believe that excellence in physical therapy education is achieved by maintaining clinical expertise, by participating in research, and by disseminating knowledge through professional organizations. By achieving articulated goals, tenure-track faculty are able to make progress toward promotion and tenure. Finally, the goals of the Doctor of Physical Therapy Program itself are based in its mission: the program provides continuing education to local clinicians, and faculty and students collaborate with providers in the community in offering pro-bono care to clients, thereby helping them achieve optimum health and wellness.

VII. ENTRY-LEVEL COMPETENCIES

The American Physical Therapy Association has formulated the following statements to define entry-level objectives for the physical therapist practitioner. The academic and clinical components of the curriculum provide learning experiences designed to prepare the student to accomplish these entry-level objectives. It is incumbent for students to refer to these objectives as they evaluate and reflect on their progress in the curriculum.

Graduates of the program are prepared to:

1. Expressively and receptively communicate with all individuals when engaged in physical therapy practice, research, and education, including patients, clients, families, care givers, practitioners, consumers, payers, and policy makers.
2. Incorporate an understanding of the implications of individual and cultural differences when engaged in physical therapy practice, research, and education.
3. Demonstrate professional behaviors in all interactions with patients, clients, families, care givers, other health care providers, students, other consumers, and payers.
4. Adhere to legal practice standards, including all federal, state (province or jurisdiction), and institutional regulations related to patient/client care, and to fiscal management.
5. Practice ethical decision making that is consistent with applicable professional codes of ethics, including the APTA's Code of Ethics.
6. Participate in peer assessment activities.
7. Participate in clinical education activities.
8. Participate in the design and implementation of decision-making guidelines.
9. Demonstrate clinical decision-making skills, including clinical reasoning, clinical judgment, and reflective practice.
10. Evaluate published studies related to physical therapy practice, research, and education.
11. Secure and critically evaluate information related to new and established techniques and technology, legislation, policy, and environments related to patient/client care.
12. Participate in scholarly activities to contribute to the body of physical therapy knowledge (e.g. case reports, collaborative research).
13. Educate others using a variety of teaching methods that are commensurate with the needs and unique characteristics of the learner.
14. Formulate and implement a plan for personal and professional career development based on self-assessment and feedback from others.
15. Determine the need for further examination or consultation by a physical therapist or for referral to another health care professional.
16. Independently examine and re-examine a patient or client by obtaining a pertinent history from the patient/client and from other relevant sources by performing relevant systems review, and by selecting appropriate age-related tests and measures.
17. Examinations include, but are not limited to the following:
 - a) aerobic capacity and endurance
 - b) anthropometric characteristics
 - c) arousal, mentation, and cognition
 - d) assistive, adaptive, supportive, and protective devices
 - e) community and work reintegration
 - f) cranial nerve integrity
 - g) environmental, home, and work-barriers
 - h) ergonomics and body mechanics
 - i) gait and balance
 - j) integumentary integrity
 - k) joint integrity and mobility
 - l) motor function
 - m) muscle performance
 - n) neuromotor development and sensory integration

- o) orthotic requirements
 - p) pain
 - q) posture
 - r) prosthetic requirements
 - s) range of motion
 - t) reflex integrity
 - u) self-care and home management
 - v) sensory integrity
 - w) ventilation, respiration, and circulation
17. Synthesize examination data to complete the physical therapy evaluation.
 18. Engage in the diagnostic process in an efficient manner consistent with the policies and procedures of the practice setting.
 19. Engage in the diagnostic process to establish differential diagnoses for patients across the lifespan based on evaluation of results of examinations and medical and psychosocial information.
 20. Take responsibility for communication or discussion of diagnoses or clinical impressions with other practitioners.
 21. Determine patient/client prognoses based on evaluation of results of examinations and medical and psychosocial information.
 22. Collaborate with patients, clients, family members, payers, other professionals, and individuals to determine a realistic and acceptable plan of care.
 23. Establish goals and functional outcomes that specify expected time duration.
 24. Define achievable patient/client outcomes within available resources.
 25. Deliver and manage a plan of care that complies with administrative policies and procedures of the practice environment.
 26. Monitor and adjust the plan of care in response to patient/client status.
 27. Practice in a safe setting and manner to minimize risk to the patient, client, therapist, and others.
 28. Provide direct physical therapy intervention, including delegation to support personnel, to achieve patient/client outcomes based on the examination and on the impairment, functional limitations, and disability. Interventions include, but are not limited to:
 - a) airway clearance techniques
 - b) debridement and wound care
 - c) electrotherapeutic modalities
 - d) functional training in community or work reintegration (including instrumental activities of daily living, work hardening, and work conditioning)
 - e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living)
 - f) manual therapy techniques, including mobilization and manipulation
 - g) patient-related instruction
 - h) physical agents and mechanical modalities
 - i) prescription, fabrication, and application of assistive, adaptive, supportive, and protective devices and equipment
 - j) therapeutic exercise (including aerobic conditioning).
 29. Provide patient-related instruction to achieve patient outcomes based on impairment, functional limitations, and disability.
 30. Complete thorough, accurate, analytically sound, concise, timely, and legible documentation that follows guidelines and specific documentation formats required by the practice setting.

31. Take appropriate action in an emergency in any practice setting.
32. Implement an evaluation of individual or collective patient/client outcomes.
33. Identify and assess the health needs of individuals, groups, and communities, including screening, prevention, and wellness programs that are appropriate to physical therapy.
34. Promote optimal health by providing information on wellness, impairment, disease, disability, and health risks related to age, gender, culture, and lifestyle.
35. Provide primary care to patients with neuromusculoskeletal disorders within the scope of physical therapy practice through collaboration with other members of primary care teams based on patient or client goals and expected functional outcomes and on knowledge of one's own and other's capabilities.
36. Provide care to patients referred by other practitioners, independently or in collaboration with other team members, based on patient or client goals and expected functional outcomes.
37. Provide care to patients, in collaboration with other practitioners, in settings supportive of comprehensive and complex services based on patient or client goals and expected functional outcomes.
38. Assume responsibility for management of care based on the patient's/client's goals and expected functional outcomes.
39. Manage human and material resources and services to provide high-quality, efficient physical therapy services based on the plan of care.
40. Interact with patients, clients, family members, other health care providers, and community-based organizations for the purpose of coordinating activities to facilitate efficient and effective patient/client care.
41. Delegate physical therapy-related services to appropriate human resources.
42. Supervise and manage support personnel to whom tasks have been delegated.
43. Participate in management planning as required by the practice setting.
44. Participate in budgeting, billing, and reimbursement activities as required by the practice setting.
45. Participate in the implementation of an established marketing plan and related public relations activities as required by the practice setting.
46. Provide consultation to individuals, businesses, schools, government agencies, or other organizations.
47. Become involved in professional organizations and activities through membership and service.
48. Display professional behaviors as evidenced by the use of time and effort to meet patient or client needs or by providing pro bono services.
49. Demonstrate social responsibility, citizenship, and advocacy, including participation in community and human service organizations and activities.

VIII. PHYSICAL THERAPY CURRICULUM

The curricular plan at Clarke University was initially envisioned to be a five-year program with the students beginning the professional phase in the second semester of their junior year. Students in the classes of 1999 – 2002 completed their MS in PT degree in the five-year program. However, as a result of the accreditation process, the revised accreditation standards, and the increasing complexity of health care, the faculty decided to transition to a six-year program. Since the fall of 2000, all students admitted

as freshman have followed the revised curricular plan. Graduating classes from 2002 – 2005 received MS PT degree and classes from 2006 and beyond receive the Doctor of Physical Therapy (DPT) degree in the six year program.

Physical Therapy Prerequisites

General Biology

Human Anatomy & Physiology I

Human Anatomy & Physiology II

General Chemistry I

General Chemistry II

General Physics I

General Physics II

Introductory Psychology

Upper-level Psychology

Math as necessary for Physics

NOTES: The following is a tentative curriculum and is subject to change. The following is a tentative curriculum and is subject to change. The curricular plan was developed to provide students with essential content to optimize success in the program and on the National Physical Therapy Examination. Clarke undergraduate students who take courses out of sequence prior to entering the professional physical therapy curriculum are strongly advised to repeat any courses in which they did not earn a grade of B or better.

The DPT curriculum is outlined on the following page.

CURRICULUM - DPT YEAR 1*

FALL		Credits
BIOL 410	Human Gross Anatomy	4
BIOL 420	Human Physiology	4
DPT 514	Functional Anatomy & Biomechanics	3
DPT 515	Issues in Healthcare	2
DPT 518	Physical Agents	3
TOTAL		16

SPRING		Credits
BIOL 425	Exercise Physiology	4
BIOL 445	Neuroscience	4
DPT 524	Patient Care	3
DPT 526	Intro to PT Exam & Intervention	4
DPT 528	Therapeutic Exercise	2
DPT 529	Clinical Practicum I	1
TOTAL		18

SUMMER		Credits
DPT 631	Clinical Education Experience I (8 weeks)	8

*SENIOR YEAR: BEGINNING OF THE PROFESSIONAL PHASE (DPT) OF THE PHYSICAL THERAPY PROGRAM

YEAR 2

FALL		Credits
DPT 612	Pathophysiology	3
DPT 613	Neuromuscular PT I	4
DPT 614	Musculoskeletal PT I	4
DPT 615	Education & Consulting in PT	2
DPT 617	Biostatistics & Research Methods	3
DPT 619	Clinical Practicum II	1
TOTAL		17

WINTER		Credits
DPT 632	Clinical Education Experience II (4 weeks)	4

SPRING		Credits
DPT 620	Integumentary PT	1
DPT 621	Pharmacology	2
DPT 623	Neuromuscular PT II	4
DPT 624	Musculoskeletal PT II	4
DPT 625	PT Management I	3
DPT 626	Cardiopulmonary PT	2
DPT 629	Clinical Practicum III	1
TOTAL		17

SUMMER		Credits
DPT 733	Clinical Education Experience III (8 weeks)	8

YEAR 3

FALL		Credits
DPT 710 or 716	Advanced Specialty Elective or Pediatric Specialty Elective	1-2
DPT 711	Orthotics and Prosthetics In PT	2
DPT 712	Primary care in PT	3
DPT 713	Neuromuscular PT III	4
DPT 715	Musculoskeletal PT III	4
DPT 713	PT Management II	3
DPT 717	Doctoral Project	3
TOTAL		20-21

SPRING		Credits
DPT 734	Clinical Education Experience IV (8 weeks)	8
DPT 735	Clinical Education Experience V (8 weeks)	8
DPT 720	Graduate Seminar	3
TOTAL		19

IX. UNDERGRADUATE DEGREE REQUIREMENT

All students must have completed a bachelor's degree prior to starting the second year of the DPT program whether they are Clarke University undergraduates or are transferring from another institution.

X. COURSE DESCRIPTIONS

All of the following courses are required for completion of the physical therapy program, with the exception of PT 101, which is only required as a prerequisite for Clarke University undergraduates. Courses are normally taken in the sequence outlined in Section VIII above as prerequisite to move on to the next semester. Failure to successfully complete a course in this sequence may affect the student's ability to progress in the program. Note: 3 plus 3 programs may vary with sequencing in the first year of the professional phase of the program.

BIOL 410 HUMAN GROSS ANATOMY 4 hours

Utilizing dissection as the major learning method, the fascinating and complex regions of the human body are studied. Emphasis is on the upper and lower extremities, including joint dissection. The thoracic and abdominal cavities are explored along with the musculature of the torso. Three hours lecture; three hours laboratory. Prerequisite: BIOL 211 and senior standing or consent.

BIOL 420 HUMAN PHYSIOLOGY 4 hours

Physiology of the tissue, organs and systems of the human body. Mechanisms of nerve function, muscle contraction, circulation, respiration, excretion, and hormonal regulation. Three hours lecture; three hours laboratory. Prerequisite: BIOL 212 and at least junior standing.

BIOL 425 EXERCISE PHYSIOLOGY 4 hours

Exercise physiology addresses issues regarding the acute responses and chronic adaptations to exercise in health and disease. Specific areas of discussion include changes in the cardiovascular, respiratory, and musculoskeletal systems following acute and chronic exercise, changes in physiologic adaptation related to aging, nutritional and ergogenic issues, and functional assessment. Three hours lecture; three hours laboratory. Prerequisite: BIOL 420 with at least a C-

BIOL 445 NEUROSCIENCE 4 hours

Examination of the neuroanatomy, neurophysiology and neuropathology of the human central nervous system. Topics include histology, development, electrical models of cell signaling, neurotransmitters, vasculature and systems neuroscience. Three hours lecture; three hours laboratory. Prerequisite: BIOL 211 and senior standing or consent.

PT 101 INTRODUCTION TO PHYSICAL THERAPY 2 hours

Through presentations, field visits and discussion, the student is provided with an overview of the physical therapy profession. The course is designed for those considering physical therapy as a career option.

DPT 514 FUNCTIONAL ANATOMY & BIOMECHANICS 3 hours

This course applies principles of physics and anatomy to the study of human movement. Kinetic and kinematic analysis of the musculoskeletal system in relation to static and dynamic posture will be emphasized.

DPT 515 ISSUES IN HEALTH CARE 2 hours

Issues confronting physical therapists and other health care professionals are explored. Ethical, legal, educational, resource, access, and quality considerations of patient care and health care delivery will be investigated.

DPT 518 PHYSICAL AGENTS 3 hours

Biophysics of light, heat, and electricity are applied to the application of such agents to human tissues. Indications, contraindications, precautions, and instrumentation for thermal modalities, electrotherapy, and mechanotherapy are covered. Clinical decision making and judicious selection of passive interventions are emphasized. Electrophysiologic examination encompassing observation, recording, analysis, and interpretation of bioelectric muscle and nerve potentials is used to examine the integrity of the neuromuscular system.

DPT 524 PATIENT CARE 3 hours

Applies principles from anatomy, physiology, physics, and biomechanics to clinical procedures of massage, patient positioning, bed/mat mobility, transfers, wheelchair mobility, gait, and assessment of vital signs. Medical terminology, documentation, infection control procedures, equipment for balance, locomotion, and stability will be introduced.

DPT 526 INTRODUCTION TO PT EXAMINATION AND INTERVENTION 4 hours

The process of clinical data collection is covered using examination techniques including patient interview, posture analysis, joint range of motion, muscle performance, peripheral neurologic screening, and palpation. Using clinical cases, students have to link impairments noted in examination with functional limitations and then select appropriate interventions. Joint mobility, stretching, strengthening, and balance are emphasized.

DPT 528 THERAPEUTIC EXERCISE 2 hours

Covers the spectrum of therapeutic exercise interventions for physical therapists. Critical thinking with regard to selection of exercises depending on the condition of the patient and patient diagnosis is emphasized.

DPT 529 CLINICAL PRACTICUM I 1 hour

Students participate in an integrated clinical experience providing services to clients who live in the Dubuque area. At this level, the students are introduced to physical therapy skills in a controlled clinical setting under the supervision of faculty members. Students also receive mentoring from second-year students.

DPT 612 PATHOPHYSIOLOGY 3 hours

Provides an overview of disease and injury with an emphasis on conditions encountered in physical therapy. Student understanding of altered structural and physiological adaptation processes and how they apply to physical therapy assessment and treatment are expectations of this course.

DPT 613 NEUROMUSCULAR PT I 4 hours

This course covers the theoretical and physiological basis of motor control along with the physical therapy examination and evaluation of posture, balance, functional mobility, and upper extremity function in the management of motor control problems. Physical therapy examination will focus on tests and measures used in the evaluation of motor control problems through the age continuum from pediatrics into adulthood and the geriatric years. An emphasis on function, dysfunction, examination, evaluation, and intervention serves as the basis for this course.

DPT 614 MUSCULOSKELETAL PT I 4 hours

Examination and intervention for patients with musculoskeletal dysfunction of the upper quarter is covered. Each region will incorporate a review of anatomy and biomechanics, as well as pathology, clinical diagnosis, and medical/surgical management. The process of clinical decision-making is emphasized when teaching physical therapy examination, evaluation, and intervention.

DPT 615 EDUCATION AND CONSULTING IN PT 2 hours

This course develops students as consultants and teachers. Teaching and consultation will be directed towards patients, families, care givers, students, assistants, aides, health professionals, and community. Through a variety of experiences, the student will be able to assess learner and consultation needs and structure appropriate experiences to meet those needs.

DPT 617 BIostatISTICS AND RESEARCH METHODS 3 hours

This course covers research design, problem development, literature review, validity, reliability, hypothesis testing, and statistical interpretation. Students will be expected to critically evaluate and interpret physical therapy literature.

DPT 619 CLINICAL PRACTICUM II 1 hour

Students participate in an integrated clinical experience providing services to clients who live in the Dubuque area. At this level, the students continue to learn physical therapy skills in a controlled clinical setting under the supervision of faculty members.

DPT 620 INTEGUMENTARY PHYSICAL THERAPY 1 hour

The study of physical therapy examination and intervention with regard to the care of burns and wounds. The pathophysiology and healing of skin injury and disease is presented.

DPT 621 PHARMACOLOGY 2 hours

Covers pharmacological principles. Focus is on how pharmacological agents impact physical therapy intervention. Pharmacology instruction in this course will serve as a background for the pharmacology in future courses.

DPT 623 NEUROMUSCULAR PT II 4 hours

This course examines nervous system dysfunction throughout the age continuum. Topics include: medical diagnosis, epidemiology, etiology, clinical features and presentation, prognosis and medical management. Physical therapy interventions will be examined from a functional problem perspective. Students will link impairments noted in examination with functional limitations and then select appropriate interventions. Interventions include but are not limited to: motor learning, task-oriented and task specific approaches, neurodevelopmental treatment, and proprioceptive neuromuscular facilitation.

DPT 624 MUSCULOSKELETAL PT II 4 hours

Examination and intervention for patients with musculoskeletal dysfunction of the lower quarter is covered. Each region will incorporate a review of anatomy, biomechanics, as well as pathology, clinical diagnosis, and medical/surgical management. The process of clinical decision-making is emphasized when teaching physical therapy examination, evaluation, and intervention. Also included in this course is an overview of orthopedic dysfunctions across the lifespan with special emphasis on pediatric orthopedics.

DPT 625 PHYSICAL THERAPY MANAGEMENT I 3 hours

Covers management issues relevant to delivery of physical therapy services. Topics include: organizational theory and design, planning, developing, and marketing of services, personnel management, consumer needs, space and equipment needs, and budgetary requirements.

DPT 626 CARDIOPULMONARY PT 2 hours

Covers patient problems involving cardiovascular and respiratory dysfunction commonly seen in physical therapy. Physical therapy examination and intervention approaches for patients with cardiovascular and respiratory dysfunction serve as the foundation for this course.

DPT 629 CLINICAL PRACTICUM III 1 hour

Students participate in an integrated clinical experience providing services to clients who live in the Dubuque area. At this level, the students continue to learn physical therapy skills in a controlled clinical setting under the supervision of faculty members. Second-year students have the opportunity to mentor first-year students in this course.

DPT 690 INDEPENDENT STUDY CV

Guided study for in depth investigation of topics in physical therapy theory, research, and clinical practice. Student must be either a physical therapist or a graduate PT student. This course is offered only as needed.

DPT 710 ADVANCED SPECIALTY ELECTIVE 1 hour

Guided study for in depth investigation of topics in physical therapy theory, research, and clinical practice.

DPT 711 ORTHOTICS AND PROSTHETICS IN PHYSICAL THERAPY 2 hours

Examination and intervention for patients with orthotic and prosthetic needs is covered. Lower extremity biomechanical considerations for construction and application of these devices, particularly with respect to gait, are covered. The recognition of pathomechanical gait patterns and the process of clinical decision-making with regard to physical therapy examination, evaluation, and intervention is emphasized. Application of spinal orthoses and upper-extremity prosthetics will also be considered.

DPT 712 PRIMARY CARE IN PHYSICAL THERAPY 3 hours

Covers complex medical surgical problems seen in physical therapy. Student application of how these medical surgical conditions relate to physical therapy assessment and treatment are course expectations. This course covers differential diagnosis and diagnostics testing for physical therapists. Case studies and clinical simulations will assist the student in integrating and applying this information to clinical situations.

DPT 713 NEUROMUSCULAR PT III 4 hours

Topics in neurologic practice requiring synthesis of previous coursework are integrated into the management of complex clinical problems. Focus will be on the examination, evaluation, diagnosis, prognosis, intervention, and projected outcomes of various neurologic dysfunctions. Diagnostic related categories will be addressed throughout the age continuum from pediatrics into adulthood and the geriatric years. Topics include but are not limited to: cerebrovascular accident, traumatic brain injury, vestibular rehabilitation, and spinal cord injury. Students will synthesize and integrate information in case-based, problem-solving model. Benefits of interdisciplinary contributions to this problem solving process are developed.

DPT 714 MUSCULOSKELETAL PT III 4 hours

Topics in orthopedic practice requiring synthesis of previous coursework are introduced including occupational health, myofascial pain, and musculoskeletal imaging. Integration of orthopedic physical therapy in complex multi-system clinical cases is developed. Interdisciplinary approaches to case management are emphasized.

DPT 715 PHYSICAL THERAPY MANAGEMENT II 3 hours

Through case studies, coordinated clinical exposure, and/or class projects the physical therapy student will consult and apply management principles in solving complex health care delivery problems. Problem areas include access, quality, need and marketing of services, finance and resources, organizational design, professional development and integration, personnel issues and regulatory constraints.

DPT 716 PEDIATRIC SPECIALTY ELECTIVE 2 hours

This course is designed for those students who are interested in the field of pediatric physical therapy. It is a mandatory class for those students scheduled to complete a pediatric clinical affiliation in the final semester of their 3rd year in the physical therapy curriculum. Other students who have a particular interest in pediatrics or plan to specialize in pediatrics upon graduation from the physical therapy program will be admitted as space allows.

DPT 717 DOCTORAL PROJECT 3 hours

With advisement from supervising faculty, students will complete and present a formal case report or research project. A final paper in APA publication format will be required.

DPT 720 GRADUATE SEMINAR 3 hours

In this course, students will present their research in platform or poster presentation to the physical therapy and Clarke University community. Students will critically review their academic experiences while at Clarke. Students will have to satisfactorily complete a summative evaluation in which they demonstrate competence as a graduating physical therapist.

DPT 780 TOPICS IN PHYSICAL THERAPY CV

Covers current topics and clinical areas in physical therapy. Course work includes clinical practicums whereby students continue to develop generic abilities integral to the practice of physical therapy. This course is offered only as needed.

PT 790 INDEPENDENT STUDY CV

Guided study for in depth investigation of topics in physical therapy theory, research, and clinical practice. This course is offered only as needed.

PT CLINICAL EDUCATION EXPERIENCES I-V CV

A supervised, concentrated period of study in clinical education. Students are given the opportunity to develop clinical skills in planning, development, implementation, and evaluation of patient care services. Students are assigned to a variety of settings including but not limited to hospital acute care, outpatient orthopedics, neurologic rehabilitation, and specialty areas (geriatrics, pediatrics, pelvic health, sports medicine, home care, other) to ensure breadth and depth of exposure to patients. This approach will prepare physical therapists to practice in a variety of settings across a variety of patient conditions.

DPT 631 CLINICAL EDUCATION EXPERIENCE I 8 hours**DPT 632 CLINICAL EDUCATION EXPERIENCE II 4 hours****DPT 733 CLINICAL EDUCATION EXPERIENCE III 8 hours****DPT 734 CLINICAL EDUCATION EXPERIENCE IV 8 hours****DPT 735 CLINICAL EDUCATION EXPERIENCE V 8 hours****XIII. STUDENT PORTFOLIO DEVELOPMENT**

The Student Portfolio is a very important aspect of the DPT Program. It is designed to foster development in life-long learning, written and oral communication, problem-solving, critical thinking, independent learning, theoretical base for practice, weighing values (social concern), scholarship, and clinical practice skills. The student will be required to present his/her portfolio to the physical therapy faculty prior to progressing into each academic year and prior to graduation from the Clarke University Physical Therapy Program. This portfolio should include evidence and reflection on academic and clinical scholarship, professional development activities, and professional and community service while at Clarke University. The portfolio must be reviewed and approved by the faculty before the graduate degree will be conferred.

The student should meet with his/her academic adviser to evaluate progress in portfolio development each year and more frequently if requested. The faculty adviser will offer suggestions for further consideration and development of the portfolio. To encourage meaningful, truthful reflection, it is often beneficial for the student to keep a journal. These written notes can serve as a major component in the student's portfolio development.

XIV. GRADES & ATTENDANCE

- Individual course grading and policies will be at the discretion of the course instructor(s) and found in the course syllabus.
- Any course in the major field in which a student receives a grade less than a C may be repeated only once.
- All practical exams must be passed with at least an 80% competency level. Any unsafe practice during a practical will automatically result in failure of the exam. The opportunity to repeat a failed practical exam is at the discretion of the course instructor. Failure of a practical examine may result in course failure and/or disciplinary action.
- Students are expected to attend all class lectures, laboratories, and course related clinical experiences.
- Content missed through excused absences from lecture, lab, or clinic must be made up before proceeding with further coursework. It is the instructor's prerogative to provide the opportunity for remediation.
- Work commitments, including those for Clarke University, are considered unexcused absences.

Instructors will refer students who have habitual absences from lecture, lab, and/or clinical experiences to either the student's adviser or DCE, as appropriate, for investigation of student behavioral misconduct. Student misconduct will be reviewed at Faculty meetings or referred to the academic affairs office depending on the seriousness of the misconduct. Clarke University has definitions for Instructor Excused Absences, Officially Excused Absences, Approved Absences, and Unexcused Absences. These can be found on the Clarke University website.

XV. SCHOLARSHIPS

A. Ostola Scholarship

Joel Ostola died in a car accident on October 30, 1994, and this scholarship is a living tribute in his memory. Joel was a high-school leader and athlete who through his involvement in his church and community enjoyed helping young people realize their potential in sports, especially soccer and wrestling. The employer of Bill Ostola, an occupational therapist and Joel's father, established this scholarship. The eligibility criteria for this scholarship are as follows:

- Applicant must be a first-year Clarke University physical therapy student in good standing in the professional phase of the physical therapy program.
- Applicant must show financial need for the scholarship as evidenced by the Renewal Federal Aid Application Form.

- Those who established this scholarship were dedicated to enabling minority students to join the ranks of physical therapists. If no such minority student qualifies, the scholarship will be awarded to another candidate.

B. Marilyn Ott-Ratay Scholarship

The Ratay family established this scholarship in memory of Marilyn Ott-Ratay who graduated from Clarke College in 1954. As a physical therapist, she had a successful and rewarding career. Her family remembers her as an outstanding mother and wife and they admire her for her professional role as a physical therapist. The eligibility criteria for this scholarship are as follows:

- Applicant must be a second-year graduate Clarke University physical therapy student in good standing.
- Applicant must show excellence within the physical therapy program with significant potential to contribute to the profession either academically or clinically.
- Applicant must have a reputation and character that is a credit to Clarke University.
- Applicant must show financial need for the scholarship as evidenced by The Renewal Federal Aid Application Form.

Scholarships will be awarded at the spring Honors Banquet. Application and deadline information is available in the physical therapy office.

C. Ruth Powers Endowed Graduate Scholarship in Physical Therapy

The Ruth Powers Graduate Scholarship in Physical Therapy is a one-time scholarship that is available to qualified DPT students who meet the following criteria:

Applicants must:

- Be registered at Clarke University as a full-time DPT graduate student who:
 - Have a GPA of 3.4 or above
 - Have a serious desire to complete her/his education and earn a degree
 - Have need for the scholarship:
 - Federal need is determined by filing the Free Application for Federal Student Aid (FAFSA) by the priority filing deadline of March 1 of each year and, if selected for verification, must submit documents within two week time frame
 - Have a reputation and character that would be a credit to Clarke University

XVI. APPLICATION AND ADMISSION TO THE PHYSICAL THERAPY GRADUATE PROGRAM AT CLARKE UNIVERSITY

Admission to the Physical Therapy Doctoral (DPT) Program

Admission into the physical therapy graduate program is normally limited to 33 students. Applications must be received by November 1. Clarke University offers early assurance and standard admission pathways to undergraduate students. Preference is given to students in the early assurance Clarke University pre- physical therapy pathway. Refer to the Clarke University Academic Catalog for specifics for application and admission to the professional phase of the program.

XVII. ESSENTIAL FUNCTIONS (TECHNICAL STANDARDS) FOR ADMISSION TO THE PROFESSIONAL PHASE OF THE PHYSICAL THERAPY PROGRAM

Becoming a physical therapist requires the completion of a professional education program that is both intellectually and physically challenging. The technical standards for admission to the physical therapy graduate program at Clarke University establish the critical skills and abilities necessary to function as a student within this program. The purpose of this section is to articulate the demands of the program in a way that will allow prospective students to compare their own capabilities against these demands.

Candidates for admission to physical therapy graduate program at Clarke University will be asked about their ability to meet these standards with or without reasonable accommodation. Reasonable accommodation refers to ways in which the university can assist students with disabilities to accomplish these tasks (for example, providing extra time to complete an examination or enhancing the sound system in a classroom). Reasonable accommodation does not mean that students with disabilities will be exempt from certain tasks: it does mean the physical therapy faculty will work with students with disabilities to determine whether there are ways the faculty can assist the student toward completion of the tasks.

Prospective candidates who indicate they can complete these tasks with or without reasonable accommodation are not required to disclose the specifics of their disabilities prior to an admission decision. Prospective candidates who cannot complete these tasks with or without accommodation are ineligible for consideration for admission. If admitted, a student with a disability who wishes reasonable accommodation must make this request through the Disability Service Coordinator and Vice President for Academic Affairs as needed. An offer of admission may be withdrawn if it becomes apparent that the student cannot complete essential tasks even with accommodation, that the accommodations needed are not reasonable and would cause undue hardship to the institution, or that fulfilling the functions would create a significant risk of harm to the health or safety of others. Prospective candidates who have questions about this section or who would like to discuss specific accommodations should make an initial inquiry with the Disability Service Coordinator.

A. ESSENTIAL FUNCTIONS (TECHNICAL STANDARDS)

- *Observation* (to include the various sensory modalities) – accurately observe close at hand and at a distance to gather data and learn skills.

- *Communication* – communicate effectively and sensitively with clients/patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with clients or patients and communicate judgments and intervention information effectively.
- *Psychomotor Skills* – show sufficient postural and neuromuscular control, sensory function, and coordination to perform necessary tasks using accepted techniques; and accurately, safely and efficiently use equipment and materials during assessment and intervention with clients/patients;
- *Intellectual and Cognitive Abilities* – demonstrate sufficient academic and intellectual abilities to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and clinical judgments and to be able to distinguish deviations from the norm;
- *Professional and Social Attributes* – exercise good judgment and promptly complete all responsibilities required of each program; develop mature, sensitive, and effective professional relationships with others; tolerate taxing workloads; function effectively under stress; adapt to changing environments; display flexibility; and function in the face of uncertainties and ambiguities. Concern for others and interpersonal competence are requisite for all programs.
- *Perseverance and Motivation* – demonstrate the perseverance, diligence and commitment to complete the education program as outlined and sequenced;
- *Ethical Standards* – demonstrate professional attitudes and behaviors; perform in an ethical manner in dealings with others. Personal integrity is required, and the adherence to standards that reflect the values and functions of the physical therapy profession.
- *Immunizations* – Students must demonstrate appropriate health status prior to enrollment with annual updates on some items: vaccinations (Hepatitis, Tdap, MMR, influenza), immunity as proved through titers (Hepatitis B, rubella, varicella), and no active tuberculosis.
- Students must follow standards and policies as specified in the Physical Therapy Department Student Policy and Procedure Manual.

If a student states he/she can meet the essential functions with accommodation, then the university will determine whether it agrees that the student can meet the essential functions with reasonable accommodation; this includes a review of whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and Clinical Education Experiences deemed essential to graduation.

B. TYPICAL SKILLS NEEDED TO COMPLETE THESE ESSENTIAL TASKS

- Students typically attend classes and labs 20 or more hours per week during each academic semester. Classes consist of a combination of lecture, discussion, and laboratory activities. When on clinical rotation students are typically present at the clinic 40 or more hours per week on a schedule that corresponds to the operating hours of the clinic.
- Students typically sit for two to 10 hours daily, stand for one to two hours daily, and walk or travel for two hours daily.
- Students typically relocate outside of the Dubuque area to complete one or more clinical rotations of four to eight weeks in duration each.
- Students frequently lift less than 10 pounds and occasionally lift weights between 10 and 100 pounds.
- Students occasionally carry up to 25 pounds while walking up to 50 feet.
- Students frequently exert 75 pounds of push/pull forces to objects up to 50 feet and occasionally exert 150 pounds of push/pull forces for this distance.
- Students frequently twist, bend, and stoop.
- Students frequently move from place-to-place and position-to-position and must do so at a speed that permits safe handling of classmates and patients.
- Students frequently stand and walk while providing support to a classmate simulating a disability or while supporting a patient with a disability.
- Students typically climb stairs and rarely negotiate uneven terrain.
- Students use their hands repetitively with a simple grasp and frequently use a firm grasp along with other manual dexterity skills.
- Students frequently coordinate verbal and manual activities with gross-motor activities.
- Students use auditory, tactile, and visual senses to receive classroom instruction and to evaluate and treat patients.
- Students must gather decision-making pieces of information during patient assessment activities in class or in the clinical setting without the use of an intermediary such as a classmate, a physical therapist assistant, or an aide.
- Students must apply critical thinking processes to their work in the classroom and the clinic, must exercise sound judgment in class and in the clinic, and must follow safety procedures established for each class and clinic.

- Students must have interpersonal skills as needed for productive classroom discussion, respectful interaction with classmates and faculty, and development of appropriate therapist-patient relationships.
- Students must maintain personal appearance and hygiene conducive to classroom and clinical settings.
- Students must dress/drape appropriately in laboratory settings to allow for palpation, manual muscle testing, massage, and other terms of therapeutic intervention and tests/measures.
- Students must meet class standards for course completion throughout the curriculum. This may also involve readings, assignments, and other activities outside of class hours.
- Students will have to perform treatment intervention activities in class or in the clinical setting by direct performance or by instruction and supervision of intermediaries.
- Students must be current in cardiopulmonary resuscitation and first aid certification (by the start of their first practicum/clinical).
- Students must be able to understand and speak the English language at a level consistent with competent professional practice and be able to communicate clearly in writing using technical terms and documentation standards appropriate to the profession;

C. GENERIC ABILITIES

Generic abilities (GA) are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the rehabilitation professions. The 10 abilities and definitions developed are:

1) *Commitment to Learning*

The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.

2) *Interpersonal Skills*

The ability to interact effectively with patients, families, colleagues, other health care professional, and the community and to deal effectively with cultural and ethnic diversity issues.

3) *Communication Skills*

The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.

4) *Effective Use of Time and Resources*

The ability to obtain the maximum benefit from a minimum investment of time and resources.

5) *Use of Constructive Feedback*

The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.

6) *Problem-Solving*

The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

7) *Professionalism*

The ability to exhibit appropriate professional conduct and to represent the profession effectively.

8) *Responsibility*

The ability to fulfill commitments and to be accountable for actions and outcomes.

9) *Critical Thinking*

The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.

10) *Stress Management*

The ability to identify sources of stress and to develop effective coping behaviors.

Source: May, WW, Morgan, BJ, Lemke, JC, Karst, GM, & Stone, H.L. (1995). Model for Ability-Based Assessment in Physical Therapy Education. *Journal of Physical Therapy Education*, 9:1, pp. 3-6

D. PROFESSIONAL BEHAVIOR IN THE CLASSROOM, ON-LINE, LABORATORY AND CLINIC SETTING

Professional conduct, which includes courtesy and good manners, is expected in all academic and clinical settings. All students are expected to exhibit professional conduct in all academic and clinical settings. The behavior of a student enrolled in the physical therapy department will be guided by the Generic Abilities document located in this section of the handbook. Students are expected to conduct themselves in a manner that allows all students to have the opportunity to learn and participate.

Students in the classroom shall behave in a way that is respectful to the instructor and to fellow students. Students shall conduct themselves in a way that facilitates learning for all students. Any behavior that interferes with these opportunities is considered inappropriate.

Inappropriate behavior may result in a request for the student to leave the class, lab or clinic setting. After the first incident of inappropriate behavior the instructor will discuss the behavior with the student. The behavior and behavioral counseling will be documented utilizing the Generic Abilities and will become a part of the student's file. A second occurrence of inappropriate behavior may invoke disciplinary procedures in accordance with policies stated in this handbook and in the Clarke University Student handbook. Inappropriate (unprofessional) behavior is considered to be an academic concern that can lead to dismissal from the program. The physical therapy program faculty are responsible as a whole for judging inappropriate behavior, and for making decisions regarding disciplinary actions. Appeals of decisions made by the physical therapy faculty are subject to due process, and may be accomplished according to the grievance policies in the Clarke University Student Handbook.

XVIII. PROGRESSION WITHIN THE PROFESSIONAL PROGRAM

During the physical therapy graduate program at Clarke University, students must demonstrate academic eligibility and appropriate professional and ethical behaviors. The physical therapy curriculum must be followed in the prescribed sequence and on a full-time basis. Students must meet both academic and professional/ethical standards to be eligible for Clinical Education Experiences. Any request for exceptions to these rules must be made through the department chair.

Portfolio Review: The student will be required to present his/her portfolio to the physical therapy faculty prior to progressing into each academic year and prior to graduation from the Clarke University Physical Therapy Program. This portfolio should include evidence and reflection on academic and clinical scholarship, professional development activities, and professional and community service while at Clarke University. The portfolio review is a time when the student should present his or her case as to why he/she should be allowed to continue in the program. If a student presents a portfolio that the faculty deems to be unacceptable, then the student will have an opportunity to work on the portfolio and present it again. If the second presentation is unacceptable, the faculty can implement academic disciplinary measures as outlined in section "C" (below) under "Students in Academic Difficulty".

Success in Clinical Education Experiences: Students must successfully complete five full-time Clinical Education Experiences and three integrated clinical experiences, totaling 40 weeks. If a student does not successfully complete any of the five full-time Clinical Education Experiences, ordinarily, that student will be dismissed from the physical therapy graduate program for academic failure. A student who has failed a full-time Clinical Education Experience will have the opportunity to petition the faculty to allow readmission to the program but readmission is not guaranteed, and if accepted may include conditions. Appeal procedures are located in section “C” (below) under “Students in Academic Difficulty”.

Prior to graduation with a Doctor of Physical Therapy degree, students will have to satisfactorily complete a summative evaluation in which they demonstrate competence as an entry-level physical therapist.

A. MAINTAINING ACADEMIC ELIGIBILITY

During the physical therapy graduate program at Clarke University, physical therapy students must maintain a cumulative 3.0 GPA for all required physical therapy classes on a 4.0 scale. No grade in a required course for the physical therapy program can be below a “C.” A student who falls below a cumulative 3.0, or who earns a grade less than a C should refer to the section below “Students in Academic Difficulty”. Conditions of probation may include an individualized learning contract involving remediation, conditions, etc. A student is not allowed to enter into the 2nd or 3rd years of study, nor graduate from the program, with a cumulative GPA lower than 3.0 in the physical therapy program, unless a probation contract is in place allowing progression. Normally, semester and cumulative GPA will be calculated by placing grades in normal sequence described in Section VIII.

B. COMPLETION OF THE DPT DEGREE

The student must complete all the physical therapy coursework with 3.0 GPA for all required courses during the Doctor of Physical Therapy graduate program. The student must also submit a completed, faculty-approved portfolio, and obtain a minimum score of 600 on the Academic Practice Exam & Assessment Tool (PEAT).

A student will be allowed one attempt to obtain a minimum score of 600 on the PEAT. Students who are not successful on the first examination attempt must complete remediation. Students will be required to complete one of the following forms of remediation: (1) enroll in an approved review course for the National Physical Therapy Exam (NPTE) or (2) individually design a remediation plan that must be approved by the faculty. If choosing option number 2, the student will receive an Incomplete for the course and will delay graduation until August or until the remediation is completed. This choice will impact the ability to sit for the July NPTE exam. Student course fees will pay for 2 exams. The first exam will be used for the DPT 720 course; the second will be available for students to practice on their own for boards. Students will have access to exam results for 60 days following the first exam.

C. STUDENTS IN ACADEMIC DIFFICULTY

Students receiving a C- or lower in a course, receiving more than one “C” in a semester, or other academic difficulty including an unsuccessful portfolio review are considered to be in academic difficulty. Students in academic difficulty will be made aware of their standing in the physical therapy program. The physical therapy faculty will meet to review the student’s record and make one or more of the following recommendations: 1) repeat the failed course, 2) repeat a year or part of a year of the program, 3) be placed on academic probation, 4) be given a recommendation to withdraw from the program, or 5) be dismissed from the program. The faculty’s recommendation will be forwarded to the Dean for the College of Professional and Graduate Studies. If a student wishes to appeal the decision, he/she must file a letter with the Dean for the College of Professional and Graduate Studies within 10 working days. The letter of appeal must clearly state the reasons for their academic difficulty and propose a program that would remedy the situation. The vice president for academic affairs will review all relevant information and render a final decision.

D. PROFESSIONAL/ETHICAL BEHAVIOR

Students are expected to exhibit professional behaviors consistent with the Code of Ethics of the American Physical Therapy Association and the code of ethics located in Section V near the beginning of this handbook.

When it is perceived that student’s behavior is unprofessional or unethical, the instructor or responsible person will verbally communicate the identified problem to the student. Subsequent perception that student’s behavior is unprofessional or unethical will be addressed to the student in writing (Academic/Clinical Critical Incident Record) and will be discussed among the physical therapy faculty. The physical therapy faculty will meet to review the student’s record and make one or more of the following recommendations: 1) a written expression of concern, 2) warning of possible penalties, 3) placement on probation, 4) recommendation for withdrawal, or 5) dismissal from the Program. The faculty’s recommendation will be forwarded to the Dean for the College of Professional and Graduate Studies. A decision is rendered according to the process outlined in the Clarke University Student Handbook. The student has the right to appeal this decision through the complaint and grievance processes.

E. ACADEMIC INTEGRITY

Principles of academic honesty are universally recognized as fundamental to scholarship. Consistent with the traditions and policies of Clarke University (refer to “Academic Integrity Reporting and Appeal Process”) in the Academic Catalog, students are expected to be aware of and abide by these principles. Academic work submitted to fulfill course requirements should be produced by the student with credit for him from other sources given in the manner traditionally prescribed. Academic integrity specifically prohibits cheating, plagiarizing or otherwise falsifying results of any work. These requirements apply to written work as well as to examination papers and reports; solutions to problems are examples of such written work. Academic integrity also prohibits the making of

unauthorized copies of copyright material, including software and any other non-print media.

Any violation of this policy will be treated as a serious matter. Penalties ranging from failure of the assignment/exam to failure for the course will be enforced. Theft or defacement of print and non-print library materials may result in the same kind of penalty. In cases of repeated and flagrant violations, a student may be dismissed from the University. Cases of academic dishonesty will be reported to the Dean for the College of Professional and Graduate Studies and the academic affairs office.

XIX. ACADEMIC BEHAVIOR POLICIES

A. ACADEMIC PROBATION

Students who do not maintain academic eligibility will be placed on academic probation. Students placed on probation must meet physical therapy department academic performance standards to be removed from academic probation. Conditions of probation may include an individualized learning contract involving remediation, conditions, etc. Ordinarily, students may be on probation no more than two semesters without receiving further academic sanctions (leave of absence, withdrawal, dismissal). Exceptions must be based on faculty recommendation and approval by the Dean for the College of Professional and Graduate Studies.

B. LEAVES OF ABSENCE

Students not having academic difficulty who wish to be away from the program may request a leave of absence with the intention of re-entering the program at a later date. If space is available in the next year's class, the student will be allowed to return to the Program to complete the physical therapy program of studies. A request for a leave of absence must be filed with the Dean for the College of Professional and Graduate Studies.

C. WITHDRAWAL

In the case of a student having academic difficulty or professional/ethical behavior problems, the student may withdraw from the physical therapy program on his/her own accord or at the request of the physical therapy faculty in consultation with the Academic vice president for academic affairs. When a student withdraws from the program, he/she needs to notify the Vice President for Academic Affairs. The student may have the opportunity of returning to the program but the return decision will be based on the availability of space and the merits of the student's case. If the withdrawal is for more than a year, the student should contact the admissions office for re-admission to the program.

D. DISMISSAL

In the event that a student is dismissed from the physical therapy program for academic difficulty, professional/ethical behavior difficulty, or other reasons, the student will not

be allowed to return to the physical therapy program (except for specific exceptions mentioned in this handbook). In addition, any student whose actions or conditions render their performance unsafe may be dismissed from the physical therapy program. Unsafe is defined as any activity or situation that places the student, faculty, patient, or peers in physical, mental, or emotional jeopardy. The faculty of the physical therapy department, in consultation with the Dean for the College of Professional and Graduate Studies, will make decisions regarding dismissal of students from the Physical Therapy Program. Student appeals of this decision will follow the same process as described in the academic difficulty section.

XX. COMPLAINT POLICY

Complaints may be initiated from or directed towards one or more of the following: students, faculty, other departments, administration, clinical supervisors or the community. It is part of the mission statement of Clarke University to emphasize peaceful resolutions to conflict. Prior to filing a formal complaint, the complainant should make a thorough effort to resolve (informally) the matter with the individual(s) with whom they have the complaint. However, if after attempting to resolve the problem informally an individual feels that their concern has not been adequately addressed or if the nature of the concern is of sufficient magnitude, the individual may file a complaint in writing to a physical therapy faculty member within 30 days of the incident. The faculty member (depending on the nature of the complaint) will either investigate the matter internally (consulting with individuals or the faculty as a whole) or recommend that the problem be taken to the academic affairs office or student life office. Issues affecting the program will be brought to faculty meetings. A written response to the individual will be made within 10 working days of receipt of the complaint.

Records of all complaints will be maintained in a secure location within the physical therapy department office. Documentation will include the date, the person filing the complaint, and the parties named in the complaint. The specifics of the complaint and its resolution will be confidential and will be found in either the individual's file or the department file depending on the nature of the incident.

Should the individual be dissatisfied with the outcomes of this internal department process, he or she has the right to file a formal grievance as found within this manual and in the Clarke University Student Handbook.

XXI. GRIEVANCE POLICY

A Physical therapy student may file a grievance if the student feels a violation of student rights has occurred in relation to the Joint Statement of Rights and Freedoms of Students (See Clarke University Student Handbook).

In such case, a request should be made in writing for a hearing with the physical therapy department. This request should be made within 30 days of the questioned violation.

The faculty of the physical therapy department will form a committee to investigate this concern. No faculty member who is part of the grievance will be allowed on the committee. If a faculty

member has a conflict of interest or is part of the grievance, he/she must excuse themselves from the committee.

Following a hearing with this ad hoc committee and the student, a written recommendation will be given to the student and a copy forwarded to the vice president for academic affairs within five working days. If such recommendation resolves the grievance, no further action will be taken. If a resolution is not reached, the student may appeal for a university level hearing, according to stated Clarke University Student Handbook.

XXII. CONFIDENTIALITY AND PRIVACY OF RECORDS

Clarke University's Physical Therapy Department adheres to the university's policy regarding confidentiality of student records and the Family Educational Rights and Privacy Act (FERPA). No educational records will be maintained that are not directly related to the basic purposes of the university and physical therapy department. Refer to the Clarke University Student Handbook for further information regarding this policy.

XXIII. ADVISEMENT

Each semester students will meet with their academic advisers regarding registration and to review their academic portfolio and goals. The student and faculty advisor should meet as needed to discuss progress and professional development in the physical therapy program. The physical therapy faculty believes that advisement enhances academic performance and professional development.

XXIV. STUDENT REPRESENTATION

The physical therapy department encourages all students to bring concerns to the attention of the faculty on an individual basis. However, realizing that not all individuals are comfortable in discussing concerns on an individual basis, each class will elect two student representatives who will serve as intermediaries between members of the class and the physical therapy faculty. These students will be included in faculty meetings to discuss curriculum and students concerns, as necessary.

Students who are elected to these positions will serve during the school year in which they are elected. Responsibilities will include organizing class meetings, informing the department administrative assistant when they need to bring concerns to a faculty meeting, attending faculty meetings as necessary and organizing elections of new representatives.

Elections of all class representatives will occur during the fall semester. First-year class elections will be organized by a faculty member and will take place during the first two weeks of November. The current class representatives will organize all other student representative elections during the first month of the fall semester. Results of all elections will be submitted in writing to the physical therapy department secretary.

XXV. STUDENT ACCESS TO PHYSICAL THERAPY AND ANATOMY STUDY AREAS

During school hours, students have access to the anatomy, physical therapy, and research laboratories in CBH when classes are not in session.

After school hours, students can have access to the anatomy lab, the physical therapy classrooms, and the student resource room in Catherine Byrne Hall (CBH). Student access to the physical therapy labs is available at the following times: Monday - Friday evenings from 7am-11 p.m., Saturdays from 8 a.m.-2:30 p.m., and Sundays from 6:30-11 p.m. Anatomy lab access is posted on the course syllabus.

Admission to the anatomy lab and the physical therapy areas is limited to provide for student safety. It is the policy of the Clarke University Physical Therapy Program, for safety reasons, **that no student shall be admitted or be allowed to remain in the above areas alone.** Phones are available in/near each area in the case of emergencies. Students should be aware that adherence to the admission policy into these areas is designed to help ensure a safe student environment. Students who provide access to these areas to individuals who do not have direct approval from the appropriate departments or who are found in these areas alone, will face disciplinary action. In addition, students who use equipment without faculty approval, use equipment for which they have not received training, conduct research without Institutional Review Board approval, and/or use equipment to treat individuals will be considered in violation of professional/ethical behavior. The physical therapy faculty will meet to discuss the circumstances of the incident and make recommendations to be forwarded to the Vice President of Academic Affairs. If the student wishes to appeal the decision, he/she must file a letter with the vice president for academic affairs within 10 working days. This letter of appeal must clearly state the student's view of the incident as well as a program the student will follow to remedy the situation.

XXVI. SAFETY

A. FIRST AID/CPR

All students in the professional phase of the program are required to have current documentation stating successful completion of a basic first aid and CPR course. Each student shall hold a current CPR and Basic First Aid certification by October 1st of the first semester of the professional phase of the program. These certifications must remain current until graduation.

B. UNIVERSAL PRECAUTIONS AND BLOODBORNE PATHOGENS

All professional physical therapy students will complete training in Universal Precautions and Bloodborne Pathogens yearly as required by the Occupational Health and Safety Administration. This training will take place during the fall semester.

C. HAZARDOUS MATERIALS

A complete list of all hazardous materials found in the physical therapy department can be viewed in the physical therapy office. A safety manual with Material Safety Data

Sheets (MSDS) for all hazardous materials will be available in the physical therapy resource room.

D. EMERGENCY PROCEDURES

Emergency procedures can be viewed online at Home > Current Students > Campus Safety and Security or URL <http://www.clarke.edu/page.aspx?id=9450>. New students are required to complete a quiz to ensure understanding of these procedures.

XXVII. NONDISCRIMINATION/SEXUAL HARASSMENT

Students, faculty, and staff of the Clarke University shall not discriminate against anyone based on one's race, color, religion, sex, national origin, age, or ancestry. In addition, the physical therapy program supports the guideline of not discriminating based on disability or health status and sexual orientation.

Students, faculty, and staff of the Clarke University Physical Therapy Department shall not discriminate against anyone on the basis of disability if such person is a "qualified individual with a disability," as defined by the Americans with Disabilities Act of 1990 and amendments.

Clarke University prohibits sexual harassment of or by students, clinical staff, and faculty. Refer to the Clarke University Sexual Harassment Policy in the Clarke University Student Handbook. Any specific allegations of sexual harassment will be handled according to the procedures outlined in that policy.

XXVIII. ORIENTATION

During the first weeks of the fall semester of the first year of the professional program, an orientation session will be scheduled. Students will be given a tour of the physical therapy lab and classroom areas. Policies on first aid/ CPR, hazardous materials, and emergency procedures will also be reviewed. An orientation sign-off sheet will be completed by each student and kept on record in his/her student file located in the physical therapy office.

XXIX. CLINICAL EDUCATION POLICIES

Description of Clinical Education

The Clinical Education Experience sequence is the clinical education component of the program and begins following the first year in the professional phase. This sequence is designed to give students the opportunity to apply classroom knowledge and skills in the clinical setting and to achieve entry-level competency in clinical practice. Five full-time Clinical Education Experience courses are required. The first Clinical Education Experience (eight weeks) occurs during the summer break between the first and second year in the professional phase. The second Clinical Education Experience (four/five weeks) occurs during the winter break between the fall and spring semesters of the second year in the professional phase of the curriculum. The third Clinical Education Experience (eight weeks) occurs during the summer break between the second and third year of the professional phase of the curriculum. The final Clinical Education Experiences (sixteen weeks) take place in the spring quarter of the third year of the professional

phase of the curriculum.

In order to appropriately plan for an Clinical Education Experience, it is necessary for the clinical instructor to be familiar with the academic preparation of Clarke University students. In the subsequent section, the Clarke University faculty have identified the specific skills and techniques that students are prepared to perform at the various stages of their education.

DPT 631: Clinical Clinical Education Experience I

At the completion of the first year in the professional program, students are prepared to:

- Observe universal body substance precautions and patient safety in all examination and intervention procedures
- Participate in basic examination procedures including:
 - ⇒ patient interview
 - ⇒ posture assessment
 - ⇒ functional task analysis including bed mobility, transfers, wheelchair mobility, pre-gait and gait
 - ⇒ goniometry
 - ⇒ PROM and end-feel assessment
 - ⇒ gross and specific manual muscle testing
 - ⇒ palpation
 - ⇒ vital signs
 - ⇒ differentiation between the components of the ICF model: health condition, body structures and functions, activities, participation, and contextual factors
- Participate in treatment techniques including:
 - ⇒ electric and thermal modalities
 - ⇒ massage
 - ⇒ therapeutic exercise including passive and active motion, resisted motion, and stretching
 - ⇒ functional training including bed mobility, transfers, wheelchair mobility, pre-gait, and gait
- Perform documentation in SOAP format which includes appropriate information, using proper terminology and abbreviations

At the completion of the first year in the professional program, students are *not yet* prepared to:

- ⇒ Perform independent care of clients with multiple complex medical issues and/or in intensive care units (students have had only basic exposure to inpatient equipment such as IVs, cardiac monitors, oxygen tanks, hospital bed components, etc.)
- ⇒ Perform specific orthopedic and neurological testing (These topics are covered in coursework during the second year)
- ⇒ Perform specific joint mobilization techniques or grading of mobilization (Concepts of joint mobilization have been introduced based on arthrokinematics, but students have not had training in specific techniques)
- ⇒ Perform complete independent examination and assessment

DPT 632: Clinical Education Experience II

At the completion of the first year and subsequent fall semester of the second year in the

professional program, students are prepared to:

- Perform partial patient examinations for patients including:
 - ⇒ Patient interview
 - ⇒ Posture assessment
 - ⇒ Functional task analysis including basic mobility, wheelchair mobility, transfers, pre-gait and gait
 - ⇒ Goniometry
 - ⇒ PROM and end-feel assessment
 - ⇒ Gross and specific manual muscle testing
 - ⇒ Palpation
 - ⇒ General orthopedic and neurological testing
 - ⇒ Vital signs
 - ⇒ Differentiation between health condition, body structures and functions, activities, participation, and contextual factors
- Participate in treatment techniques including:
 - ⇒ Electric and thermal modalities
 - ⇒ massage
 - ⇒ therapeutic exercise including passive and active motion, resisted motion and stretching
 - ⇒ functional training including bed mobility, transfers, wheelchair mobility, pre-gait and gait
- Perform documentation in SOAP format which includes appropriate information, using proper terminology and abbreviations

Students are *not yet* prepared to:

- ⇒ Perform complete independent examination and assessment

DPT 733: Clinical Education Experience III

At the completion of the second year in the professional program, students are prepared to:

- Perform complete patient examinations for patients including:
 - ⇒ patient interview
 - ⇒ posture assessment
 - ⇒ functional task analysis including mobility, transfers, wheelchair mobility, pre-gait, and gait
 - ⇒ goniometry
 - ⇒ PROM and end-feel assessment
 - ⇒ muscle performance assessment including gross and specific manual muscle testing
 - ⇒ neurological testing including sensation, reflexes, and neural tension testing
 - ⇒ balance and postural control assessment
 - ⇒ palpation

- ⇒ specific orthopedic, cardiopulmonary, and neurological testing
- ⇒ vital signs
- Synthesize examination findings and identify impaired body structures and functions, activities and contextual factors,
- Write goals with reasonable time frames that are functional, measurable, and achievable
- Create intervention plan and identify anticipated outcomes and timeframes for common orthopedic and neurological problems
- Perform interventions including
 - ⇒ patient education
 - ⇒ electric and thermal modalities
 - ⇒ therapeutic exercise with and without equipment including passive and active motion, strengthening, flexibility, balance, and coordination.
 - ⇒ functional training including activities of daily living and instrumented activities of daily living.
 - ⇒ manual therapy including joint and soft tissue mobilization
 - ⇒ wound care
- Monitor and respond to changes in patient condition during examination and treatment
- Observe universal body substance precautions and patient safety in all examination and intervention procedures
- Communicate and collaborate with patients, family, other health care providers, and third-party payors in coordinating efficient and effective care
- Perform documentation in SOAP format which includes appropriate information, uses proper terminology and abbreviations, and is completed in a timely fashion

DPT 734-735: Clinical Education Experiences IV-V

At the completion of the first semester of the third year in the professional program, students have finished all PT coursework and are prepared to function in examination, evaluation, intervention, and consultation across age groups and pathologies.

CLINICAL EDUCATION DEFINITIONS

To ensure proper communication, select definitions concerning clinical education are given:

- A. *Director of Clinical Education (DCE)*. The licensed physical therapist employed by the academic facility that develops, organizes, supervises, and coordinates the clinical education component of the physical therapy curriculum.
- B. *Academic Facility (AF)*. The accredited educational institution that provides the entry level curriculum in the professional preparation of physical therapy students.

- C. *Site Coordinator of Clinical Education (SCCE)*. The licensed physical therapist employed and designated by the clinical facility to organize, direct, supervise, coordinate, and evaluate the clinical education program in that facility.
- D. *Clinical Educational Facility (CEF)*. An accredited or approved health care facility that provides the physical therapy student with a learning laboratory and patient contact for the development of physical therapy competencies.
- E. *Clinical Instructor (CI)*. The licensed physical therapist employed by the clinical educational facility that is designated by the Site Coordinator of Clinical Education to supervise and evaluate the activities of the physical therapy students.
- F. *Letter of Agreement*. The written document which defines the agreement made between the academic facility and the clinical education facility. This document outlines the rights and responsibilities of all parties.
- G. *Clinical Site Information Form (CSIF)*. The document which is completed by the SCCE at the CEF and provides information about the CEF for the DCE and students.
- H. *Physical Therapist Clinical Performance Instrument (CPI)*. The written document that is completed by the student and the CI at both the halfway point of the Clinical Education Experience and at the close of the Clinical Education Experience.

RESPONSIBILITIES OF PARTICIPANTS

- A. Director and Assistant Director of Clinical Education
 - 1. Clinical Education Program Planning and Implementation
 - a) Develop, review, and revise clinical education policies and procedures.
 - b) Plan and implement the academic program's clinical education component in collaboration with the program director, academic faculty, clinical faculty, and students.
 - c) Develop and coordinate the evaluation process for clinical education. Review, revise, and implement evaluation instruments.
 - d) Receive student performance reports from clinical faculty and recommend a grade for the Clinical Education Experience course.
 - e) Monitor the academic performance of students to ensure they meet criteria for completing the clinical education experience.
 - f) Use appropriate intervention strategies with the SCCE and CI in situations where students are demonstrating difficulties while on Clinical Education Experience experiences.
 - g) Implement immunization and preventative health policies and procedures consistent with federal, state, institutional, and CEF requirements.
 - h) Negotiate Letter of Agreement with CEFs consistent with institutional policy and state law.

- i) Negotiate and implement liability protection of students consistent with institutional policy and CEF requirements.
- j) Participate in regional, state, and national clinical education activities/programs.
- k) Maintain clinical education records including:
 - (1) CEF database
 - (2) Clinical Site Information Form for each CEF
 - (3) Utilization of CEFs
 - (4) Letter of Agreement for each CEF

2. Communication

- a) Disseminate information about the academic facility to the clinical faculty. This information should include:
 - (1) philosophy and mission of the academic program
 - (2) program curriculum
 - (3) clinical education policies and procedures
 - (4) evaluation tool and criteria
 - (5) performance objectives for each Clinical Education Experience
 - (6) student assignments
 - (7) clinical faculty development opportunities
- b) Placement of students in CEFs, to include:
 - (1) informing students of clinical education policies and procedures.
 - (2) making information on CEFs available to students to facilitate selection process.
 - (3) preparing clinical rotation assignments and informing students promptly as well as coordinating mailings to CEFs.
- c) Communicate with SCCEs, CIs, and students to assess student performance and progress.
- d) Interact with students regarding their clinical performance as needed.
- e) Supervise clinical contacts made by academic faculty with students at mid-clinical experience; provide guidelines for information collection.
- f) Arrange periodic visits to CEFs as needed to discuss student issues.

3. Clinical Site Development

- a) Identify criteria for clinical site selection and utilization.
- b) Maintain current files on all CEFs as required by CAPTE.
- c) Coordinate, monitor, and update CEF Letters of Agreement and information forms.
- d) Maintain sufficient number and diversity of clinical sites to meet clinical teaching needs.
- e) Assist clinical centers in development process.

4. Clinical Faculty Development

- a) Assist the SCCE's in developing, implementing, and evaluating clinical faculty development programs.
- b) Provide training programs for clinical faculty.
- c) Involve clinical faculty in preparation of accreditation documentation and outcome performance assessment of students.

B. Site Coordinator of Clinical Education

- 1. Identify, organize, develop, and coordinate the specific learning experiences within the CEF.
- 2. Organize, direct, supervise, coordinate, and evaluate the clinical instruction of the student assigned to their CEF.
- 3. Participate with the DCE in developing, implementing, and evaluating clinical faculty development programs.
- 4. Maintain communication with the DCE, CI, and the assigned student during the Clinical Education Experience (i.e., notification of student problems and progress).
- 5. Follow the APTA Guidelines for Coordinators of Clinical Education.
- 6. Insure that the clinical site meets the APTA Guideline for Clinical Education Sites.

C. Clinical Instructors

- 1. Plan for the arrival of the student by sending appropriate CEF information to the student, reviewing student information, and reviewing student goals.
- 2. Assist SCCE in completion of orientation to the CEF.
- 3. Provide supervision and guidance to the student.
- 4. Perform written and verbal evaluations of the student's performance at mid-term and final with completion of necessary evaluative forms.

5. Promptly recognize student performance problems and identify such problems to the student.
6. Contact SCCE and DCE promptly if appropriate remediation's of student performance problems are not met.
7. Follow the APTA Guidelines for Clinical Instructors.

D. Student Physical Therapists

1. Prior to the student's arrival at the assigned CEF, the student is responsible for:
 - a) Reviewing the responsibilities of the academic educational facility (AF) and the CEF as stated in the Letter of Agreement.
 - b) Reviewing the CSIF concerning the assigned CEF that is found in the Physical Therapy Department CEF file cabinet.
 - c) Reviewing the School's Student Handbook and the Program's Graduate Catalog and Handbook and Clinical Education Manual.
 - d) Paying all fees including tuition and liability insurance.
 - e) Completing the Student Information Sheet and filing a copy with the DCE.
 - f) Sending to the CEF a minimum of four to six weeks prior to the assigned starting date:
 - (1) letter of introduction
 - (2) required health and immunization records as described in each CEF's clinical file
 - (3) Student Information Sheet
 - (4) Request for Accommodations if necessary (clinical accommodations may take several weeks to arrange because the implementation is an interactive process between the student, the Disability Services Coordinator, the DCE (and/or Assistant DCE), the CEF and/or the CI. Requesting early is essential if accommodations are to be timely and effective.
 - g) Making housing and travel arrangements as necessary.
2. While at the assigned CEF, the student is responsible for:
 - a) Adhering to the policies and procedures of the CEF and the physical therapy department.
 - b) Adhering to the CEF and AF dress code policies.
 - c) Adhering to the policies and procedures of Clarke University as stated within the student handbook and the Physical Therapy Graduate Catalog and Handbook.
 - d) Attending the CEF according to the schedule as designated by the CI and SCCE. The student must arrive to CEF on time daily and conform to work hours. Two (2) excused absences are allowed

without make-up; excused absences beyond two days require make-up as allowed by the CEF (See Section, Attendance).

- e) Notifying the DCE and the SCCE prior to the start of the work day in the event of an excused absence secondary to illness or accident. The DCE should be contacted if the student is absent more than two days.
- f) Completing a weekly log (see Section, Clinical Education Experience Log) and submitting a copy to the DCE at the end of each Clinical Education Experience.
- g) Designing and implementing an in-service education program as required by the CEF.
- h) Participating in professional activities (staff meetings, in-services) of the CEF as allowed by the SCCE and CI.
- i) Participating in the evaluation of their clinical mastery using the CPI and notifying the DCE if there is a lack of progress from midterm to final on the evaluation.
- j) Evaluating the effectiveness of the Clinical Education Experience at the CEF and returning a copy of the CEF evaluation form to the DCE.
- k) Meeting all the objectives outlined in the Clinical Education Experience Syllabus.

3. Failure to meet the listed responsibilities may result in one of following:

- a) cancellation of the Clinical Education Experience
- b) academic probation
- c) academic dismissal

The decision regarding the consequence of not meeting responsibilities will be made by the Program Director, the DCE, and the student's academic adviser, in consultation with the SCCE and the CI, if appropriate.

SELECTION OF CLINICAL EDUCATION FACILITIES

The Director of Clinical Education (DCE) is responsible for directing and screening possible CEFs to ensure high quality learning experiences in a variety of settings for the physical therapy students.

The process of clinical site selection is as follows:

- A. Contact with potential clinical sites by the institution to establish availability of clinical sites and type(s) of learning experiences available.
- B. Clinical sites indicating availability are sent the CSIF form and Letter of Agreement form for completion. These are returned to the DCE for review and necessary AF signatures.

- C. DCE (or representative) visits available clinical sites which can provide appropriate learning experiences. The visit should include a tour of the facility, a meeting with the SCCE, and a meeting with the CIs, if available.
- D. Based on the information gathered in steps B and C, the following criteria are evaluated. These criteria are drawn from the APTA Guidelines for Clinical Education Sites.
1. Is there a person designated as a SCCE to coordinate the assignments and activities of students?
 2. Does the clinical site have specific criteria for selection of CIs?
 3. Is there a development program for the CIs? Describe:
 4. Does the clinical site have a written statement of philosophy regarding clinical education? If so, is that philosophy compatible with that of the academic facility?
 5. Is there a procedure for student orientation to the clinical site? Is there a student manual?
 6. Does the clinical site have specific objectives for clinical education?
 7. Do students and CIs meet on a regular basis (daily, weekly) to discuss student progress?
 8. Do CIs complete an evaluation tool at midterm and final and discuss results with student?
 9. What type of learning experiences are offered for students?
 10. Does the physical therapy staff demonstrate characteristics such as expertise, contemporary knowledge, flexibility, and positive working relationships?
 11. Are there support services available for students (housing, food, parking, desk space)?
 12. Is the clinical site accredited by an external agency?
 13. Is there clarity in the various roles of personnel at the clinical site?
 14. Is the site on e-mail?

15. Letter of Agreement status - will facility complete?

16. CSIF status - is one completed and up to date?

- E. If obvious deficiencies exist in a specific area, the DCE will identify the problem and communicate it to the appropriate personnel at the clinical site. The effort of the DCE will be to work with the clinical site in order to develop it as a clinical educational facility. If there is resistance to correction of the deficiencies, the site will not be used by Clarke University as a site for clinical education.

CLINICAL EDUCATION EXPERIENCE ASSIGNMENTS

- A. The DCE is responsible for assigning students to their clinical experiences. For Clinical Education Experiences I-III selection will be based on a lottery system. For Clinical Education Experiences IV-V, students will meet with the DCE and discuss their preferences for clinical assignments. The DCE and student will then choose the most appropriate site for the student based on educational needs of the student. The geographical location of a clinical setting will be of secondary importance in site selection; primary importance is given to matching students with appropriate clinical experiences.
- B. The assignments for the Clinical Education Experience Sequence are to be completed during these regularly scheduled times:
1. Clinical Education Experience I: During the spring semester prior to the first year of the professional phase of the program
 2. Clinical Education Experience II and III: During the spring semester of the first year of the professional phase of the program
 3. Clinical Education Experiences IV - V: During the spring semester of the second year of the professional phase of the program
- C. Failure of a student to complete CPR/First Aid or health requirements (Sections XV and XVI of the Clarke University DPT Clinical Education Manual) by October 1st each year in the professional phase of the DPT program may result in the student forfeiting their Clinical Education Experience lottery pick or special request for clinical site during Clinical Education Experience assignments. He/she will be assigned Clinical Education Experience(s) following the placement of all other students. The only exceptions to this policy are major illness, non-elective surgical procedure, or family emergency. In such cases, the student will be assigned based on preference, as possible.
- D. If a student is absent during the time of clinical assignments, he/she will be assigned to a facility following the placement of all other students. The only exceptions to this policy are major illness, non-elective surgical procedure, or family emergency. In such cases, the student will be assigned based on preference, as possible.

STUDENT AGREEMENT

Following assignment of clinical sites, students are notified in writing of their placement. Students must sign a Student Agreement Form which indicates their knowledge of the assignment and an understanding of their responsibilities. Copies of the stated health and immunization records will be submitted and kept current with the Director of Clinical Education (DCE).

STUDENT INFORMATION SHEET

- A. The Student Information Sheet is used to provide information to the assigned SCCE, CI, and the DCE for each experience. This form includes the following components:
 - 1. general information
 - 2. transportation status
 - 3. health status/health insurance
 - 4. liability insurance
 - 5. special interests
 - 6. previous clinical experience
 - 7. personal goals

- B. The physical therapy student is responsible for the following:
 - 1. completing the Student Information Sheet and making two copies for each Clinical Education Experience.
 - 2. sending one copy of the form to the assigned clinical educational facility and the second to the DCE for each Clinical Education Experience at least four weeks prior to the start date of the Clinical Education Experience.

- C. The DCE is responsible for filing a copy of the student data sheet for each Clinical Education Experience.

- D. Failure of the student to meet this requirement may result in cancellation of the clinical experience.

TRANSPORTATION/LODGING

The students are responsible for providing their own transportation and lodging for all clinical learning experiences associated with the curriculum. These learning experiences include the Clinical Education Experience sequence and clinical courses which may involve

periodic local travel away from the main campus. Therefore, students must have access to a car or other means of transportation to enable them to travel to the clinical sites.

DISCRIMINATION/SEXUAL HARASSMENT

- A. Clarke University and the CEF shall not discriminate against any student based on the student's race, color, religion, sex, national origin, age, or ancestry. In the case of a student requesting a day off from a clinical site as a result of the observance of a religious holiday, requests should be addressed to the DCE and SCCE for consideration.
- B. Clarke University and the CEF shall not discriminate against any student on the basis of handicap if such student is a "qualified individual with a disability," as defined by the Americans with Disabilities Act of 1990 and amendments. The CEFs are required to make reasonable accommodations for students with disabilities.
- C. Clarke University and the CEF prohibit sexual harassment of or by students, clinical staff, and faculty. Refer to the Clarke University Sexual Harassment Policy: <https://www.clarke.edu/wp-content/uploads/Student-Handbook.pdf> page 37). Any specific allegations of sexual harassment will be handled according to the procedures outlined in that policy. Each situation will be dealt with on an individual basis and may result in the removal of a student from the CEF if deemed necessary. Any act of sexual harassment by a Clarke University student may result in dismissal from the program.

CLINICAL DRESS CODE

When students are involved in clinical settings, they must dress appropriately for that facility. They must meet the dress code expectations of the CEF. If no dress expectations are communicated to the student, the student should wear the following:

- A. Overall Guidelines
 1. All clothes should be neat, clean (no spots or odor), and pressed.
 2. Clothes should not be tattered or have holes
 3. Deodorant should be worn at all times.
 4. *Light* perfume/cologne is acceptable.
 5. Lab coats should be worn if the facility requires.
 6. Nametags should be worn at all times.
- B. Slacks
 1. Wear dress styled slacks.
 2. Jeans of any style are neither professional nor acceptable.
 3. Low-rise pants are not acceptable unless a shirt can adequately provide coverage when completing any squatting or reaching activities.

4. Pants should not reveal undergarments when bending over; visible undergarments are not acceptable.
5. Tight fitting pants through the buttocks and thigh are unacceptable unless a shirt can adequately provide coverage.
6. Shorts are not appropriate.

C. Tops

1. Shirts and blouses of various styles that coordinate with slacks, as well as polo-style tops are acceptable.
2. Shirts should not expose midriff when reaching overhead or bending over.
3. Shirts should not be see-through (revealing undergarments).
4. Shirts that are low cut and/or loose are inappropriate.
5. Sleeveless tops are inappropriate unless approved in clinic policy.

D. Shoes

1. Sandals/open-toed shoes and high heels are not appropriate.

E. Jewelry

1. Jewelry should be traditional/conservative and should be kept to a minimum.
2. FACIAL JEWELRY
 - a) Jewelry that is worn from the ears forward on the face is not permitted.
 - b) Exceptions are made only for cultural or religious mandates.

F. Hair

1. Long hair should be secured back so it does not get in the way of your work.

G. Tattoos

1. Tattoos should not be visible.

H. Fingernails

1. Nails should be neatly trimmed to within 1/8" of white fingernail growth showing.
2. If polish is worn, it should be clear only and free of chips.

CPR/BASIC FIRST AID REQUIREMENT

Each student shall hold a current annual CPR and current biannual Basic First Aid certification taken after August 1 and completed by October 1st for each year in the

professional phase of the program. These certifications must remain current until graduation.

HEALTH REQUIREMENTS

- A. Clarke University warrants that each student assigned to care for patients has been instructed in universal body substance precautions, proper infection control policies, and HIPAA regulations. Clarke University shall furnish proof of the student's universal precautions, bloodborne pathogen training, and HIPAA regulation training to the clinical site.
- B. Students are required to annually meet all health certification requirements as designated by the clinical site, including but not limited to physical examination, two-step tuberculosis testing (Mantoux PPD test), flu shot (or declination waiver due to allergy), and cardiopulmonary resuscitation certification. Required proof will be the responsibility of the student. Students born after January 1, 1957 must have documentation of two MMR vaccinations, proof of chicken pox (month/year) or varicella vaccination, proof of hepatitis B vaccinations, proof of positive rubella, titer, proof of positive hepatitis titer and varicella titer, proof of current Tdap immunization and proof of current First Aid Certification. It is the student's responsibility to show proof of all health testing and to be aware of site-specific requirements.
- C. Clarke University shall also furnish proof of the student's background check, mandatory reporter training and any additional drug screening requirements requested by the Clinical Education Experience facility to the clinical site.
- D. Students are responsible for notifying their DCE, CI and/or SCCE in the case of an acute illness such as a cold, sore throat, or flu. Students must abide by the Clarke University Attendance Policy (see XVIII of the Clarke University DPT Clinical Education Manual) of the clinical site regarding illness and attendance.
- E. If a student is seropositive for hepatitis B surface antigen, they must disclose this to the DCE, SCCE, and CI. These students will be withheld from patient care until there is a written release by a physician and approval of the infection control agency at the clinical site.
- F. Proof of all requirements listed in this section will be required to be upheld by October 1st each year in the professional phase of the program. Failure to do so may result in the student forfeiting their Clinical Education Experience lottery pick or special request for Clinical Education Experience site (see IX of the Clarke University DPT Clinical Education Manual).
- G. If a student sustains an injury while on the Clarke University campus, the Clarke University Health Services should be notified as soon as possible and the

university procedure according to Health Services Clinical Procedure manual will be followed. If a student sustains an injury while assigned to a clinical site, the agency protocol should be followed, the injury reported to the clinical instructor and to Clarke University Health Services as well as the DCE. Needle sticks and mucous membrane/non-intact skin exposure to body fluids constitute an injury. In all instances of injury while on campus or while engaged in required clinical experience, the student should complete an incident report form: if on Clarke University Campus forms are located on the campus security website, if on a Clinical Education Experience a form for their facility should be completed. Payment for medical treatment necessary following an injury is the student's responsibility.

LIABILITY INSURANCE

Prior to the first semester of the professional phase of the program, the physical therapy students are required to obtain malpractice insurance. The cost of this insurance policy is part of the student fees assessed by the University. Students are billed for this insurance policy in the fall semester of each year in the professional program. Students will be assessed these fees until the completion of the program including any remediation Clinical Education Experiences if required.

ATTENDANCE FOR THE CLINICAL EDUCATION EXPERIENCE SEQUENCE

- A. The physical therapy student is expected to attend the clinical educational facility according to the schedule set by the SCCE and the CI. Usually, this is eight hours/day, five days/week for the assigned number of weeks:
 - 1. **Clinical Education Experience I:** Eight weeks (summer after first year in professional program)
 - 2. **Clinical Education Experience II:** Four/five weeks (winter break between fall and spring semester of second year in professional program)
 - 3. **Clinical Education Experience III:** Eight weeks (summer after second year in professional program)
 - 4. **Clinical Education Experience IV-V:** 16 weeks (final semester of third year in professional program)

- B.
 - 1. The student is expected to arrive to the location of the Clinical Education Experience by noon the day before the start date of the Clinical Education Experience (ex: if the location of the Clinical Education Experience is Chicago, IL and the start date of the Clinical Education Experience is Jan 2, then the student must be in Chicago, IL by noon Jan 1).
 - 2. The student must arrive at the CEF on time daily and conform to work hours as established by the CEF.

3. The student is expected to attend the Clinical Education Experience for all days as scheduled.
4. Two (2) excused absences are allowed without make-up.
5. Your safety in travel is of utmost concern. Use caution with inclement weather. Realize you are still expected to attend your Clinical Education Experience if the facility is open. If your clinical facility closes or your clinical instructor specifically tells you to avoid travel due to inclement weather then you will be excused.
6. The conditions included in a legitimate absence are: illness for more than two days with a MD note, death in the immediate family, religious observance, inclement weather as described in (5) and Clarke University sponsored activities.
7. The (2) excused absences are not to be taken as personal days.
8. Unexcused absences are not allowed and are grounds for immediate dismissal from the program. Unexcused absences will be determined by DCE in consultation with the Program Director and/or the SCCE and CI. Any missed days will be required to be made up. The student will receive an Academic/Clinical Critical Incident Report and the incident will be discussed among the physical therapy faculty. The physical therapy faculty will meet to review the student's record and make one or more of the following recommendations: placement on probation, failure of the Clinical Education Experience, recommendation for withdrawal and/or dismissal from the program.
9. Excused absences beyond 2 days require make-up as allowed by the CEF.
10. Under certain conditions arrangements may be made for making up lost time as a result of a legitimate absence.

BACK-UP SUPERVISION

- A. A plan must exist for supervision of the physical therapy student at all clinical educational facilities that employ only one licensed physical therapist in the case of the absence of that PT. This backup system is to be utilized only on a short-term basis and only in emergency situations when the clinical instructor must be absent (i.e., illness or death in the family).
- B. The SCCE is responsible for the following:
 1. Notifying the student of the backup procedure during orientation.
 2. Notifying the student of the backup clinical instructor for the involved day.
 3. Notifying the backup clinical instructor of the need to supervise the student for the involved day.
 4. Notifying the Director of Clinical Education (DCE) of the plan for the backup supervision.
 5. Notifying the DCE when the backup plan is activated.

- C. The student is responsible for the following:
 - 1. Knowing the backup supervision plan.
 - 2. Working under the supervision of the backup clinical instructor for the short-term period.

- D. The backup clinical instructor is responsible for the following:
 - 1. Organizing, directing, supervising, and evaluating the activities of the student for the short-term period.
 - 2. Reporting to the SCCE the outcome of the involved days.

CLINICAL EDUCATION EXPERIENCE LOG

The Clinical Education Experience Sequence Log is used to keep a record of the student's professional growth in professional behavior, communication, evaluation, program planning, and treatment. The log is meant to stimulate reflection by the student on their experiences in treating patients/clients.

- A. The physical therapy student is responsible for the following:
 - 1. Completing the Clinical Education Experience log on a weekly basis. Each log entry should include at minimum:
 - a) Record of diagnoses of new patients seen; treatments performed; any other experiences.
 - b) Student's personal response/reflection to experiences during the week.
 - c) Discussion of strengths/weakness, successes/failures during the week.
 - d) Goals for next week.
 - 2. Sharing the log with the clinical instructor and requesting feedback including the CI signature on a weekly basis.
 - 3. Submitting the log to the Director of Clinical Education (DCE) at the end of the Clinical Education Experience.

- B. The DCE is responsible for reviewing the log at the end of the Clinical Education Experience to assess the completion and quality of the log.

EVALUATION OF STUDENT CLINICAL PERFORMANCE

- A. Students will be evaluated by the CI at the clinical site with written reports at minimum of midterm (formative) and final (summative) points of the clinical experience.

- B. The Clinical Performance Instrument will be used by the CI for evaluation. This evaluation tool was designed to provide a uniform and consistent national instrument to measure physical therapist student performance for all levels of clinical experience.
- C. Site-specific feedback forms, daily or weekly, should be written according to site policy and procedure.
- D. At no time following completion of the Clinical Education Experience will a student contact the facility, SCCE, or CI in regards to their performance evaluation without the express written consent of the DCE or Program Director

Violation of this will be dealt with as unprofessional behavior, Section XVIII-D and may result in dismissal from the program.

CLINICAL EDUCATION EXPERIENCE VISITS

- A. The DCE will supervise at least one visit or telephone conference per Clinical Education Experience course for each student. The visit should be made with the student and the clinical instructor and/or the SCCE around the midpoint of each Clinical Education Experience. Such contacts will be made by the DCE or an appointed representative of the DCE. A representative for the DCE may be one of the academic physical therapy faculty. The DCE and/or representative is responsible for the following:
 1. Scheduling the Clinical Education Experience visit or telephone conference with the SCCE and/or CI.
 2. Meeting with the student at their assigned clinical site to discuss:
 - a) Types of learning experiences (diagnosis seen, treatment techniques observed and practiced, evaluation techniques observed and practiced, and other specific learning experiences).
 - b) Type and frequency of interaction with the CI; degree of supervision.
 - c) The student's performance (strengths and weaknesses).
 - d) The effectiveness of the student's academic preparation (additions, deletions, modifications).
 3. Meeting with the CI (and SCCE if available) to discuss:
 - a) The student comments about the clinical experience (types of learning activities and degree/type of supervision).
 - b) The strengths of the student's performance.
 - c) The weaknesses of the student's performance.
 4. If problem(s) are identified the DCE should discuss possible solution(s) to the problem(s) with the SCCE, CI and the student.
 5. Documenting the contact through the use of the Clarke University Clinical Education Experience Visit Form.

6. Filing the Clinical Education Experience Visit Form.
 7. Relaying any necessary information to the academic faculty.
- B. The CI is responsible for:
1. Approving the date and time of the Clinical Education Experience visit or telephone conference.
 2. Completing the midterm evaluation form of the student's performance **prior** to the arrival of the DCE or representative if possible.
 3. Meeting the DCE or representative to discuss:
 - a) The strengths and weaknesses of the student's performance.
 - b) The thorough and effectiveness of the student's academic preparation for the clinical experience.
- C. The student is responsible for:
1. Informally assessing their clinical learning experience **prior** to the DCE or representative's arrival.
 2. Meeting with the DCE to discuss:
 - a) Types of learning experiences (diagnosis seen, treatment techniques observed and practiced, evaluation techniques observed and practiced, and other specific learning experiences).
 - b) Type and frequency of interaction with the CI; degree of supervision.
 - c) Their own performance (strengths versus weaknesses).
 - d) The effectiveness of their academic preparation (additions, deletions, modifications).
- D. If problem(s) are determined, the DCE should discuss possible solution(s) to the problem(s) with the SCCE, CI and the student. Strategies such as learning contracts may be used to clarify student expectations.

STUDENT EVALUATION OF THE CLINICAL EDUCATION EXPERIENCE

- A. Student evaluation of the clinical education experience is used to assist the development of the clinical educational facility, and to provide information for other students.
- B. The Clinical Education Evaluation Form is to be completed by each physical therapy student during the final week of each Clinical Education Experience.

- C. Two copies of the form should be made; one is to be given to the Director of Clinical Education (DCE) at the end of the Clinical Education Experience, and the second copy is for the CI and SCCE at the CEF.

GRADING SYSTEM FOR THE CLINICAL EDUCATION EXPERIENCE

- A. The grading for the Clinical Education Experience courses is based upon a satisfactory/unsatisfactory system. To obtain credit for the course, the physical therapy student must complete the following:
 - 1. All of the objectives for the course as described in the Clinical Education Experience syllabus.
 - 2. Submit all required evaluative forms to the DCE.
 - 3. Submit weekly Clinical Education Experience Log sheets to the DCE.
- B. The clinical experience is evaluated by the clinical instructor at the midterm and at the end of the experience using the CPI. Both evaluations are shared with the student at a mutually determined time.
- C. The student will also evaluate the clinical experience and the clinical instructor using the Clinical Education Evaluation Form. This evaluation is also shared at midterm and final evaluation. Both the student evaluation of the clinic and the final clinical evaluation of the student shall be filled out prior to the mutually agreed upon meeting time.
- D. If the student is not performing at a satisfactory level at any time during the clinical experience, the clinical instructor (CI) or the clinical coordinator of clinical education (SCCE) should contact the Director of Clinical Education (DCE) immediately. The DCE, SCCE, CI, and student will work together to determine the problem(s) and propose solutions to remedy the situation.
- E. If the student continues to perform at an unsatisfactory level at the time of the final evaluation, the CI, the SCCE, and the DCE will determine if the student should receive credit for the Clinical Education Experience.
- F. Failure to receive credit in the Clinical Education Experience course will result in the student receiving one of the following grades: W (withdraw), I (incomplete), or F (fail) based on the decision of the physical therapy faculty in consultation with the DCE, SCCE, and CI.
- G. If the student receives a “W” or an “I” grade, the student will meet with the student’s faculty adviser, the DCE, and the program director to determine the most appropriate form of remediation. Remediation must be completed prior to the student starting the next full-time Clinical Education Experience. Successful completion of full-time Clinical Education Experiences is required for students to be eligible for graduation with a doctor of physical therapy degree.

- H. A grade of “F” (fail) of the remediation will result in failure of the course. Refer to the policy on failure of a course in the physical therapy program in the Academic Policy and Procedure Manual for further details. The student’s record will be reviewed for appropriate action by the physical therapy faculty.
- I. The DCE is responsible for the following:
 - 1. Reviewing the completed log and the evaluative forms.
 - 2. Assigning either a satisfactory or unsatisfactory grade to the student, based upon attendance, evaluative form, and log completion.
- J. The CI and SCCE are responsible for the following:
 - 1. Immediate notification of DCE of any problems with student.
 - 2. Assuring that the evaluative form is completed and reviewed with the student at the mid-point and end of the Clinical Education Experience.
 - 3. Sending in the evaluative form to the DCE at the end of the Clinical Education Experience course.
- K. The student is responsible for the following:
 - 1. Immediate notification of DCE of any major clinical problems.
 - 2. Completing and sending in the Clinical Education Evaluation Form and the Clinical Education Experience Log to the DCE at the end of the Clinical Education Experience.

STUDENT WITHDRAWAL POLICY

Student withdrawal from a clinical educational facility may occur for the following reasons:

- A. Unsatisfactory student performance: According to the clinical educational facility, the student behaves or exhibits characteristics that are detrimental to the clinical site in carrying out its health care responsibilities. In this case, the Site Coordinator of Clinical Education (SCCE) is to direct the request for student withdrawal to the Director of Clinical Education (DCE). If the DCE is not available the request should be made to the Program Director. The Clarke University PT faculty will respond to the request within two working days.
- B. Unsatisfactory clinical education experience: According to the Clarke University PT faculty, if the clinical educational experience does not meet the needs of the student, or there is knowledge of unsafe or unethical patient care at the CEF, the student will be withdrawn. The DCE will contact the SCCE and will discuss the rationale for the necessity of student withdrawal from the CEF.

CLINICAL FACULTY APPOINTMENT

- A. Definition:
A clinical faculty appointee is a health professional who has agreed to assist in providing instruction for Clarke University physical therapist students by serving as a Site Coordinator of Clinical Education (SCCE) or clinical instructor (CI).
- B. Selection Criteria: a clinical appointee:
- who serves as a CI must be a physical therapist (PT)
 - who serves as a SCCE usually is a PT or a physical therapist assistant (PTA)
 - should have at least one year experience in clinical practice.
 - should be properly credentialed in the state in which they are practicing.
 - should demonstrate interest in providing clinical education to PT students.
 - should comply with the appropriate responsibilities as outlined in the Clarke University Clinical Education Manual, Section VII “Responsibilities of Participants”
- C. Term of Appointment:
The clinical faculty appointment will be annual (from June 1 to May 31). The appointment will be automatically renewed each year given the appointee continues to offer their services to the university.
- D. Clinical Faculty Privileges and Benefits: The clinical faculty appointee shall:
- have access to the Clarke University Nicholas J. Schrup Library with checkout privileges.
 - be eligible for faculty discounts at the Clarke University bookstore.
 - have access to the Robert and Ruth Kehl Center, the university’s recreation and sports complex.
 - have access to tuition waiver for three credit hours of undergraduate studies for professional or personal growth during each appointment term.
 - be eligible for discounted tuition to attend any continuing education course offered by the Clarke University Physical Therapy Department.
 - receive special recognition for services provided beyond expectation as deemed appropriate by the Clarke University PT faculty.
- E. Development of Clinical Faculty:
Development of clinical faculty at the CEF results from interaction between the Director of Clinical Education (DCE) and the Site Coordinator of Clinical Education (SCCE). Clarke University Physical Therapy Program will conduct at least one workshop per year at minimal charge for clinical faculty which could

include, but is not limited to, one of the following:

1. **Clinical Teaching Workshop:** This workshop will discuss methods of effective clinical teaching of PT students. Issues related to curriculum modification to improve the effectiveness and preparation of students will be addressed. In addition, other educational issues and topics will be covered.
2. **Clinical Research/Clinical Problems Workshop:** This workshop will address areas of possible clinical research and how these can be facilitated. The Clarke University faculty is committed to clinical research as a method of professional growth and experience for our students, faculty, and clinical instructors. In addition, this workshop will focus on current problems and discussion of solutions for these and other issues affecting clinical education.
3. **Continuing Education Workshop:** This workshop will focus on a current topic issue or technique in physical therapy that our clinical education faculty request to have discussed. In addition to utilization of Clarke University's faculty expertise, specialists in the field will come to Clarke University to conduct workshops as can be arranged. These workshops will be conducted at Clarke University and will take place over one to three days as necessary.

F. **Clinical Faculty Evaluation:**

Clinical faculty who serve as CIs are encouraged to make use of the APTA Self-Assessments for Clinical Instructors as a basis for self-evaluation. External sources of data for evaluation of clinical instructors include the student, SCCE, and DCE. Student feedback is available to the CI both informally during the Clinical Education Experience and formally at the conclusion of the Clinical Education Experience. At the meeting to review the student's final evaluation, the student will have completed the Physical Therapist Student Evaluation of Clinical Experience and Clinical Instruction. This formalized feedback should be reviewed by the CI and the SCCE of the facility.

The SCCE of the clinical facility is responsible for providing direct feedback to CIs on their performance as clinical teachers. This feedback should be based on direct observation of the CI and student interaction as well as discussions between the SCCE and the student. The SCCE is also responsible for identifying needs for continuing education of the clinical faculty and communication of such needs to the DCE.

- G. Clinical faculty who serve as SCCEs are encouraged to make use of the APTA Self-Assessments for Coordinators of Clinical Education as a basis for self-evaluation. External sources of data for evaluation of SCCEs include the student,

CI, DCE, and departmental administrators.

Clinical faculty who serve as guest presenters will receive evaluation forms from the students regarding their presentation. In addition, these clinical faculty members will receive direct feedback from the course coordinator regarding the effectiveness of their presentation.

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