DPT Student Handbook
Doctor of Physical Therapy Program
University of Central Arkansas
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I. DEPARTMENT CORE VALUES
   All of our actions and interactions are guided by the following core values:
   A. Mutual respect and support
   B. Honesty and integrity
   C. Pursuit of excellence
   D. Commitment to hard work and continual self-improvement
   E. Service centered attitude

II. DEPARTMENT CORE PURPOSE
   Our core purpose is to advance and improve the profession and practice of physical therapy.

III. DEPARTMENT VISION
   The UCA Department of Physical Therapy Program will be nationally recognized as a center of excellence for physical therapy education and research.

IV. DEPARTMENT MISSION
   The mission of the UCA Department of Physical Therapy is to develop autonomous physical therapist professionals and scholars who are practicing collaboratively in the global, clinical, and research communities and to model excellence in education, research, and service.

V. CURRICULUM PLAN FOR THE PROFESSIONAL DOCTOR OF PHYSICAL THERAPY (DPT) DEGREE

   A. NATURE OF PHYSICAL THERAPY PRACTICE AND STANDARDS OF PRACTICE 1-10

      The physical therapist is an autonomous health care professional who examines and evaluates patients with mechanical, physiological, and developmental impairments, functional limitations, and disability or other health and mobility related conditions in order to determine a physical therapy diagnosis, prognosis, and planned therapeutic intervention. The physical therapist is responsible for preventing injury, impairments, functional limitations, and disability, including the promotion and maintenance of fitness, health, and quality of life in all age populations. To be successful in accomplishing these responsibilities, the physical therapist must engage in consultation, testing, education, research/critical inquiry, and administration/business management.

      In all interactions with patients/clients and other appropriate parties, physical therapists are responsible for maintaining high professional, ethical, legal, and moral standards. Challenges which confront the physical therapist are compounded by: health care environments; health care systems; patients/clients with varying cultural backgrounds, diagnoses and socioeconomic constraints; resource limitations; and patients/clients ranging in age from neonates to the elderly. Accordingly, professional preparation for the physical therapist must be thorough and comprehensive.

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B. PHILOSOPHY REGARDING PROFESSIONAL EDUCATION: The curriculum plan must remain relevant to, and consistent with, changing societal needs and professional responsibilities. A professional curriculum in physical therapy should facilitate and require students to develop the knowledge and skills to responsively, and effectively, address the wide range of responsibilities encountered in autonomous professional practice. Toward this end, the faculty believe that emphasis should be placed on utilization of the best available evidence and on use of clinical reasoning, clinical judgment, and reflective practice to provide high quality, professional service.

The Physical Therapy Faculty at the University of Central Arkansas adhere to the following principles and values in providing professional physical therapy education:

1. The physical therapist is an autonomous practitioner who holds a clinical doctoral degree. As such, the graduate should be prepared to engage in the moral, ethical, and legal practice of all components of physical therapy delivery.
2. The optimal environment for the provision of doctoral education is one in which active learning, critical inquiry, and clinical decision-making is modeled by the faculty and fostered in students.
3. Professional students are obligated to play a role in contributing to the body of knowledge in physical therapy through participation in collaborative research and other activities that may include service, administrative, and educational projects.
4. Both faculty and graduates of the program should be committed to lifelong personal and professional development by engaging in self-assessment activities, establishing professional goals, being critical consumers of educational opportunities, and implementing action plans which will enhance the ability of graduates and faculty to assume ever-evolving and changing roles in the current dynamic health care environment.
5. Physical therapy practice is optimized when evidence-based practice (EBP) is delivered. As such, the use of best available evidence, clinical reasoning, and patient goals and values will be incorporated throughout the curriculum to foster student usage of EBP in future physical therapy practice.
6. Clinical education is an essential and integral component of physical therapy education. The clinical education program should address the breadth and depth of physical therapy practice across the lifespan and should be one in which effective and efficient application of skills is fostered and intellectual curiosity, critical thinking, and problem solving is stimulated.
7. Physical therapists are obligated to serve the diverse humanity and the physical therapy profession. Such service should be modeled by the faculty and fostered in the students and may include involvement in legislative activity, human service organizations and the provision of pro bono services.
8. Faculty and students will strive to achieve and demonstrate the seven core values of professionalism: accountability, altruism, compassion, caring, integrity, professional duty, and social responsibility.

C. EDUCATIONAL PRINCIPLES AND MODEL OF THE CURRICULUM: The faculty, believing that individual acceptance of responsibility is essential for successful patterns of present and future education, strive to foster an educational environment encouraging student independence and active individual contribution. Throughout the course of study, faculty endeavor to arrange for sequence and integration of learning experiences among and within all courses, in a context of increasing complexity and breadth of application. The curriculum design is not regarded as an end product but as a means for encouraging and guiding student development.

The curriculum plan is founded on a premise of progression from foundational to clinical sciences and culminating in the attainment of all student outcomes as presented in section D below (Outcome Statements). The curricular model is best categorized as a hybrid model blending both traditional and system-based approaches. Traditional in that the curriculum begins with basic science, followed by clinical science, and then by physical therapy science. System-based in that the clinical science portion curriculum is heavily built around physiological systems. Instructional objectives and educational expectations are sequenced from simple to complex with a focus on developing the students’ skills in problem solving, differential diagnosis, and utilization of best evidence. Evaluation of student performance throughout the curriculum is based upon criterion-referenced data.

The curriculum leading to the DPT degree requires 41 hours of prerequisite course work (focused heavily on the biological and natural sciences) and a completed baccalaureate degree. The program is designed as a 4+3 curriculum (4 years prerequisite course work culminating in a baccalaureate degree and 3 years of professional coursework) with a clinical doctorate degree awarded after the final 3 years of successful study. Forty-three weeks of the 3 year DPT curriculum are devoted to clinical internships in physical therapy at clinical education sites.

The curriculum model for the DPT degree is illustrated in the following attachments: Attachment 1: Visual Schematic of the DPT Curriculum, Attachment 2: Key to Visual Schematic of DPT Curriculum, and Attachment 3: Course Sequence for the DPT Curriculum

D. Outcome Statements: Professional DPT Curriculum

1. Students will demonstrate the moral, ethical, and legal standards of the profession when engaging in all components of autonomous physical therapy practice.
2. Students will evaluate existing research (scientific studies) and participate in collaborative research and scholarly activities to improve the knowledge-base of the profession.
3. Students will demonstrate appropriate interaction with patients/clients and their families, other health professionals, students, support personnel, and others by utilizing effective oral and written communication and engaging in education tailored to the needs of the learner.
4. Students will render competent, conscientious, evidence-based physical therapy services to persons of all ages who possess, or are at risk for, impairments, functional limitations, or disabilities.

5. Students will demonstrate knowledge of components necessary to manage physical therapy service, including reimbursement issues, quality of care, productivity, and support personnel.

E. CLINICAL EDUCATION:

1. The Clinical Education Program is administered by the Director of Clinical Education (DCE). The DCE serves as the liaison between the School and each clinical education site.

2. Each student is provided with a DPT Student Handbook during new student orientation. Section F of the DPT Handbook- Clinical Education Policies and Procedures for Physical Therapy Students includes the following topics:
   a. Overview of Clinical Education
   b. Clinical Education Terminology
   c. Important Information (i.e. holidays, costs, health risks, professional liability)
   d. Student Policies (i.e., personal health insurance, hepatitis B vaccination, TB skin test)
      Clinical Education Objectives
   e. Clinical Site Selection and Assignment
   f. Clinical Education Internships, Grading and Performance Evaluation
   g. Student Expectations and Responsibilities
   h. Expectations of Clinical Instructors and CCCEs.

3. Each clinical education site is provided with the Clinical Education Policies and Procedures Handbook for Clinical Education Sites once with updates provided as needed. This Handbook includes supplemental materials to benefit clinical faculty such as important reminders, contact information, professional behavior policy, forms, and program mission and objectives.

4. The DPT Student Handbook, including Section F: Clinical Education Policies and Procedures, is available in the Department and in the DCE’s office.

VI. CURRICULUM PLAN FOR RESIDENCY IN PEDIATRIC PHYSICAL THERAPY

A. Opportunities exist for participation in a post-professional Pediatric Residency Program following completion of the DPT program. The Pediatric Residency Program is a full-time residency program cooperative provided by the University of Central Arkansas, Arkansas Children’s Hospital and Allied Therapy and Consulting Services. The residency is available via competitive admission, to individuals who have attained licensure as a physical therapist. Residents will have focused learning experiences in a variety of pediatric settings. Two residents are accepted each year. Additional information may be obtained on the Residency Program website at http://uca.edu/pt/phd-in-physical-therapy/pediatric-pt-residency/ or by contacting the Pediatric Director, Dr. Misty Booth, 501-450-5549, mbooth@uca.edu.

VII. CURRICULUM PLAN FOR PHD IN PHYSICAL THERAPY DEGREE
Opportunities exist for DPT students to enter the DPT/PhD program. The curriculum plan can be found in Attachment 4: Curriculum Plan for PhD in Physical Therapy Degree. Admission to the program occurs via formal application. Students complete the DPT degree while simultaneously taking limited hours toward the PhD degree. Following graduation from the DPT program, remaining requirements for the PhD are completed. Additional information may be obtained by contacting Dr. Mark Mennemeier, Coordinator of the PhD program; telephone: 501-450-5557; email: mmennemeier@uca.edu.
Attachment 1: Visual Schematic of the DPT Program

A. Organization of Primary Curricular Disciplines

B. Integrated Structure of Primary Disciplines

1. Neuromuscular System
2. Musculoskeletal System
3. Cardiopulmonary System
4. Integumentary System
5. Other Systems
Attachment 2: Key to Visual Schematic of Curriculum

University of Central Arkansas
Professional DPT Curriculum

KEY TO VISUAL SCHEMATIC

Foundational Sciences
The scientific disciplines that contribute to the development and understanding of physical therapy, including biological, physical, and behavioral sciences that are both basic and applied.

- PTHY 5505 Gross Anatomy
- PTHY 5403 Human Physiology
- PTHY 6501 Neuroscience
- PTHY 6401 Kinesiology I
- PTHY 6402 Kinesiology II
- PTHY 6250 Pharmacology in Physical Therapy
- PTHY 6314 Neurophysiological Principles of Motor Control
- PTHY 7307 Professional Development II

Clinical Sciences
Information needed to understand diseases that require direct intervention by a physical therapist as well as diseases affecting conditions managed by physical therapists. Courses are organized by practice areas as defined in the “Guide to Physical Therapist Practice”.

- PTHY 6403 Pathology
- PTHY 7404 Musculoskeletal Physical Therapy I
- PTHY 7405 Musculoskeletal Physical Therapy II
- PTHY 7406 Musculoskeletal Physical Therapy III
- PTHY 7210 Integumentary System: Principles and Practice
- PTHY 7411 Physical Rehabilitation
- PTHY 7515 Neurological Rehab in Pediatrics
- PTHY 7516 Adult Neurological Rehabilitation
- PTHY 7520 Cardiopulmonary PT
- PTHY 6404 Clinical Foundations in Physical Therapy Practice
- PTHY 6405 Therapeutic Exercise
- PTHY 7403 Physical Agents

Clinical Education
Direct application of physical therapy practice expectations in the clinical setting or with patients in a classroom setting.

- PTHY 7228 Clinical Education Practicum I in Physical Therapy
- PTHY 7328 Clinical Education Practicum II in Physical Therapy
- PTHY 7528 Clinical Education Practicum III in Physical Therapy
- PTHY 7529 Clinical Education Practicum IV in Physical Therapy
- PTHY 7530 Clinical Education Practicum V in Physical Therapy
Attachment 2: Key to Visual Schematic (continued)

Patient/Client Management
Exploration and application of all aspects of patient/client management as defined in the “Guide to Physical Therapist Practice” including examination, evaluation, diagnosis, prognosis, intervention, and outcomes.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
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<tr>
<td>PTHY 6303</td>
<td>Patient Management and Documentation</td>
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<td>PTHY 6307</td>
<td>Professional Development I</td>
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<td>PTHY 7103</td>
<td>Outcomes Assessment in Physical Therapy</td>
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<td>PTHY 7404</td>
<td>Musculoskeletal Physical Therapy I</td>
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<td>Musculoskeletal Physical Therapy II</td>
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<td>PTHY 7406</td>
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<td>PTHY 7210</td>
<td>Integumentary System: Principles and Practice</td>
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<td>Neurological Rehab in Pediatrics</td>
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<td>PTHY 7520</td>
<td>Cardiopulmonary Principles and Practice</td>
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<td>PTHY 7209</td>
<td>Complex Patient Management</td>
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<tr>
<td>PTHY 7409</td>
<td>Clinical Reasoning and Differential Diagnosis</td>
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Practice Management
Study of managing physical therapy practice, including business management, health promotion and wellness, provision of consultative services, and professional responsibilities of advocacy and professional and community service.

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<td>Professional Development I</td>
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<tr>
<td>PTHY 6424</td>
<td>Clinical Administration and Management</td>
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<td>PTHY 7307</td>
<td>Professional Development II</td>
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Professional Practice
Includes development of professional behaviors, communication skills, sensitivity to individual and cultural differences, critical inquiry and clinical decision-making, education of others, and professional development.

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<td>PTHY 7104</td>
<td>Physical Therapy Research III</td>
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<td>PTHY 7106</td>
<td>Educational Roles in PT</td>
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<td>PTHY 7204</td>
<td>Physical Therapy Research IV</td>
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<td>PTHY 7307</td>
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<td>PTHY 7409</td>
<td>Clinical Reasoning and Differential Diagnosis</td>
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### Attachment 3: Course Sequence for the DPT Curriculum Beginning Fall 2012

#### YEAR ONE

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<td>PTHY 5505 Gross Anatomy</td>
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<td>PTHY 6403 Pathology</td>
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#### YEAR TWO

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<td>PTHY 7515 Neurological Rehabilitation in Pediatrics</td>
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<td>PTHY 7204 Physical Therapy Research IV</td>
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<td>PTHY 7411 Physical Rehabilitation</td>
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<td>PTHY 7520 Cardiopulmonary Principles &amp; Practice</td>
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#### YEAR THREE

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<td>PTHY 7409 Clinical Reasoning &amp; Differential Diagnosis</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>PTHY 7209 Complex Patient Management in Physical Therapy</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>PTHY 7328 Clinical Education Practicum II (8 weeks)</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PTHY xxxx Elective (optional)</td>
<td>0-3</td>
</tr>
<tr>
<td>Semester Total</td>
<td>13-16</td>
<td></td>
</tr>
<tr>
<td><strong>Spring</strong></td>
<td>PTHY 7528 Clinical Education Practicum III (10 weeks)</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>PTHY 7529 Clinical Education Practicum IV (10 weeks)</td>
<td>5</td>
</tr>
<tr>
<td>Semester Total</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td><strong>Summer</strong></td>
<td>PTHY 7530 Clinical Education Practicum V (10 weeks)</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>PTHY 7103 Outcomes Assessment in Physical Therapy</td>
<td>1</td>
</tr>
<tr>
<td>Semester Total</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

**Total Required = 123**

**Total Weeks in Clinical Education = 43**

Electives are optional.

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A course description of each physical therapy course can be found in the UCA Graduate Bulletin at [http://uca.edu/gbulletin/](http://uca.edu/gbulletin/)
Attachment 4: PhD Curriculum Plan

A preliminary Program of Study is designed with the appropriate advisor upon full admission to the PhD program. Following approval of the dissertation proposal, the candidate should finalize the program of study with the research advisor and submit to the Graduate School.

The Program of Study for the Doctor of Philosophy in Physical Therapy includes:

- Core requirements (27 credits + 12 dissertation)
- Guided electives (6 credits in area of focus)
- Cognate Electives (15 credits in area of focus) if required
- Qualifying Examination leading to Candidacy
- Proposal
- Dissertation
  - Oral defense
  - Written document submission to Graduate School

Through core courses involving complex questions and experiential solutions that integrate research and practice, students learn to interpret the implications of research findings and engage in investigations. The elective courses foster development of breadth in the area of interest. Research courses foster the development of skills in research design and statistical analysis essential for dissertation and professional scholarship. A complete description of the PhD Program of Study is described in the UCA PhD in PT Handbook (available in the PhD Coordinator’s office).
I. UNIVERSITY RIGHTS AND RESPONSIBILITIES

The Department adheres to all rights and responsibilities of students as established in the UCA Student Handbook. Students are responsible for reviewing information regarding general rules and regulations in the UCA Student Handbook found at http://uca.edu/student/student-handbook/.

A. STUDENT RIGHT TO KNOW INFORMATION: The federal government requires that certain information be provided to incoming and current university students, prospective students, parents, and current and prospective employees of the University. This information, which comes under the Student Right to Know Act, can be found in a central location on the UCA’s website. Individuals can go to the UCA website at www.uca.edu, click on “students”, and then click on “Student Right to Know.” The following information is available on this website:

1. Family Education Rights and Privacy Act,
2. available financial assistance and direct loan deferments for performed services,
3. general institutional information,
4. graduation rate information,
5. campus security report,
6. athletic program participation rates and financial support data.

B. DIRECTORY INFORMATION: Directory information consists of:

1. student’s major,
2. class level number,
3. dates of UCA attendance,
4. date and place of birth,
5. marital status,
6. permanent home address and telephone number,
7. university address and telephone,
8. degrees and awards,
9. full or part-time student status,
10. activity and sports participation.

Federal law requires the release of some information. The department may disclose, without consent, "directory" type information. Any student who does not wish the department to disclose such information must notify the department and the Office of the Registrar within 10 days of the first official day of class as outlined in the UCA Student Handbook at http://uca.edu/student/student-handbook/ (University Records).

C. FACULTY EVALUATIONS: Students evaluate faculty for instructional effectiveness. Your remarks are very important in the yearly performance evaluation of faculty. Faculty members utilize constructive evaluations to improve instructional effectiveness. All comments are read by the Chairperson and become a part of the permanent file of the faculty member. Students are expected to provide feedback in a professional and constructive manner. Inflammatory, harsh,
or unsubstantiated comments are considered unprofessional behavior and are inappropriate in a faculty evaluation.

D. INSTITUTIONAL REVIEW BOARD (IRB): Use of physical therapy students as subjects in research is under the review of the UCA Institutional Review Board. Students will receive in depth information concerning this policy in the Research Design course.

E. PROFESSIONAL LIABILITY INSURANCE: The University provides professional liability insurance to cover each student enrolled in the DPT Program for experiences that involve patient care. A copy of the current certificate of insurance is available upon request. This insurance is discussed further as it relates to clinical education later in Section F: Clinical Education of this handbook.

II. ACCREDITATION STATUS
The Doctor of Physical Therapy (DPT) program at the University of Central Arkansas is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE); 1111 North Fairfax St., Alexandria, VA 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: http://capteonline.org. Students may contact CAPTE for questions about the department’s accreditation status or to file a complaint.

III. AMERICAN PHYSICAL THERAPY ASSOCIATION
A. MEMBERSHIP IN APTA: The American Physical Therapy Association (APTA) is the professional organization for physical therapists and physical therapist assistants. The faculty strongly encourages students to join the Association at an annual cost of $80.00 for student membership. Membership applications are available in the Department of Physical Therapy office. The Association newsletter, magazine, and journal are included in the membership fee. Other resources available to APTA members include reduced conference registration and electronic resources such as PTNow and the APTA Learning Center. Publications such as the Guide to Physical Therapist Practice are available at a significantly reduced rate for APTA members. Students will have assigned readings from the Journal Physical Therapy, and the Guide to Physical Therapy Practice is required for several courses in the curriculum. Assignments that require a fee for non-members are part of some courses in the program. Additional information may be obtained at www.apta.org. Class officers and PT Club Officers are required to hold membership in the APTA throughout their tenure.

B. APTA CODE OF ETHICS: The Department expects students to adhere to the APTA Code of Ethics and Guide for Professional Conduct and the Standards of Ethical Conduct (found in Appendix 2: APTA Code of Ethics & Guide for Professional Conduct of this handbook) regardless of whether membership is held in the APTA.

C. APTA MEETINGS: The faculty strongly encourage students to attend the state and national meetings of the American Physical Therapy Association. The class schedule is arranged to allow students to attend. The APTA also sponsors a National Student Conclave annually in late October.
More discussion of these events will occur during PT Club Meetings. Students enrolled in the internship/practicum courses must seek arrangements from both the DCE and CCCE if planning to attend a meeting during working hours. Conference schedules may be accessed at www.apta.org by clicking on “events”, then “national” from the menu bar.

IV. DEPARTMENTAL POLICIES
The student has the right to make recommendations regarding departmental policy. Recommendations should be made in a professional manner and according to the organizational structure of the department. Input may be submitted to the class president, Student Advisory Committee, or the Department Chairperson. Clinical concerns should be directed to the Director of Clinical Education (DCE).

A. PROFESSIONAL ATTITUDE: Students enrolled in a professional curriculum are not merely taking courses, but are internalizing the appropriate roles within that profession. Criteria defining the minimum expectations of professional conduct and attitude are outlined in the Departmental Code of Conduct and Behavioral Expectations found in Section C, IX of this handbook.

B. CLASS OFFICERS: The Department acknowledges the students' right to elect class officers. Class officers include the President, Vice-President, Historian, and Student Liaison to the American Physical Therapy Association (APTA). Each officer is elected by the class before midterm in the first fall semester. Officers remain in position during the full three years of the program. All elected officers must be in good academic standing and maintain APTA membership throughout the program. The class president reports directly to the Department Chairperson and serves on departmental committees as directed. Some duties of the officers include: (1) assisting the faculty in the orientation of the incoming class each year, (2) maintaining the cleanliness of lecture and lab space and the student lounge area and refrigerator, (3) planning with direction from DPT Convocation Coordinator (Dr. Steve Forbush) convocation services at the end of the final semester, (4) serving the class as liaisons for alumni activities after graduation, (5) and executing other duties as assigned by the Department Chairperson.

C. PT CLUB AND CLUB OFFICERS: The PT Club officers, who must be members of the PT Club, are elected in the summer of the first year of PT school and will serve for one year. All elected officers must be in good academic standing and maintain APTA membership throughout the program. These officers include President, Vice President, Secretary, Treasurer and Social Events Coordinator. The PT Club is a volunteer organization with a one-time fee of $20.00 per member. The focus of this organization is community service and support of professional activities of all members. The primary responsibility of the PT Club officers (with help from the DPT Class Officers) is to assist the faculty in the orientation of the incoming class each year. Additional specific responsibilities are outlined in the constitution of the Physical Therapy Club. The PT Club has a faculty liaison to assist in coordination of activities and planning. The current faculty liaison for PT Club is Dr. Twala Maresh.
D. DEPARTMENTAL COMMITTEES: The faculty encourages students to be involved in departmental administration by serving as a member of a committee. Students may be elected or appointed to one of the following committees.

1. **Student Advisory Committee:** The purpose of the Student Advisory Committee is to represent the class (i.e. DPT Class of 2017) as a whole by receiving input from students and conveying information through periodic meetings with the Department Chairperson. The regular meetings are intended to provide students with an opportunity for input into the departmental assessment process as well as a chance to discuss issues and concerns associated with the academic and curriculum and clinical activities of the department.

   **Committee Structure:** The committee is comprised of four members of the class with **two being selected by the students and two being selected by the faculty.** These selections are to be made by mid-term of the first fall semester. In making these selections, the faculty attempt to select students that reflect the diversity of the class. Once the four person committee is selected, members of the committee will elect a committee chairperson.

   **Meeting Schedule:** The Chairperson of the Student Advisory Committee is responsible for scheduling at least two meetings per semester with the committee, initiating at least one meeting each semester with the Department Chairperson, and coordinating action items received or solicited by the committee from members of the class. Additionally, the Student Advisory Committee may on occasion be asked by the Department Chairperson to meet with the faculty as a whole.

2. **Academic Progress Committee:** The Academic Progress Committee oversees issues related to the progression of students through the professional curriculum. Responsibilities of the committee include (1) reviewing and approving plans for remediation made by students on academic probation; (2) monitoring academic progress of students on academic probation and recommending retention, suspension or expulsion; (3) reviewing and approving plans for remediation following a 2nd incident report [see Section C, page 10 of this handbook] made by the student/faculty advisor for professional behavior issues; (4) considering student appeals of academic, behavioral, and clinical education decisions; and (5) coordinating the review of students’ clinical skills prior to clinical education experiences. In considering any appeal, the committee adheres to due process for students as established in Section C of this Handbook and in the **UCA Student Handbook** found at [http://uca.edu/student/student-handbook/](http://uca.edu/student/student-handbook/).

   The Academic Progress Committee is comprised of four full-time faculty members, appointed by the Department Chairperson, **and the President of each DPT class in residence.** In the event that the president of a class is unavailable, then the student member will be appointed by the Department Chairperson from the Student Advisory Committee. In cases when the committee is considering an academic appeal or reviewing a student who is on academic probation, (see Academic Probation, Section C, page 2 of this handbook) the student’s advisor also will be present at the committee meeting. In cases
when the committee is considering an appeal involving clinical education policies or decisions, or if the issue(s) under consideration will impact future clinical education experiences, the Director of Clinical Education will serve as a non-voting member of the committee. If the student’s faculty advisor is a current member of the committee, then the advisor will serve in a non-voting capacity and as the student’s advisor. The Department Chair may appoint another faculty member for the meeting as necessary. Four faculty committee members and two student committee members must be present at all meetings involving official recommendations. The committee will make written recommendations to the Department Chair. The Department Chairperson will notify the involved student(s) of the committee recommendations. The Academic Progress Committee will meet during Department final exams week at the end of each semester. The committee meets also at the beginning of each semester to review students’ progress through the curriculum and as needed for the consideration of appeals. Current Committee Chair: Dr. Twala Maresh.

3. **Clinic Advisory Committee:** The Clinic Advisory Committee serves to advise faculty on clinical education policy, initiatives, and programming. Committee Structure: The committee is chaired by the Director of Clinical Education (DCE) and composed of the following members, all of whom are appointed by the DCE: two or more faculty members, three or more clinicians, and one representative from each student class. Student members are appointed by the DCE during their first fall semester and continue to serve while enrolled in the program. The committee discusses clinical education issues and makes recommendations to the DCE who will then bring these recommendations to the faculty as a whole. Meeting Schedule: The committee meets at least once per year. Meetings may be held electronically or in person. Current Committee Chair: Dr. Misty Booth.

E. **FACULTY OFFICE HOURS:** All faculty members maintain scheduled office hours and generally are available to meet with students during these times. To insure availability, students should make an appointment with a faculty member when a meeting is desired. Students may not enter faculty offices without permission.

F. **RECORDS MAINTAINED BY THE DEPARTMENT:** The Department adheres to student rights regarding access to records as published in the University Records at [http://uca.edu/student/student-handbook/](http://uca.edu/student/student-handbook/).

1. **Permanent Cumulative Personal Folder for the Department of Physical Therapy**
   This record originates with application to the DPT curriculum in the Department of Physical Therapy. Upon acceptance, the student’s record is maintained in the Department. Information contained may be released to university officials and department faculty on a need to know basis without the consent of the student. Release to agencies, institutions, and persons outside the university are made only upon the written request of the student. The personal folder is considered confidential student information and will not be available
outside of the department without the signed permission of the student. The cumulative personal folder contains the following.

a. Application for admission to the curriculum
b. Graduate Record Examination scores
c. Grade reports for each semester enrolled in the curriculum
d. Record of advisement sessions
e. Copies of recommendations completed by the Physical Therapy faculty
f. All correspondence and replies from the student or regarding the student
g. Record of conduct and/or behavioral incidents
h. Professional Behaviors and Safety Review.

2. Advisor Folder for Academic Advisement And Departmental Code of Conduct and Behavioral Expectations: This record may be maintained by the assigned faculty advisor, is considered confidential, and will not be available outside of the department without the signed permission of the student. The record may contain the following:

   a. Record of advisement sessions,
   b. Record of communications between student and advisor,
   c. Copy of yearly Professional Behaviors and Safety Review,
   d. Copy of Conduct and/or Behavioral incidents.

G. COPIES OF RECORDS: The Department will make available copies of records requested by the student for the cost of duplication.

H. PHOTO RELEASES: Photo releases are required for all pictures of students, including the posting of pictures on the department web-site and pictures used by faculty or students in educational presentations. Students will be asked to sign a photographic release during student orientation. Those who do not wish to have photographs released should not sign the release form.

I. REQUESTS FOR RECOMMENDATIONS AND INFORMATION: Requests for recommendations by students (such as those necessary for licensure and for potential employers) will be provided by the faculty only after permission is obtained from the student.

J. COMPLAINTS ABOUT THE PROGRAM: Complaints about the program may be provided to class officers, the Student Advisory Committee, the Department Chairperson, or the Dean of College of Health and Behavioral Sciences (CHBS Dean’s office; Burdick Hall 222; 501-450-3123). Complaints from individuals outside the university (prospective students, clinical education sites, employers, etc.) should be directed to the Department Chairperson. Records of complaints from individuals outside the university, and from those internal to the university (students, etc.) that are submitted in writing are kept in the office of the Department Chairperson. Complaints regarding the Department Chairperson should be submitted to the Dean. Such complaints are kept in the Dean’s office. Refer to Section B. II. For complaints to the program’s accrediting agency (CAPTE).
K. PERSONAL HEALTH INSURANCE: While in the professional DPT Program, students are required to carry personal health insurance to cover, at minimum, accident or injury. Students are responsible for costs of accidents or injuries that may occur either in class, lab, or clinical education experiences. Refer to Section F: Clinical Education in this Handbook for further information.

L. TB SKIN TEST: Students must present proof of a negative TB skin test (or clear chest X-ray) at new student orientation. Students must complete an additional TB skin test every 12 months during the professional program. It is the student’s responsibility to renew the skin test and provide a new copy to the Department prior to or at the expiration date. In order to meet clinical education requirements, students may have to complete additional skin tests within the twelve month time period (i.e. a clinical site that requires a test within 30 days of the affiliation). Refer to Section F: Clinical Education of this handbook for further information.

M. IMMUNIZATION RECORDS: By the first week of classes in the DPT Program, students will supply the Department of Physical Therapy with a copy of their complete immunization record. If new or additional immunizations are received then corresponding documentation must be submitted. Many clinical education sites, hospitals in particular, require such documentation prior to student clinical experiences. Some clinical education sites may require a variety of documentation or even titer tests regarding immunizations. Fees associated with immunizations or titer tests will be at the student’s expense.

N. CPR CERTIFICATION: Students must be CPR certified (American Heart Association, Health Care Provider course) prior to the clinical courses of the second year and the first clinical experience. This certification must be renewed as directed and must remain current through graduation. Students must provide the Director of Clinical Education a copy of their CPR card. (Refer to Section F: Clinical Education of this handbook for further information.)

O. CRIMINAL RECORDS CHECK: A Criminal Background Check (“CBC”) must be completed by each student by the end of the first Spring semester of the UCA DPT program. Specific guidelines including CBC inclusion criteria and available agencies or vendors will be provided to students by the Director of Clinical Education (“DCE”) during mandatory clinical education meetings. Students failing to comply with CBC requirements will not be allowed to attend clinical rotations. (Refer to Section F: Clinical Education of this handbook for a complete description.)
I. DEPARTMENTAL ADVISING

A. FACULTY ADVISOR: Each student will be assigned to a faculty member for advisement throughout the physical therapy program. The advisor’s role is one of academic counseling, but as personal matters frequently affect academic performance, students are encouraged to discuss any and all problems with the faculty member. Students will meet formally with their advisor with regard to their academic performance to discuss the following:

1. Development of a professional development plan within the DPT program during their first semester of the professional curriculum based on the Professional Behaviors Assessment Tool found in Appendix 8: Professional Behaviors Assessment Tool of this handbook.
2. Monitoring and revision of the professional development plan on an annual basis.
4. Evaluating grade performance to insure minimum level requirements are met prior to beginning clinical practica.
5. Establish a written plan for improving academic performance if a student’s GPA falls below the Standards for Academic Performance described in paragraph II of this Section.

B. MEETINGS: The student and faculty will meet first during student orientation and then are required to meet at least once per semester while on campus and at least once during the week of graduation. Additional meetings may be requested by the student or advisor at any time.

C. ASSIGNMENT OF ADVISOR: Students will typically have the same faculty advisor throughout the didactic portion of the curriculum. A conflict of personalities may occur since students are randomly assigned to faculty advisors. Students may petition for a change of advisors in instances where conflicts cannot be resolved. To petition for a change of an advisor, the student must ask the Chairperson, verbally or in writing to assign a new faculty advisor. The Chairperson will inform all persons involved of the change. During the full-time clinical internships, students are encouraged to seek advisement from the Director of Clinical Education (DCE) but may always contact the advisor if preferred.

D. SPECIAL NEEDS: If the student indicates special needs to maintain expected academic and behavioral standards (for example, tutoring or stress management), the student should be directed toward the appropriate area in the department, college, or university. A list of helpful resources implemented by the Department can be found in Attachment 3: Student Resources for Academic Success of this Section of the DPT Handbook.

E. ADVISOR’S ROLE REGARDING ACADEMIC DIFFICULTY: When difficulty is indicated by the faculty, the advisor will evaluate grade performance of advisees to insure minimum level requirements are met prior to beginning clinical practica.
II. STANDARDS FOR ACADEMIC PERFORMANCE

In addition to completion of required courses, students must meet established scholarship standards of the UCA Graduate School and the Department of Physical Therapy in order to complete the DPT program successfully. Academic performance standards for the UCA Graduate School may be found at http://uca.edu/gbulletin2014/general-policies-and-information/general-requirements-for-graduate-study/. Academic standards for the DPT program, which exceed those of the UCA Graduate School, are as follows:

1. Students must maintain a cumulative GPA of at least 3.0 for all course work in the DPT program.
2. Students must maintain a semester GPA of at least 3.0 for each semester in the DPT program.
3. Students must earn a grade of “C” or higher for all courses in the DPT program.
4. Students must possess a cumulative GPA of 3.0 or higher in all graduate course work in order to graduate with a DPT degree.
5. Students must possess a cumulative and a current semester GPA of 3.0 or higher for all course work within the DPT curriculum to be eligible for enrollment in the clinical education practicum courses.

III. GRADE REPORTING

Students will receive reports of mid-term grades from the department during all semesters of didactic course work. Final grades are posted online by the university in secure student accounts.

IV. ACADEMIC WARNING, PROBATION, SUSPENSION, AND READMISSION

A. ACADEMIC WARNING: At the middle and end of each academic semester, the department will send a letter to each student who is not meeting the standards for academic performance previously described in paragraph II. Students receiving this academic warning must meet with their academic advisor to discuss academic performance and devise a written plan for improvement. The plan for improvement must be approved by the student’s advisor, the Department Chair, and in the case of students on academic probation, by the Academic Progress Committee.

B. ACADEMIC PROBATION: Any student who fails to meet standards “1” and “2” of the “Standards for Academic Performance” will be placed on academic probation. In the next semester, the student must attain a cumulative and semester GPA of at least 3.0. If the cumulative and semester GPA of 3.0 are not met, the student is ineligible to continue in the DPT program. The student will be notified of probationary status by the Department Chair and Graduate Dean. The student has the responsibility for reporting probationary status to the advisor regardless of notification by the Graduate Dean or Chairperson. Students placed on academic probation must meet with their academic advisor to discuss academic performance and devise a written plan for improvement. The plan for improvement must be approved by the student’s advisor, the Department Chair, and the Academic Progress Committee. The student must meet with the Academic Progress Committee in person in order to review the plan for improvement and obtain approval of the plan. This meeting must occur by the end of the second week of the probationary semester. The Committee may
require meetings with the students as often as its members deem necessary to ensure the student is adhering to the plan.

C. ACADEMIC SUSPENSION: A student will be suspended from the DPT program if that student:
   1. Fails to restore the cumulative and semester GPA to at least a 3.0 by the end of the semester of academic probation, or
   2. Earns a grade of “D” in any course in the DPT program.
   The student will be notified of suspension status by the Department Chair.

D. READMISSION: A student who has been suspended from the DPT program may petition the Academic Progress Committee for readmission to the program. Readmission is not automatic and may only be granted once. A student petitioning for readmission to the DPT program must present the following documents to the Academic Progress Committee Chairperson prior to one of the scheduled dates for Academic Progress Committee meetings (See paragraph VI of this section) in order to be considered for readmission:
   1. Letter of request for readmission
   2. Plan for improvement, including:
      a. steps the student will take to prepare for return to the program
      b. plan for improving study habits and professional behavior as appropriate.
      c. GPA required to meet Standards for Academic Performance
   The Academic Progress Committee will meet to consider the petition for readmission. Consideration will be given to the student’s academic history, professional behaviors, and plan for improvement. The Chair of the Academic Progress Committee will communicate the decision regarding readmission to the Department Chairperson, who will notify the student. The student must accept or decline the offer of readmission in writing within five business days.

E. CONDITIONS OF READMISSION:
   In all cases of readmission, the following conditions will apply:
   1. All grades earned prior to suspension will follow the student upon readmission. Readmitted students must attain a cumulative and semester GPA of 3.0 in the first term following readmission to remain in the program.
   2. Readmitted students must repeat the academic year of the DPT program in which they were enrolled when suspended from the program.
   3. Students readmitted to the second or third year of the program must also repeat the clinical experiences within the academic year to be repeated. The DCE will select a site for the student based on availability. Program length may be extended based on availability of clinical site assignments.

V. ACADEMIC EXPULSION: A student will be expelled from the curriculum:
   1. If the student earns a grade of F in any course.
   2. If the student has been readmitted to the DPT program and earns a grade of “D” in any course.
   3. If the student earns a grade of NC (no-credit) for more than one assigned clinical experience.
SECTION C: ACADEMIC PERFORMANCE & STUDENT EXPECTATIONS

(Refer to the DPT Student Handbook, Section F, Clinical Education Practicum Grading Policy)

4. If the student has been readmitted to the DPT program and fails to achieve a 3.0 cumulative and semester GPA at the end of the first semester following readmission.

5. If the student has been readmitted to the DPT program and the cumulative or semester GPA falls below 3.0.

6. If the student is on suspension and fails to gain readmission to the DPT program.

7. If the student is found guilty of academic or professional misconduct.

VI. ACADEMIC PROGRESS COMMITTEE MEETING SCHEDULE

The Academic Progress Committee will meet during finals week at the end of each semester.

VII. GRADE APPEALS AND ACADEMIC POLICY APPEALS

The Department adheres to due process for students as established in the UCA Student Handbook at http://uca.edu/student/student-handbook/ (Academic Policies) and the UCA Graduate Bulletin at http://uca.edu/gbulletin/. University procedures for grade appeals and academic policy appeals are outlined below.

A. GRADE APPEAL: A student who wishes to appeal the final grade in a course should first seek a resolution of the issue informally with the faculty member. If an informal resolution cannot be reached, the student may appeal the grade formally, beginning with the faculty member and, if necessary, proceeding, at the request of the student or of the faculty member, through the levels of appeal listed below. At each stage of the appeal, the student must provide a written justification for the appeal and an explanation of the desired resolution; reviewers at any stage of the appeal may request appropriate additional documentation from any party to the appeal. Within the general framework of this policy, a department or college may establish its own procedures for reviewing such appeals. Any appeal concerning an assigned grade must be made within one calendar year of the time the grade was awarded.

1. Faculty member
2. Department chair
3. Dean of the college
4. Provost

B. ACADEMIC POLICY APPEALS: A graduate student is entitled to petition the Graduate Council Policy Subcommittee for relief of an unfair hardship brought about by academic regulations when warranted by special circumstances. The petition form is available from the office of the Dean of the Graduate School.

VIII. LEAVE OF ABSENCE

A student in good standing (cumulative GPA of 3.0 or better) who wishes to apply for a leave of absence from the DPT Curriculum, must submit a written request to the Department Chairperson. A student may pursue a leave of absence for situations such as illness or injury, pregnancy or severe financial
strain. Upon departmental approval, a position in the following class may be granted without requiring
the student to go through the application process provided the following conditions are met:

A. The student is in "in good standing" which includes a cooperative and professional attitude as
determined by the faculty as well as acceptable academic performance with a cumulative GPA of
3.0. Academic difficulty will not constitute an acceptable cause for a leave of absence.
B. The student submits a written request for a leave of absence to the Chairperson of the Department.
The request will clearly state the reason for the leave of absence. The Academic Progress
Committee will determine the legitimacy of the cause for the leave of absence.
C. The student submits the request in a timely manner. A student must petition and receive an answer
regarding permission to re-enter the program's next incoming class prior to the actual leave of
absence.
D. The student accepts a position in the upcoming class (if granted) prior to the start of the leave of
absence. Acceptance of the position must be submitted to the department in writing.

If the leave of absence is denied, or if the student fails to accept a position and wishes to return to the
PT program at a later time, then the student must file a formal application for the program’s next
incoming class and or subsequent class, and the student will be reviewed in competition with all other
applicants.

IX. VOLUNTARY WITHDRAWAL
The Department adheres to the university policies for withdrawal outlined in the UCA Graduate Bulletin
(http://uca.edu/gbulletin2014/general-policies-and-information/general-requirements-for-graduate-
study/). Students may withdraw from the university within dates specified in the UCA Academic
Calendar (http://uca.edu/registrar/academic-calendar/). If withdrawal occurs after the change-of-course
period, a withdrawal grade (W-Withdrawn, WP-Withdrawn Passing, or WF-Withdrawn Failing) will be
recorded for each course in which the student is currently enrolled, according to the deadlines specified
in the academic calendar and at the discretion of the course director.

X. CLINICAL SAFETY ASSESSMENT POLICY
The University of Central Arkansas, Department of Physical Therapy requires Doctor of Physical Therapy
(DPT) students to perform safely and competently in the clinical setting. Each student in the DPT
Program is provided with this Clinical Safety Assessment Policy and is responsible for being familiar with
the content of the policy. The students are assessed for clinically oriented knowledge and skills during
lab practical examinations throughout the curriculum. A safety component is included in each lab
practical. Additionally, each student is assessed regarding Professional Behaviors and safety at the end
of each semester during the faculty team meetings. If a student fails a practical examination within a
course, the course instructor will place a red flag on the student’s professional behavior assessment in
the team database system and will indicate if the failing grade was due to safety or non-safety issues.
Faculty teams will track safety issues within each semester and across the entire didactic portion of the curriculum. The faculty team will complete a team summary report at the end of each semester and will enter it into the professional behaviors database. In addition, the faculty team will also submit an Individual Student Safety Report (ISSR) (Attachment 1) if the faculty team has identified two or more safety concerns for a student within a semester, or the student has failed 2 or more lab practical examinations due to safety concerns across more than one semester. The student’s academic advisor and the Department Chair will receive a copy of the ISSR. The student’s academic advisor and the team leader will discuss the ISSR with the student, as well as discuss potential ramifications of identified safety concerns. The team summary report, along with the ISSR will provide a record of student performance related to any identified safety concerns.

At the beginning of each semester, the team leaders from the previous semester will report to the faculty, during the first faculty meeting of the semester, any specific safety or behavioral concerns identified in the team summary. During those semesters immediately preceding clinical rotations (2nd Fall prior to CE I, 2nd Summer prior to CE 2, 3rd Fall prior to CE 3) faculty teams will meet and will report any identified safety concerns to the faculty as a whole prior to the end of didactic course work for the semester. The faculty teams will review all preceding team summaries, Individual Student Safety Reports and each student’s history of professional and safety behaviors to determine whether patterns exist that may negatively impact the student’s clinical performance.

If review of the student’s performance by the faculty team reveals a pattern of safety concerns, then the student will be required to complete a Safety Remediation Plan (SRP) (Attachment 2), as recommended by the faculty team, to strengthen student awareness of safety and improve safe clinical application of knowledge and skills within identified areas of concern. Following student completion of the SRP, the faculty team leader for the team identifying the safety concerns will report to the faculty regarding the outcome of the Safety Remediation Plan. The faculty will then make a determination as to whether the student is safe to attend clinical rotations. A student for whom safety concern has been identified and a Safety Remediation Plan developed will not be allowed to begin a clinical rotation until approved by faculty majority. Completion of a safety remediation plan may impact clinical rotation start dates. A delay in the start of a rotation may result in an altered time line for clinical rotations and program completion. Clinical site placements may be changed if the Director of Clinical Education determines that any of the previously assigned sites will not be best suited to meet the needs of the student or allow specific focus on areas of identified concern.

XI. DEPARTMENTAL CODE OF CONDUCT AND BEHAVIORAL EXPECTATIONS

Part of becoming a professional is to display professional behavior. Here at the University of Central Arkansas, Department of Physical Therapy, you will have an opportunity to participate in this process. The following items pertain to examples of professional behavior, the department’s Professional Behavior Policy, and the departmental process to document exceptional behavior. **Students in the physical therapy program are expected to:**
1. Show responsibility and integrity for learning by:
   a. arriving on time and remaining for the entire time period in class, lab and clinical affiliations;
   b. demonstrating initiative and professional curiosity by being prepared for class and lab, actively participating in class and lab, and completing course assignments on time;
   c. setting priorities and correcting problems which interfere with, or potentially interfere with, academic performance;
   d. refraining from plagiarism and other dishonest acts on tests and assignments;
   e. reporting dishonest acts by other students;
   f. adhering to the American Physical Therapy Association Code of Ethics and Standards for Ethical Conduct;
   g. following the regulations of the University and the Department.
2. Show respect for, and exhibit a positive attitude through cooperation with, faculty, clinical instructors and fellow students by:
   a. speaking to others with tact and diplomacy;
   b. giving and accepting constructive criticism appropriately.
3. Communicate clearly and appropriately by exhibiting appropriate verbal and nonverbal behavior.
4. Avoid behaviors inconsistent with expectations. Examples include but are not limited to the following:
   a. repeated non-excused absences from class, laboratory sessions and clinical affiliations;
   b. academic dishonesty (cheating, plagiarism, etc);
   c. missing an exam without prior notification of the instructor;
   d. demonstrating disrespect for a student, faculty member, or patient;

XII. PROFESSIONAL BEHAVIOR POLICY
The development and display of professional behaviors is an essential part of the integration of individuals into a profession. Development and assessment of professional behaviors for students in the DPT Program at the University of Central Arkansas will occur through the following mechanisms:

A. SELF-ASSESSMENT: DPT students will complete a self-assessment using the Professional Behaviors Assessment Tool during the 1st semester of the professional curriculum. The Professional Behaviors Assessment Tool will be introduced in PTHY 6307: Professional Development I. A copy of the tool can be found in Appendix 8 of this handbook.

B. PROFESSIONAL DEVELOPMENT PLAN: Development of a professional development plan for each student within the DPT program will begin during the 1st semester of the professional curriculum based on the self-assessment described above and meetings with the faculty advisor.
C. REVIEW WITH ADVISOR: Input from faculty will be used in revision of the professional development plan. Monitoring and revisions of professional development plans will occur each semester through meetings between the student and advisor.

D. ASSESSMENT BY FACULTY: Student professional behavior will be assessed during each semester of the DPT program by faculty in all classes using the Professional Behaviors Assessment Tool. Students will be provided regular feedback regarding their professional behavior in the following ways: (1) verbal feedback from the faculty and (2) written feedback in the form of a summary report of all faculty ratings and comments at the beginning of each semester regarding behavior observed the previous semester. Students may be required to undertake remedial work prior to the clinical rotation if deficiencies in professional behavior are identified by the faculty.

E. ASSESSMENT BY CLINICAL FACULTY: Assessment of students’ professional behavior during the clinical education component of the DPT program occurs by clinical faculty using the Clinical Performance Instrument. Clinical Faculty have been provided a copy of the Professional Behaviors Assessment Tool to use as a resource when documenting students’ professional behavior.

F. EXCEPTIONAL BEHAVIOR: Exceptional student behavior, positive or negative, will be reported using the Professional Behavior Reporting Form found in Appendix 4: Professional Behaviors Reporting Form of this handbook.

G. DOCUMENTING POSITIVE BEHAVIOR: A student may be acknowledged for helping other students and for positive contributions to the class or community. Fellow students and faculty should document positive behavior by filing a Professional Behavior Reporting Form found in Appendix 4 of this handbook. The report will be submitted to the Department Chairperson, who will then forward a copy to the student and the student’s advisor. When the time comes for writing recommendations to potential employers, the faculty will have a record of academic and non-academic performance.

H. DOCUMENTING NEGATIVE BEHAVIOR: Behavior inconsistent with expectations of the Department of Physical Therapy may also be documented for the record by filing a Professional Behavior Reporting Form found in Appendix 4 of this handbook. The following outlines the procedures that will follow incidents of inappropriate behavior:

1. Filing a Professional Behavior Report: A demonstration of inappropriate behavior maybe reported either by a faculty member or by a student. A clinical instructor may report an incident to the Director of Clinical Education (DCE) who serves as course director for all clinical experiences. Behaviors reported to the DCE may be filed at the discretion of the DCE.

2. Faculty Filing Procedures: A faculty member or student observing inappropriate behavior that is of sufficient severity to warrant the filing of a report should outline the behavior on
the Professional Behavior Reporting Form. The report will be submitted to the Chairperson, who will then forward a copy to the student and the student’s advisor. If the faculty filing the report is the student’s advisor, then the Chairperson will appoint another faculty to serve as the student’s advisor. Subsequently, this report will be discussed between the student and the faculty advisor. The faculty advisor will prepare a written summary of the meeting. This summary, as well as the original report, will become part of the student’s permanent departmental file. The student will have one week to submit a short, written response to the report. This response should not argue the validity of the initial report, but should present the student’s viewpoint of the incident. The student’s response also will become part of the student’s permanent record.

3. **Second Incident:** An incident report from a second occurrence of behavior inconsistent with the behavioral expectations will be addressed by the faculty and the Academic Progress Committee. Refer to Section B of this handbook for information on the duties of this committee. To be considered a second incident the behavior must occur after the student has met with his/her advisor concerning the first incident. The faculty and the Academic Progress Committee will review the two incidents and the faculty advisor will meet with the student in question. At this time the student will have the opportunity to explain his/her behavior. The faculty advisor and the student will develop a plan of action (with written objectives and specific timelines for completion) and present it to the Department Chairperson. The Department Chairperson will review the plan and make recommendations as needed. The student has the responsibility of completing the developed plan of action. The student and their faculty advisor will meet to discuss whether or not the student successfully completed the plan of action and will report the student’s status to the Academic Progress Committee, faculty and the Department Chairperson. If the student does not meet the goals within the time frame agreed upon, then the Chairperson and faculty advisor may ask for recommendations by the faculty and the Academic Progress Committee. Corrective action may range from remediation to dismissal from the program. Documentation of all meetings, developed plans of action, and recommended corrective action will be kept in the student’s departmental file.

4. **Third Incident:** The incident report from the third occurrence of inappropriate behavior will again be addressed by the faculty and the Academic Progress Committee. To be considered a third incident, the behavior must occur after the student has completed the objectives from the second incident. The faculty and the Academic Progress Committee will review the two incidents, and the faculty advisor with the Department Chairperson will meet with the student in question. At this time the student will have the opportunity to explain his/her behavior. The faculty advisor, the student and the Chairperson will develop a plan of action (with written goals and specific timelines for completion). The faculty and the Academic Progress Committee will be advised of the objectives and timeframes for completion. The student has the responsibility of completing the developed plan of action. If it is
determined by the student’s faculty advisor, the Academic Progress Committee, the faculty and the Department Chairperson that the student failed to meet the objectives within the specified timeframe, for the third time without significant improvement toward the objectives, the student will be dismissed from the program. Documentation of all meetings, developed plans, and recommendations will be kept in the student’s departmental file.

5. **Ultimate Consequences**: In order to enroll in a Clinical Education Practicum, a student must have no recommendations for dismissal, and must be complying with any applicable plan of action. Inability to enroll may delay graduation. In addition, passing of all clinical courses requires that behavioral expectations be met. It should be noted that any single incident may be sufficient cause for a faculty member to request that the Academic Progress Committee, the faculty and the Chairperson review the incident and request dismissal from the program.

6. **Student Appeals**: Students have an opportunity to appeal decisions made by the faculty to the Dean of the College of Health and Behavioral Sciences. The appeals process will follow the procedure described in the UCA Student Handbook at [http://uca.edu/student/student-handbook/](http://uca.edu/student/student-handbook/) (see Standard of Student Conduct- Appeals).

### XIII. STUDENT EXCELLENCE AWARDS

Students from the graduating DPT class will be recognized for excellence in the areas of Service, Leadership, Clinical Skills, Research and Academics. Nominations will be sought for third year students in the final Spring semester prior to graduation with requests generated by the Publications and Public Relations Committee to faculty, students, and clinical instructors. Finalists will be selected by the Committee. Final determination of award recipients will be completed through Department Faculty agreement. Award recipients will be recognized during Physical Therapy Convocation Ceremonies held in August each year. Names of award recipients will be placed on designated plaques to be displayed in the Department of Physical Therapy. Specific criteria for each excellence award are detailed below.

**A. SERVICE EXCELLENCE, LEADERSHIP EXCELLENCE AWARDS**: The student has exceeded minimum required service activities or demonstrated exceptional professional leadership among peers. Students may be nominated by self as well as classmates or faculty. Nominated students will be requested to submit verification of service activities and hours of service.

**B. CLINICAL EXCELLENCE**: The student has consistently exceeded Clinical Instructors’ (CI) expectations as evidenced by CI comments and ratings on the CPI. The student has demonstrated excellence in all areas of clinical practice as evidenced by CI ratings on the CPI rating scale consistently exceeding expected performance levels for each rotation and/or has been recognized by a CI as exhibiting exceptional response to a specific clinical situation.

**C. RESEARCH EXCELLENCE**: The student is a co-author on one or more of the following items of
disseminated research at a regional or national level conference or meeting: an abstract, a poster, a platform presentation, publication.

D. ACADEMIC EXCELLENCE: Nominees should be those students determined to have demonstrated outstanding academic qualities. Award recipients will be determined via review of academic records.

XIV. OUTSTANDING DPT STUDENT AWARD
Students in the graduating DPT class will select a member of the class to receive the Outstanding DPT Student Award. The award is designated for a member of the class who class members feel has had the most positive influence within the class. Nominations will be sought by the faculty member responsible for coordinating the Physical Therapy Convocation Ceremony. The award recipient will be recognized during Physical Therapy Convocation Ceremonies held in August each year.
## Individual Student Safety Report (Form)

**INDIVIDUAL STUDENT SAFETY REPORT**

**Date:** __________________________

**Student:** __________________________

<table>
<thead>
<tr>
<th>Faculty Team</th>
<th>Team 1</th>
<th>Team 2</th>
<th>Team 3</th>
</tr>
</thead>
</table>

**Specific incident(s)/concern(s):**

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

**Faculty Team Recommendations:**

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

**Team Leader** ________________________  ______________________________________  **Date** ________________________

**Department Chair** ________________________  ______________________________________  **Date** ________________________

<table>
<thead>
<tr>
<th>Report reviewed with student</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Faculty Advisor signature:</td>
<td></td>
</tr>
<tr>
<td>Student signature:</td>
<td></td>
</tr>
</tbody>
</table>

**Faculty Advisor** ________________________  ______________________________________  **Date** ________________________
SAFETY REMEDIATION PLAN

Date: __________________________
Student: __________________________

Faculty Team

Team 1

Team 2

Team 3

Specific incident(s)/concern(s):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Faculty Team Recommendations:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

In order to address the above listed issues, the student will demonstrate completion of the following objectives prior to _________________(date) or by the date stated within the individual objective.

1. ______________________________________________________________________
2. ______________________________________________________________________
3. ______________________________________________________________________
4. ______________________________________________________________________
5. ______________________________________________________________________

Team Leader __________________________________ Date ______________________
Department Chair _______________________________ Date ______________________
Student __________________________________________ Date ____________________
Attachment 3: Student Resources for Academic Success

1. **Course Review Sessions:**
   In the first year of the curriculum course coordinators for Gross Anatomy and Neuroscience arrange several additional review sessions available to students. This information is shared with students in the first and second semesters.

2. **Identified Tutors:**
   Course coordinators develop a list of specific tutors that have been identified for Gross Anatomy and Neuroscience. This information is shared with students in the first and second semesters.

3. **Additional Instruction Materials:**
   Course coordinators in Gross Anatomy and Neuroscience provide students with a list of additional text books and instructional materials that are helpful and/or share from their personal library.

4. **Faculty Advisor Meetings:**
   Students are encouraged to visit routinely with their assigned faculty advisor to discuss academic progress in the curriculum, particularly in the first two semesters. Faculty advisors can share information with students about resources available in the UCA Counseling Center.

5. **UCA Counseling Center:**
   Many resources are available in the UCA Counseling Center regarding test taking strategies, test taking anxiety, stress management, stress management techniques, etc., delivered in both one-on-one sessions and/or group sessions. Student groups may invite staff from the Counseling Center as guest speakers regarding academic success, test taking, anxiety, stress management, etc.

6. **Other Resources:**
   Additional resources will be developed and implemented on an on-going basis in response to identified student need.
I. UNIVERSITY RULES AND REGULATIONS

A. Refer to the UCA Student Handbook for information regarding the following rules and regulations at http://uca.edu/student/student-handbook/ The UCA Student Handbook includes:
   1. Standards of Student Conduct
   2. Business Office Policies
   3. Student Organization Policies
   4. Student Organizations/Campus Life

B. Refer to the UCA Graduate Bulletin at http://uca.edu/gbulletin/ for information regarding the following University rules and regulations:
   1. Academic Programs & Policies
   2. Academic Regulations

II. DEPARTMENTAL RULES AND REGULATIONS

Refer to Section C of this Handbook for information regarding the following departmental rules and regulations; Standard of Academic Performance, Clinical Safety Assessment Policy, Departmental Code of Conduct and Behavioral Expectations, Professional Behavior Policy, Departmental Policies Concerning Documentation of Exceptional Behavior.

A. ATTENDANCE AND TARDINESS POLICY: Tardiness or absences without an acceptable reason (defined below) are considered unprofessional behavior and may have significant consequences.

   1. Tardiness: Tardiness is a form of absence. The student should take into account all contingencies to be on time for every scheduled class and lab session. Being late equates to being absent for at least a portion of class/lab time. Students arriving late to class/lab may, at the discretion of the instructor, be asked to leave the room and be treated as though they were absent. Excused or unexcused status will be determined at the conclusion of the class/lab after discussion of reasons for the tardiness with the instructor. (Potential consequences of the determination of an excused or unexcused absence will be determined through the penalties described later in this section.) The instructor does not need to warn the student prior to this action.

   2. Absences: Student absences must be reported to the instructor(s) of the class(es) missed as early as possible. The instructor(s) will use the department criteria to determine whether an absence is excused or unexcused and this decision will be final. Notifications after the absence has occurred will not be considered excused unless proof of unforeseen circumstances are provided. Make-up of any course requirement will not be allowed in instances which are considered unexcused (make up of course requirement for an excused absence will be up to the discretion of the instructor through description in the course syllabus).
3. **Excused Absence**: The following may be accepted as reasons for an excused absence for lab or lecture time:
   a. Death in the immediate family
   b. Absence due to a Physical Therapy Department sanctioned event (CSM, National Meeting, Student Conclave, District or State meeting, etc.)
   c. Illness of self or child, or illness of spouse causing dependency or child care issues
   d. Pre-conditioned excuse justified and permitted by the instructor of the course in absence

4. **Unexcused Absence**: Absences due to convenience, minor illness, incomplete preparation, or social obligation/conflicting appointments will always be considered unexcused absences.

5. **Penalties**: The following penalties will be imposed as part of PT Department policy for unexcused absences:

<table>
<thead>
<tr>
<th>Number of Absences</th>
<th>Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>WARNING</td>
</tr>
<tr>
<td>2</td>
<td>CLASS POINTS DEDUCTED</td>
</tr>
<tr>
<td>3</td>
<td>INCIDENT REPORT + POINTS DEDUCTED</td>
</tr>
<tr>
<td>4</td>
<td>MEET WITH ACADEMIC PROGRESS COMMITTEE AND SECOND INCIDENT REPORT</td>
</tr>
</tbody>
</table>

B. **CLASS DISRUPTION**: Class disruption is another form of absence. Students are “Absent” from the class focus if they are whispering to fellow students or sleeping in class. Writing notes or reading materials that do not pertain to the class may also disrupt the instructor and is considered unprofessional behavior. Students are expected to be present in mind and spirit as well as in body, and to demonstrate the same appropriate demeanor that would be used in a clinical environment with clients. Inappropriate remarks or questions, loud talking, coarse language or other forms of inappropriate behaviors are not acceptable. Cellphones and computers are not appropriate in class unless being utilized for the purposes of the class. Using a laptop computer to take notes is an example of utilization for purposes of the class, but using the computer to play a game or to e-mail acquaintances during class times are examples of improper use in class. Cellphones must be turned off during classes and must be stored away during exams.

C. **FIELD TRIPS**: Students are expected to attend all field trips and are expected to arrive at the off-campus site promptly. Attendance at clinical assignments is to be regular and prompt. The student who cannot avoid delay or absence should contact both the Center Coordinator for Clinical
Education (CCCE) at the Clinical site and the Director of Clinical Education (DCE) in the UCA Department of Physical Therapy.

D. **LATE INSTRUCTORS:** When waiting for instructors, notify the Department Chairperson or Course Coordinator if any lecturer has not arrived by 15 minutes after the scheduled time. In such cases, the class will be dismissed only by the Course Coordinator or Chairperson.

E. **CLASS SCHEDULES:** The DPT program consists of three full calendar years of course work (including summers) for a total of 123 credit hours. Students are enrolled in classes in the fall, spring, and summer semesters for three years and graduate after the third summer semester. Students must be available for class from 7:00 a.m. until 10:00 p.m. on Monday through Thursday and from 7:00 a.m. until 5:00 p.m. on Fridays. Occasional Friday evening, Saturday, and Sunday classes may be required. Students will not be in class all of those hours, but in any semester, classes could be held on evenings and weekends. Students will generally attend class and laboratories approximately 32 hours each week. When classes are scheduled in the morning and afternoon (as is typically the case), a minimum of 30 minutes will be scheduled mid-day for lunch. However, students will occasionally be required to attend activities during lunch which include, but are not limited to, meeting with faculty member(s), meeting with peers about class projects/assignments, PT Club meetings, DPT class meetings, mandatory Clinical Education meetings, and mandatory on-campus research forums and other professional presentations. Additionally, an orientation program is required before the first semester of study for newly incoming students (1st yr DPT). Participation in the orientation program is also expected each year of students beginning their second year of study (2nd yr DPT). That program, other classes, and clinical education experiences may occur at times outside the typical university calendar. The Department will inform students of deviations from the university calendar prior to enrollment and each subsequent fall semester. Please note that the calendar and weekly schedules are subject to change.

F. **ALTERATIONS TO CLASS SCHEDULES:** The therapist spends hours outside of the work environment keeping current and participating in the professional organization. The faculty recognizes that students have a life separate from the program and we endeavor to respect the personal commitments of each student. However, we also have an obligation to provide the best total learning experience possible. Whenever possible, students will be given specific class schedules. However, the schedule must be altered from time to time. Examples of changes in the schedule include: a visiting professional who can only meet with students at a certain time; practicing on equipment available only in a clinical facility after patient-care hours; field trips to have first-hand observation or practice; completing a seminar prior to graduation; orientation to clinical education or to the department; and attending meetings of the Arkansas Physical Therapy Association. Students will be notified of these "extra" events as soon as possible, and attendance is expected. The Department annual calendar of classes, clinical education experiences, and events may vary from the University calendar.
G. **CLOCK HOURS/CREDIT HOURS:** The Department makes every effort to adhere to overall University policy regarding the clock hour-credit hour ratio. A professional curriculum leading to eligibility to write examinations for licensure may require contact hours in excess of the usual ratio for determining credit hours. In administering such a professional curriculum, the Department may need to plan both didactic and clinical experiences which exceed the usual requirements. The student will be informed of such instances by the Chairperson at the beginning of any semester in which an exception to University policy will occur.

H. **COMPUTER USE DURING CLASS:** Computer use in the classrooms and labs is governed by each individual course director. In no case should computers be used for non-course related activities during lectures or labs.

I. **CHEATING/ACADEMIC MISCONDUCT:** Cheating or academic misconduct as defined by the UCA Student Handbook (Standards of Student Conduct) at http://uca.edu/student/student-handbook/ will not be tolerated in any form. Disciplinary action for academic misconduct is defined in the UCA Student Handbook at http://uca.edu/student/student-handbook/ (Academic Policies) and the Departmental Code of Conduct and Behavioral Expectations. A student who is found guilty of cheating will be expelled from the curriculum.

J. **DEPARTMENT ACADEMIC INTEGRITY POLICY:** The Department of Physical Therapy at the University of Central Arkansas considers academic integrity an integral characteristic and behavior of successful students and future clinicians. As independently functioning healthcare professionals, integrity and honesty are highly regarded in providing the highest quality of care. Excellence in treatment and care is dependent upon obtaining knowledge truthfully and honestly during education and all scholarly activities and endeavors. Subsequent clinical practice will inevitably reflect values gained and practiced by the individual. Clinical determinations can only be made using real knowledge gained by the practitioner. Dishonest conclusions in a clinical setting are at high risk for error and may lead to mismanagement of patient healthcare. It is essential to ensure that the students in this department achieve all program outcomes through moral and ethical avenues.

The purpose of this policy is to develop and nurture a community of academic integrity within the Department of Physical Therapy. The intent of this document is to clearly define and delineate what are considered forms of academic misconduct. The Department of Physical Therapy at the University of Central Arkansas is committed to producing excellent, autonomous professionals; therefore, the faculty, staff, and students are equally as committed to enforcing adherence to this policy. Deviation from this policy will result in sanctions as set forth in the UCA, DPT and PhD student handbooks and according to Board Policy 709 (http://uca.edu/board/files/2010/11/709.pdf).

The Department of Physical Therapy Academic Integrity Policy is meant to be used in supplement to the Professional Code of Ethics for physical therapists as outlined by the American Physical Therapy
Association. The development of this policy was a collaborative effort by students and faculty of the Department of Physical Therapy.

1. **Forms of Academic Misconduct**

   a. **Unauthorized Use of Information**: Definition: Acting dishonestly or unfairly in order to gain an advantage; to deceive or trick. Students in this program will be expected to follow all guidelines set by the course instructor for completing all quizzes, examinations, and assignments. Unless otherwise stated specifically by the instructor, all work will be done individually. Any actions in contradiction to this statement will be considered an unauthorized use of information (cheating) by this department and will not be tolerated. Examples of cheating include, but are not limited to:

      1) Copying the work or answers of another student on a quiz, examination, or assignment.
      2) Collaborating on a quiz, examination, or assignment on which the instructor did not grant permission for collaboration.
      3) Completing a quiz, examination, or assignment for another person or allowing another person to take a quiz, examination, or assignment as one’s own substitute.
      4) Acquiring unauthorized information about a quiz, examination, or assignment that would aid in preparation or performance on the task in question (this includes verbal reporting of questions given orally or by written means).
      5) Submitting any quiz, examination, or assignment as one’s own work if the submitter did not solely complete the material.
      6) Submitting the same work or portions of the same work to complete work for multiple classes without the express permission of instructors of both classes.
      7) Using course material acquired by another person, resulting in dissemination of the information, unless permitted by the instructor.
      8) Acquiring an unauthorized copy of a quiz, examination, or lab practical questions (this applies whether the copied material is in its original format or has been altered/summarized in any way).
      9) Preplanning of mechanisms for use to acquire answers during testing (this includes preprogrammed calculators and written information on body parts, articles of clothing, seating areas, cell phones, other electronic devices, or any other unauthorized means). This includes intent to use and actual use of acquired mechanisms.
     10) Any other method of receiving or creating for oneself an unearned or unauthorized advantage on any quiz, examination, or assignment. These other methods will be judged at the discretion of the department.
b. **Plagiarism:** Definition: Plagiarism is the act of using someone else’s words, phrases, concepts, or ideas without acknowledging the author or source. Students in this department will be expected to know how to properly use quotations, use citations, and paraphrase a source correctly. Plagiarism is a serious offense and will not be tolerated. Examples of plagiarism include, but are not limited to:

1) Copying and pasting text or graphic directly from the Internet and turning it in as one’s own work.
2) Copying any source word for word without proper quotation or paraphrasing documentation.
3) Using a classmate’s paper or words and submitting as one’s own.
4) Using papers on the Internet, buying papers, or using a previous student’s paper from the year(s) before as one’s own.
5) Using someone else’s words or ideas as one’s own in a discussion through online means (i.e. Blackboard).
6) Using a paper or assignment for one course and turning in the exact same paper for another course without permission of the instructor.

c. **Dissemination of Information:** Dissemination of Information may encompass dishonesty in many different forms, including distribution of written exams or practical exams verbally, on paper, or through electronic means (including email, text or social media). Examples of this kind of dishonesty include, but are not limited to:

1) Collaborating before or after a quiz, examination, or practical to develop methods of exchanging information, including sharing of practical cards and scenarios.
2) Knowingly allowing others to copy answers to work on a quiz, examination, or practical.
3) Distributing any part of an examination from an unauthorized source prior to the examination.
4) Distributing or selling any graded assignment to other students.
5) Facilitation of cheating: allowing others to use one’s information knowingly, therefore aiding others in committing academic misconduct.

d. **Research–Related Academic Misconduct:** As students in the Department of Physical Therapy, completing a research study is required in the course study plan for the degree. It is essential that students participate in ethical practices in obtaining research subjects, data collection, and reporting of data. Academic misconduct includes but is not limited to the following:

1) Falsification or intentional misrepresentation of data such as manipulating research materials, processes, analyses or results to alter the research record. This does not refer to changes in a project, growth of the project, or addition of new lines of inquiry.
2) Fabrication of data for any reason including difficulty with obtaining subjects to participate in a research study, missing or lost data, etc.
3) Failure to obtain informed consent of subjects prior to completing research data collection.

e. **Clinical Interaction Academic Misconduct:** Another critical part of the curriculum set forth by the department is patient interaction in which the student is gaining essential skills needed to function and operate as an autonomous practitioner. Adhering to moral and ethical responsibilities allows the student to create healthy habits to be carried over to actual clinical practice. Misconduct in this area includes, but is not limited to:
   1) Misrepresentation/false reporting of circumstances (i.e. illness or death in the family) to request excused absence.
   2) Failure to abide by federal HIPAA Privacy Regulations in the handling of Protected Health Information.
   3) Failure to abide by UCA Academic Integrity policies for completion of course assignments. Students attending clinical rotations are enrolled in academic courses and are expected to refrain from academic misconduct during completion of any course assignments.
   4) Falsification of records, reports, or documents associated with patient care during an assigned clinical rotation.
   5) Misrepresentation of one’s own identity or title to others. DPT students are required to identify themselves as PT students and wear identification indicating they are a UCA DPT student during any patient care encounter in clinical settings. PhD students are required to identify themselves as appropriate when representing UCA during patient care.

This academic integrity policy is to be used in accordance with, and in supplement to, that set forth by the University of Central Arkansas. The Department of Physical Therapy requires adherence to the aforementioned policy, and is committed to ensuring academic integrity within its students. Any violations to the policy warrant immediate attention and will be dealt with as stated in the UCA, DPT and PhD student handbooks and Board Policy 709 ([http://uca.edu/board/files/2010/11/709.pdf](http://uca.edu/board/files/2010/11/709.pdf)).

K. **ACADEMIC INTEGRITY DURING EXAMINATIONS:** During lecture and laboratory examinations in all courses in the Department of Physical Therapy, the following procedures will be in effect.
   1. All student personal items (back packs, cell phones, pagers, purses, etc.) will be placed at the front or sides of the room, away from the examination area.
   2. Students will only be allowed writing implements in the testing area unless otherwise instructed by the professor.
   3. No hats will be worn during the examination.
   4. No one will be allowed to leave the room during the examination period unless the test has been completed by the student and turned in to the instructor.
L. **TEXTBOOKS:** The newest edition of textbooks will be used for the courses taught within the curricula. Students should consult with faculty before purchasing, used and possibly outdated textbooks. When appropriate, faculty will correlate course requirements in order to maximize use of textbooks. Many course textbooks serve as the source for questions on the National Physical Therapy Examination (NPTE). Therefore, students are advised to keep textbooks for future reference. Faculty will utilize textbooks on exam questions and in classroom discussion regularly.

M. **PARTICIPATION IN LAB COURSEWORK:** Students are expected to participate fully in all activities in classroom, clinic or laboratory experiences. These activities include massage, traction, numerous cold and heat treatments, treatments involving the use of electrical current, exercise, stretching, mobilization, immersion in water, exposure of body parts, experience with walkers, wheelchairs, and crutches, and palpation. Students are expected to work with all other students, regardless of race, creed, color, gender, age, national or ethnic origin, sexual orientation, disability or health status which complies with pertinent Federal regulations and requirements. Additionally, students are expected to work with classmates without regard for body type or performance levels. Faculty members ensure that lab partners are rotated to allow maximal learning from the diversity of the class.

N. **DRESS CODE:** Dress in all situations should project a positive image, be appropriate to the audience and task at hand, ensure safety, and display professionalism toward patients, guests, faculty, staff and fellow students.

1. **Attire for Lecture:** Dress and appearance for classes should always be in good taste (i.e. undergarments, midriff, cleavage, gluteal clefts or folds should not be visible). Bare feet are not permitted. You may wish to dress in layers of clothing to accommodate for hot or cold temperatures characteristic of the PT Center.

2. **Attire for Lab:** No color/design restrictions exist on lab clothing, but must be in good taste. Lab clothing is required for lab at all times unless the instructor informs the student otherwise. Female students: gym/athletic shorts and a sports bra or two piece swimsuit top (must open easily and fully in the back and at the neck) and a cover such as a T-shirt or tank top that can be removed easily. Male students: short gym/athletic shorts or bathing trunks and a cover such as a T-shirt or tank top that can be removed easily.

3. **Attire for Clinic and Patient Contact on-campus:** During clinical internships and contact with patients on-campus, the student should wear the following clinic attire: UCA PT name badge, pants (not denim) and shirt with collar (not sleeveless) or solid color scrubs along with socks and shoes that are closed-toe and rubber soled. Furthermore, there should be minimal perfume/cologne, no excessive or dangly jewelry, no facial piercing(s), no visible tattoos, and no unusual hair color (i.e. blue, green, or pink, etc.). Long hair should be out of
the way during treatment procedures. Nails should be kept short. Students should check clothing fit to ensure that the midriff, underclothing, cleavage and gluteal folds or clefts will be not be exposed, particularly when performing activities (i.e. reaching, bending, and stooping). Gum chewing during treatment procedures is distracting and considered unprofessional. Students are expected to maintain professional appearance and observe this dress code during all clinical internships and patient contact on campus. If the clinical facility has a different dress code, then the student should abide by it during clinical internships.

4. **Attire for Guest Lecturer, Field Trips, Professional Meetings:** For sessions with guest lecturers, field trips and ArPTA and APTA meetings should dress in professional attire. Students may dress in business attire or clinic attire (not scrubs). This includes name badges. Note: shirts that reveal cleavage or the midriff are not considered to be professional. Students will be asked to present in a variety of courses throughout the curriculum, unless specified by the course coordinator the student should dress professionally during the presentation.

5. **Attire for Community Outings and Special Events:** Students may be asked to wear their class T-shirt or school shirt for some occasions such as New Student Orientation, PT Alumni Weekend, or community service events such as Special Olympics, etc. Students should wear appropriate clothing and shoes along with their class or school shirt that is in good taste (i.e. undergarments, midriff, cleavage, gluteal clefts or folds should not be visible).

O. **PHYSICAL THERAPY CENTER**

1. **Emergency Procedures:** Emergency procedures for the Physical Therapy Center including instructions regarding evacuation, active shooter, severe weather, power outage, bomb threat, or fire or suspicious persons/objects are provided in Appendix 7: PT Center Emergency Procedures. The Summary, provided in Appendix 7, describes procedures, evacuation routes and an emergency assembly map. Training is provided to students annually regarding the procedures.

2. **Food And Drink In Classrooms:** Eating is permitted in a limited number of classrooms utilized by the Physical Therapy Department. Eating and drinking is never permitted in the Gross Anatomy Lab. The student should gain permission from the instructor prior to bringing food or drink into the classroom or laboratory. Faculty will request that students refrain from eating or drinking in all classrooms whenever areas are left cluttered or messy. The Class President will be charged with monitoring the classrooms, labs, and lounge/refrigerator.

3. **Bulletin Boards:** Students are encouraged to bring items of interest to share with other students and faculty. An item regarding the profession of physical therapy, course content,
student curricular activities, etc. may be appropriately placed on the bulletin board in student room 217. However, students should ask a faculty member for permission to post the item. No signs should be placed on doors, walls, windows, or any other space besides approved bulletin boards.

4. **Intoxicating Beverages, Drugs and Firearms:** For information regarding the University’s Drug Free Schools and Community Policy at [http://uca.edu/student/student-handbook/](http://uca.edu/student/student-handbook/). Firearms are not permitted on University property. Refer to Section F: Clinical Education, for additional information concerning probable drug testing at clinical affiliation sites.

5. **Smoking:** UCA is a tobacco free campus. The use of tobacco and e-cigarettes is not permitted in the PT Center nor on the university campus. This applies to all students, faculty, staff, and visitors.

6. **Use of The Telephone:** A pay telephone is not currently available in the Physical Therapy Center. Please discourage personal telephone calls to the school. The student will not be called out of class to answer the phone unless it is considered an emergency. Students should turn off cellular telephones or place them in a non-ring mode during class time. Students should never attempt to make long distance telephone calls from office phones. Approved telephone calls pertaining to school business will be placed for the students. All out-of-state calls (including clinical education calls) are subject to approval by the Chairperson prior to initiating the calls. Strict adherence to this policy is expected.

7. **Bicycles:** Bicycles may never be brought into the building and parked in hallways, classrooms, laboratories, or stairwells. The Physical Plant personnel must refinish the floors frequently if items such as bicycles are brought into the building. Please know that we must report any such bicycles to University Police who will remove them from the premises. A bicycle rack for parking and locking bicycles is currently located outside the east end of the building and outside other nearby buildings.

**P. EQUIPMENT AND LABORATORIES**

1. **Department Equipment:** The office equipment (including but is not limited to the copy machine, telephones, and fax machine) is not available for student use! Graduate Assistant use of the office equipment (including telephones) is restricted to department business under direction of department faculty or staff.

2. **Linen and Supplies:** Linen and supplies (e.g. pillows, lotion) are available for class use only and never for personal use. These items should not be removed from their designated area without permission of a faculty member. Please do not take pillows, sheets, towels, gowns or any other linens and supplies out of the laboratories. Particularly, do not take these
items to the classrooms for personal use. Students should dress appropriately for class and refrain from using department linens for warmth in the lecture halls.

3. **Equipment Check-out**: Regarding the check-out and use of university equipment and resources, the UCA Board of Trustees’ policy # 413 states that students may not reserve or checkout university equipment in their own name. However, students may use university equipment or resources when previously reserved and authorized by faculty or staff. Thus, students may use university equipment or resources, on or off campus, at the discretion of and under the supervision of faculty or staff. The Department is ultimately financially responsible for university equipment and resources, except in the event that students use equipment or resources in a manner inconsistent with state institution-related purposes or are negligent in the care or use of the equipment or resources. In these circumstances, the student will be held personally and financially responsible for either the repair and/or replacement costs. Institution-related purposes of university equipment use are defined as: 1) direct and indirect support of the university’s teaching, research, and service missions; 2) support of university administrative functions; or 3) support of student and campus life activities. See Appendix 6: Loan of University Equipment Form.

4. **Incident Reports for Accidents**: Any accident to yourself or another student should be reported to a faculty member who will in turn report the incident to the Chairperson. An Incident Form will always need to be completed, and forms are available from the department secretary. Incidents which occur when the student is in the clinic should be reported to the Center Coordinator of Clinical Education (CCCE) at the facility and the Director of Clinical Education (DCE) in the Department of Physical Therapy. The DCE will then notify the Chairperson.

5. **Group Study/After Hours Study**: Group study is strongly encouraged. A cooperative attitude toward each other and toward study and learning is expected.

6. **Gross Anatomy and Neuroscience Laboratory**: This facility (connected to the west end of Doyne Health Sciences Center) is used for instruction of Gross Anatomy and Neuroscience courses. Rules governing use of the laboratory will be discussed by the course instructors on the first day of classes. The Gross Anatomy lab is accessible via card swipe access only to students enrolled in Gross Anatomy or Neuroscience courses. Entry by any other person is strictly prohibited.

7. **Use of Laboratory or Other Equipment Outside Of Class Hours**: The faculty in the Department of Physical Therapy desire that students have ample opportunities to practice competencies in all aspects of physical therapy. Class schedules each semester allow students approximately 10 to 12 hours of free time per week during the hours of 7:00 am to 6:00 pm, during which to access the PTC laboratories. The exterior doors of the PTC and the
PTC-east are open on weekdays from approximately 7:30 am to 5:00 pm. Both buildings have card-swipe locks on the exterior doors. Access to PTC laboratories is controlled by combination lock. PT students are granted access with their personal UCA ID card to the card-swipe locks and provided with a pass code which will allow entry into the PTC labs. Special concern must be given to safety when any equipment or exercise techniques are used after class and on weekends, but the following precautions must be taken.

a) Students must come in groups of at least two persons if they arrive after dark or if the practice will continue after dark.

b) Students may only practice on one another. Students can serve as a "check system" for each other thereby minimizing accidents relating to errors.

c) Students may not utilize any equipment other than equipment relating to current study or for approved research endeavors.

d) Under no circumstances is treatment to be provided for a pathological condition except for approved research endeavors or other specified occasion. In such cases, a licensed physical therapist must be available on the premises.

e) Under extreme circumstances, a student may be exempted from one or more of the rules noted above. However, the circumstances and approval must be obtained prior to exercising the exemption. Approval is granted by the responsible faculty member or by the Department Chairperson. Students failing to comply with the policy and rules noted in this statement will be charged with unauthorized occupancy of University facilities and with violation of visitation or closing hour regulations and will be disciplined as outlined in the UCA Student Handbook at http://uca.edu/student/student-handbook/ (Standards of Student Conduct).

Students should not be in the departmental space after hours except for practice for class.

Q. STUDENT MAILBOXES: An individual locked mailbox (3 1/2" x 5 1/2") and one key is provided for each student at no charge (unless the key is lost or not returned) for use while enrolled in the DPT program. The mail center, located in the west stairwell of the Physical Therapy Center, will be governed by the following policies:

1. Assignment of Mailbox Numbers & Mailbox Key: The mailbox number is assigned by department staff. The assigned mailbox remains unchanged from semester to semester while the student is enrolled in the program. Each student is issued one mailbox key for their assigned mailbox. If the key is lost, the student’s account will be charged a $20.00 replacement key fee, and a hold will be placed on the student’s account until the fee is paid. All replacement keys must be obtained from the Department of Physical Therapy. Refunds will not be available once the replacement key is issued. A $20.00 replacement key fee will be charged to students who request a new key regardless of the reason.

2. Return of Mailbox Key: Students will turn in their mailbox key when graduating or leaving the program permanently. Keys should not be turned in during breaks or clinical education practica. For graduating classes, a process for key return will be announced and scheduled
by the department prior to graduation. If the mailbox key is not returned, the student’s account will be charged a $20.00 replacement key fee, and a hold will be placed on the student’s account until the fee is paid.

3. **Use of Mailbox:** Mailboxes will be used by the Department of Physical Therapy to securely and privately deliver hardcopy materials to students. Students will use mailboxes to only receive, not send mail. Each student is responsible for checking his/her mailbox on a regular and frequent basis. All DPT students are responsible for maintaining active communication with faculty through email and mail. A student may be cited per the program’s professional behavior policy should communication not be timely.

4. **Access to Mailboxes:** Duplication of mailbox keys by students is forbidden. Lending keys to unauthorized persons for any purpose is not allowed. Only department faculty, staff, and graduate assistants are authorized to have master access to mailboxes with such access restricted to official business only.

5. **Miscellaneous:** Notices, signs, notes, and flyers may not be taped, glued or attached in any way to the mailboxes or walls surrounding the mailbox area.

R. **STUDENT LOCKERS:** Lockers are available to each student without cost. Please keep your lockers locked, and please keep all items secured. Make a habit of putting your name in all textbooks, on handouts, and all other material belonging to you. Purses and other materials should never be left unattended in classrooms, lounges, or hallways. When these items are not in your personal possession, please lock them in your locker. Note: Prior to the last day you are in classes on the UCA campus (prior to leaving for your full-time clinical experiences) all lockers must be emptied and locks removed. Periodically, locks may need to be removed for brief periods for locker maintenance. Students will be given notice to remove locks.

S. **JOURNAL ARTICLES:** The Torreyson Library has a large holding of physical therapy materials and numerous electronic databases. UCA students access electronic materials by using their Library PIN, which is an account created using your UCA ID. Instructions for creating a Library PIN are available at [http://uca.edu/library/](http://uca.edu/library/). Journals do not circulate. A current periodicals room is available in the Torreyson Library where students may copy non-circulating material. Several libraries in the Little Rock Area allow students to use their facilities, although restrictions on borrowing privileges exist. These libraries include the libraries of UAMS, UALR, and the Little Rock Public Library.

T. **INTERNET AND EMAIL ACCOUNTS:** Computer labs are available on campus for student use (see list of labs at [http://uca.edu/it/on-campus-computer-lab-locations/](http://uca.edu/it/on-campus-computer-lab-locations/)). Torreyson Library has a large computer lab on the first floor. The campus and PT Center are equipped with wireless internet service and ports in lecture halls 108 and 207 are also available for laptop computers. Utilization of the computer labs for e-mail and the Internet is free of charge but will require a student computer account through the IT Help Desk located in the Burdick Building. The Department expects students to acquire an e-mail address on a student account if the student does not have personal e-mail. The
Department will use e-mail addresses to provide information to students. In particular, each student in the class will be subscribed to a list-serve (i.e. DPT 2013) that is maintained within the department. Notifications to students regarding class meetings, schedules, or other important announcements will be sent via the list-serve. Since this list is maintained within the Department of Physical Therapy it is important to provide accurate contact information to the Department and to check email on at least a daily basis.

**U. STUDENT TRAVEL POLICY FOR REIMBURSEMENT PURPOSES:** The following guidelines should be noted in the event UCA Department of Physical Therapy funds are allocated to students for the purposes of travel:

1. Keep all receipts (request receipt that indicates $0 balance) as documentation of their expenses.
2. Airfare and hotel receipts must have the traveling student’s **name** on them.
3. Receipts must be itemized (i.e. not just credit card receipts) and include a description of what was purchased.
4. Rental car expenses are not reimbursable.
5. Each student seeking reimbursement must have their own name on the receipt with their individual portion of the expense for lodging (i.e. in the event the hotel room is shared).
6. Alcohol will not be reimbursed.
I. **UCA SUPPORT SERVICES**

Many support services are available through the University. A partial list is provided below, Please refer to the UCA Student Handbook at http://uca.edu/student/student-handbook/ for additional information on the following:

- The Counseling Center
- Torreyson Library
- Recreational Opportunities
- Computer Labs
- Career Services Center
- Financial Aid
- Disability Support Service
- Health Services
- Student Insurance

A. **CAREER SERVICES CENTER**: The Department posts currently available positions in the Physical Therapy Center student room and on the department web page. A Healthcare Career Fair is held by the Career Services office each October. This recruitment day allows students and prospective employers an opportunity to exchange information. If desired, faculty advisors and the Department Chairperson will advise and counsel students regarding placement opportunities. Students are strongly encouraged to seek advice before signing contracts obligating them to employment after graduation. The University also offers a Career Services Center that is located in Bernard Hall, Rooms 311. The Center offers career counseling and placement services and may be contacted at http://uca.edu/career/ or by phoning 450-3134.

B. **FINANCIAL AID**: The department secretaries post financial aid opportunities. Please review the bulletin board frequently for information regarding financial aid. Please use the University Financial Aid Office located in Harrin Hall, room 204; email at finaid@uca.edu; 450-3140; http://uca.edu/financialaid/ for more advice and opportunities. Students may apply for graduate assistantships by contacting the Graduate Office, LIB 328 at 450-3124, at any time. Selection usually occurs in the spring.

C. **STUDENT HEALTH SERVICES**

1. **On-campus**: The UCA Department of Student Health Services is located in the Student Health Center located south of the Christian Cafeteria, Phone 450-3136 or website at http://uca.edu/studenthealth/. The Center’s hours are 8:00 a.m. to 4:30 p.m., Monday through Friday; closed from 11:30 to 1pm for lunch. When Student Health Services is closed, a nurse is on duty for emergency calls. In emergencies the on-campus student should contact the Head Resident and off-campus students should notify the University Police. (For available services and information refer to the UCA Student Handbook at http://uca.edu/student/student-handbook/.

2. **During Clinical Experiences**: Services may be provided, but students are not covered by the clinical facility for expenses relating to accidents or illness occurring during the required clinical affiliations. Each student must assume the responsibility for the cost of treatment. Students
may enroll in the university insurance plan available each fall. (For additional information refer to Student Health Services at [http://www.uca.edu/studenthealth/](http://www.uca.edu/studenthealth/).

D. DISABILITY SUPPORT SERVICES: The Office of Disability Support Services is located in suite 212 of the Student Health Center. The University of Central Arkansas seeks to be in compliance with both the spirit and letter of the law as stated in Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (ADA), and the Americans with Disabilities Act Amendments of 2008 (ADAAA). This office's primary goal is to provide access to all programs and reasonable accommodations to qualified students. It is the responsibility of the students to notify the University of any disability or disabilities. Students who attend UCA and have a disability should register with the Support Services Office to receive accommodations. Refer to the UCA Student Handbook, visit the Disability Support Services website at [http://uca.edu/disability/](http://uca.edu/disability/) or call the Disability Support Services office at (501) 450-3613 for further information.

E. STUDENT INSURANCE: Students must carry health insurance for illness or injury that may occur in the classroom or clinic. The University of Central Arkansas has a student insurance plan. The plan, which covers both accident and illness, has been designed to offer protection for the full-time student in need of such a service. Benefits under this plan are payable in addition to benefits received from any other policy. The policy will be effective from the opening date of fall semester. The Department requires that the student provide the Department evidence of personal health insurance at orientation. See the Student Health Services website for additional information at [http://uca.edu/studenthealth/](http://uca.edu/studenthealth/)

F. THE COUNSELING CENTER: Students have access to group or individual counseling services in the UCA Counseling Center, Student Health Center, suite 327. Counseling services are free to all UCA students. Appointments may be made by calling 450-3138. The Counseling Center can provide assistance with a variety of issues including test anxiety, depression, stress management, and many others. A self-help program also is available. [http://uca.edu/counseling/](http://uca.edu/counseling/)

G. TORREYSON LIBRARY: The library is located in the center of campus, and hours of operation are posted on the Torreyson Library website, [http://uca.edu/library/](http://uca.edu/library/). The library catalog is searchable over the internet 24 hours per day. Services offered by the library include a computer lab with internet access, a special needs lab for those with disabilities, document delivery for items not owned by Torreyson, a full-time staffed reference desk, and full text article research databases.

H. CAMPUS RECREATION: UCA provides a variety of recreational facilities to its students. Charges for facilities are covered in annual student fees paid with tuition. Recreational opportunities include:

1. **HPER Center**: Indoor basketball/volleyball courts; racquetball courts; walking/running track; fitness center (aerobic equipment); weight room; pool; and men’s and women’s locker rooms with showers. (450-5712 or [http://uca.edu/campusrecreation/](http://uca.edu/campusrecreation/)
2. **Tennis Complex**: Tennis courts are located on northern end of campus. Call 450-5712 for more information.

3. **Intramural Sports Program**: From September through April each year and includes team and individual sports. Many PT classes get involved in intramural sports. For more information, contact the Intramural Sports Office in HPER 103, or call 450-5712. [http://uca.edu/campusrecreation/](http://uca.edu/campusrecreation/)

I. **COMPUTER LABS**: There are a number of computer labs around campus that are available at various times for student use. Torreyson Library has several open lab areas and a small lab is located in the PT Center Building, Room 318. A list of labs can be found at [http://uca.edu/it/on-campus-computer-lab-locations/](http://uca.edu/it/on-campus-computer-lab-locations/)

II. **UCA FOUNDATION SCHOLARSHIPS**

The UCA Foundation has many privately funded scholarships available for UCA students (view the complete list at [http://uca.edu/foundation/scholarships](http://uca.edu/foundation/scholarships)). Below is a partial list of those scholarships that would be appropriate for Physical Therapy students. The first list is appropriate to all PT students while the second and third lists are selective based on a variety of criteria. The appropriate contact is the UCA Foundation website unless other contact information is listed. Deadline for application is **March** of each year. A current brochure and applications are available on the UCA Foundation website listed above.

**A. UCA Foundation PT Student Scholarships**

1. **Joe C. Finnell Physical Therapy Scholarship**: For second or third year physical therapy students. Selection based upon need, academic performance, cooperation, and potential. Contact the Physical Therapy Department, 450-3611.

2. **Thomas M. Meadows Scholarship**: For students majoring in physical therapy with a GPA of 2.75 or above. Contact the Physical Therapy Department, 450-3611.

3. **Madeline Ann Grubbs Scholarship**: For physical therapy students in good academic standing who are entering the third year of the doctoral program. Selection based on financial need and demonstrated service/leadership/cooperation.

4. **Robert M. McLauchlin Graduate Ed. Memorial Scholarship**: For students who are United States citizens and are enrolled in a graduate program at UCA. Preference given to Arkansas residents. Selection based upon academic performance, school and community involvement, and financial need. Contact the UCA Foundation, 450-5859.

**B. UCA Foundation Minority Scholarships**

1. **Joseph Norman Manley Scholarship**: For African-American full-time students with a cumulative GPA of 2.5 or above. Consideration may be given to financial need.

2. **Marvin Bishop Memorial Scholarship**: For full-time students who are Arkansas residents with first preference given to Cherokee descendants. Requires a cumulative GPA of 2.50 or above and completion of 60 credit hours at UCA. Selection based on academic performance, financial need, and submitted essay.
C. UCA Foundation Student Scholarships, Other

1. **ALG (Arkla) Scholarship**: For children of present and former Arkansas Louisiana Gas (Arkla) employees. Selection based upon academic record and need. Contact the UCA Foundation, 450-5859.

2. **B.A. Lewis Graduate Scholarship**: For students who have sufficient credit toward a bachelor’s degree at UCA and have been accepted into the graduate school or students who have completed at least 6 graduate hours at UCA with a cumulative GPA of 3.50 or above. Selection based on academic performance and submitted essay.

3. **Big Brothers Big Sisters of Central Arkansas Scholarship**: For students who are, or have been, active participants in the Big Brothers Big Sisters of Central Arkansas program and who are in good academic standing. Consideration given to financial need.

4. **Carroll D. Jones Scholarship**: For full-time students with GPA of 2.5 of above. Selection based upon need and academic performance. Contact the UCA Foundation, 450-5859.

5. **Charles and Nadine Baum Scholarship**: For full-time entering freshmen, transfer, or non-traditional students who demonstrate financial need. Entering freshman criteria: minimum GPA of 2.75 and ACT score of 23-26 (27 or above if not receiving a UCA academic scholarship). Transfer student criteria: satisfactory completion of 30 hours from another institution and minimum GPA of 3.0. Non-tradition (age 25 or above) students: satisfactory completion of 12 hours and minimum GPA of 3.0. Contact the UCA Foundation, 450-5859.

6. **Crow/White Education Fund**: For full-time students with a minimum high school or college GPA of 2.0; financial need considered. First preference given to descendants of the John D. and Flora Boyd Crow or William C. and Mary Seay White families. Second preference given to students born in Phillips or Faulkner counties. Contact the UCA Foundation, 450-5859.

7. **Dollars for Scholars Scholarship**: For full-time students. Selection based upon need and academic performance (2.75 of above GPA). Contact the UCA Foundation, 450-5859.

8. **Donor Club Scholarship**: For full-time students. Selection based upon need and academic performance (GPA of 3.0 or above). Contact the UCA Foundation, 450-5859.

9. **Eugene and Hazel Weir Education Trust**: For full-time students with preference given to Pope County graduates. Selection based upon financial need. Contact the UCA Foundation, 450-5859.

10. **Farris W. and Ann Brandon Womack Scholarship (honoring Mary Ruth Talbot Brandon)**: For Arkansas residents from one of the following counties: Calhoun,
Cleburne, Dallas. Requires ACT of 24 or above and high school GPA of 2.75 or above; consideration may be given to financial need.

11. **Foundation General Scholarship:** For full-time students. Selection based upon need and academic performance (GPA of 2.75 or above). Contact the UCA Foundation, 450-5859.

12. **Herby Branscum Scholarship:** For full-time students from Arkansas with preference given to first-generation college students from Perry or Stone counties. Selection based upon a minimum high school GPA of 2.5, with preference given to entering freshman and students receiving no other UCA funded scholarships. Contact UCA Foundation, 450-5859.

13. **Joseph Norman Manley Scholarship:** For African-American full-time students with a cumulative GPA of 2.5 or above. Consideration may be given to financial need.


15. **Memorial Endowment Scholarship:** For full-time students. Selection based upon need and academic performance (2.75 or above GPA). Contact the UCA Foundation, 450-5859.

16. **Paul and Kimberly Moore Scholarship:** Preference given to students with financial need. Consideration may be given to First Presbyterian Church of Conway members and Conway Cradle Care participants. Contact the UCA Foundation, 450-5859.

17. **Richard Arnold / Conway Corporation Scholarship:** For full-time students who graduated from a high school in the city of Conway, Ark. (or, if home schooled, resided in the service area of Conway Corporation at the time of graduation) and have an ACT of 21 or above and high school GPA of 2.75 or above. Consideration may be given to financial need. Children of Conway Corporation Board of Directors are ineligible for consideration.

18. **Sheffield Nelson/Arkansas Community Foundation Scholarship:** For full-time students. Selection based upon need, academic performance (2.75 or above GPA) and leadership. Contact the UCA Foundation, 450-5859.

19. **Virginia Lovell Hightower Scholarship:** For full-time students. Selection based upon need and academic performance (2.75 or above GPA). Contact the UCA Foundation, 450-5859.

20. **W.E. and Irene K. Pennington Scholarship:** For full-time students with a GPA of 2.75 or above. Selection based upon need and academic performance. Contact the UCA Foundation, 450-5859.

### III. American Physical Therapy Association (APTA) Student Scholarships

A. **Mary McMillan Scholarship:** For students are within 12 months of completing all requirements for graduation from a physical therapist professional education program. The intent of the award is to recognize students who exhibit superior scholastic ability and potential for future professional contribution.
http://www.apta.org/HonorsAwards/Scholarships/McMillanScholarship/

B. **APTA Minority Scholarship**: PT Student Award: Annual award offered to minority physical therapist students by the Physical Therapy Fund supported by the Minority Scholarship Fund. This scholarship is awarded annually to physical therapy students in their final year of physical therapy education.

http://www.apta.org/HonorsandAwards/Scholarships/MinorityScholarship/

IV. **Minority Scholarships, General**

UCA provides a webpage with specific minority scholarships including African American scholarships, Hispanic/Latino American scholarships, Native American/American Indian scholarships and Asian Pacific Islander scholarships. Information about each scholarship is provided at the following link:

https://uca.edu/diversitycommunity/minority-scholarship-links/.
I. CLINICAL EDUCATION SEQUENCE AND OUTCOMES

A. DESCRIPTION: Clinical education is the portion of the student’s professional education involving practice and application of classroom knowledge and skills to on-the-job responsibilities. Clinical education is an integral part of the academic curriculum. Clinical experiences take place at affiliating clinical education sites with the help of clinical educators who volunteer their time. Clinical experiences occur both during and upon conclusion of the didactic portion of the curriculum. Students enrolled in a professional curriculum are not merely taking courses, but are internalizing the role of the professional. The core program faculty is responsible for ensuring that students demonstrate appropriate clinical and professional skills to attend clinical rotations. Special examinations may be required to ensure that a student is meeting performance criteria prior to clinical experience(s).

B. EXPERIENCES: Clinical experiences are designed to include active participation in the planning and delivery of patient care; interaction with patients, families, health care providers, and support staff; participation in administrative or research activities; preparation of written reports; and personal assessment of performance. Students are enrolled in five clinical rotations (clinical practica) during the course of the DPT program.

C. SEQUENCE: Sequencing and length of clinical experiences within the DPT curriculum is as follows:

<table>
<thead>
<tr>
<th>Clinical Practicum</th>
<th>Weeks</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>5</td>
<td>2nd Fall</td>
</tr>
<tr>
<td>II</td>
<td>8</td>
<td>3rd Fall</td>
</tr>
<tr>
<td>III</td>
<td>10</td>
<td>3rd Spring</td>
</tr>
<tr>
<td>IV</td>
<td>10</td>
<td>3rd Spring</td>
</tr>
<tr>
<td>V</td>
<td>10</td>
<td>3rd Summer</td>
</tr>
</tbody>
</table>

D. OUTCOMES: Clinical experiences are designed to allow the student to practice didactic and clinical skills in a variety of practice environments. Completion of clinical rotations in each of the required practice settings – acute, inpatient rehabilitation, outpatient – provides students with a range of opportunities to prepare them for clinical practice. Students are expected to progress from novice to entry-level performance over the course of the assigned clinical rotations. The timing and sequencing of clinical experiences has been established to promote integration of didactic learning along a progressive continuum leading to entry-level practice of clinical skills.

II. CLINICAL EDUCATION STRUCTURE

A. GLOSSARY

1. Clinical Education Site (Facility): The PT Program has contracts with approximately 200 clinical education sites located both in and outside of Arkansas. These affiliating sites provide a variety of clinical experiences in several different settings including but not limited
to acute care hospitals, rehabilitation hospitals, private clinics, public organizations, corporate facilities, nursing homes, and home health. Experiences occur in settings including inpatient, outpatient, rehab, sub-acute, acute, recuperative care, sports, pediatrics, schools, orthopedics, geriatrics, and other specialty areas. Information about clinical sites is made available to students and includes details such as patient population, staff therapists, learning experiences available, etc. The DCE considers current sites and new sites using criteria found in Attachment 1: Clinical Site Criteria Form.

2. **Director of Clinical Education (DCE):** The DCE is an individual, employed by the educational institution, whose primary concern is relating the student’s clinical education to the curriculum. The DCE plans and coordinates the individual student’s program of clinical experience, known as the clinical Practicum and clinical internship. The DCE is also responsible for communicating with and educating all Clinical Faculty in matters related to clinical education. Clinical Faculty and students are provided with contact information for the DCE and Assistant DCE to be used during clinical rotations. The DCE, in association with the academic and clinical faculty, plans, coordinates, administers, and evaluates the clinical education process. The Administrative Clinical and Services Coordinator assists the DCE with the database, clinical agreements, and student records. The DCE is Dr. Misty Booth (501-450-5543 or mbooth@uca.edu) and the Administrative Clinical and Services Coordinator is Stacey Stephens (501-450-5549 or staceys@uca.edu).

3. **Assistant Director of Clinical Education:** The Assistant DCE is responsible for making decisions related to clinical education that are urgent in nature in the event the DCE is not available for contact. The Assistant Director of Clinical Education is Dr. Twala Maresh (510-450-5598 or twalam@uca.edu).

4. **Center Coordinator of Clinical Education (CCCE):** The CCCE is an individual at each clinical education site who coordinates and arranges the clinical education for the student. Together, the CCCE and DCE coordinate student affiliations. The CCCE provides updated facility information. The CCCE also is responsible for assigning each student a Clinical Instructor(s) (CI) and assuring that appropriate supervision is available at all times for the student involved in patient care. The CCCE may also serve as a CI. The CCCE will also: provide an orientation to new students, provide a student handbook on site for students regarding policies, procedures, and etc., of the facility, serve as a resource for the student, mediate between the CI and student as needed, and provide information to students in the program about the clinical education experiences available.

5. **Clinical Instructor (CI):** The CI is a licensed physical therapist with at least one year of clinical practice who is assigned by the CCCE to be responsible for the instruction and supervision of the student(s) in the clinical education setting. The CI is to provide a quality learning experience for students in the areas of patient care, administration, and research as
determined by availability and the student objectives. The CI provides a written and oral evaluation of the student’s performance as requested by the DCE. The student also provides the clinical instructor with an evaluation whereby the student provides feedback regarding instruction and learning experiences received. A CI may supervise two students at a time, which is referred to as the 2:1 model. A student may be supervised by more than one CI in a clinical setting.

6. **Clinical Agreement**: The responsibilities of UCA, the Department of Physical Therapy, the DCE, the Facility and its staff, as well as the student, related to Clinical Education, are clearly defined in the Clinical Agreement (i.e. contract) between the SCHOOL and FACILITY. A FACILITY cannot be used unless an executed clinical agreement is on file. The responsibilities of the student will be defined in this handbook and clinical education course syllabi. The student is obligated to comply with all policies and procedures and requirements of the facility as outlined in the contract for each facility to which the student is assigned. The student is responsible for reviewing the facility’s agreement in advance of a clinical rotation at the facility.

7. **Clinic Advisory Committee**: The Clinic Advisory Committee serves to advise faculty on clinical education policy, initiatives, and programming. The committee is composed of the Director of Clinical Education (DCE), the Assistant Director of Clinical Education, the Administrative Clinical and Services Coordinator, and three clinicians appointed by the DCE, as well as one representative from each student class. Student members are appointed by the DCE during their first fall semester and continue to serve while enrolled in the program. Communication occurs either electronically through e-mail or through regular mailings, to discuss clinical education issues and provide recommendations to the DCE, who in turn takes these recommendations to the faculty as a whole.

8. **Clinical Education E-Library**: An electronic copy of pertinent documents for clinical education and clinical education sites is available for students in a Clinical Education E-Library. The materials are housed in MyUCA under Groups in a restricted membership group called “DPT Students”. Each student will need to join the group to have access to the e-library. Instructions for joining will be provided to the class at the beginning of the program.

### B. HEALTH INFORMATION MANAGEMENT

#### 1. CHART OF REQUIRED STUDENT CLEARANCES

<table>
<thead>
<tr>
<th>Required Student Clearance</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background check</strong></td>
<td>Completed by student prior to CE1; additional checks if required by clinical facility</td>
</tr>
<tr>
<td><strong>Blood borne Pathogens Training</strong></td>
<td>Years 1 and 2</td>
</tr>
<tr>
<td><strong>Child or Adult Abuse Registry Check</strong></td>
<td>Completed by student if required by clinical facility</td>
</tr>
<tr>
<td><strong>CPR Certification, Healthcare Provider</strong></td>
<td>Current during Years 2 and 3</td>
</tr>
<tr>
<td><strong>Drug Screen</strong></td>
<td>Completed by student if required by clinical facility</td>
</tr>
<tr>
<td><strong>Hepatitis B Vaccine</strong></td>
<td>Waiver required in lieu</td>
</tr>
<tr>
<td><strong>HIPAA Training</strong></td>
<td>Year 1</td>
</tr>
<tr>
<td><strong>Immunizations</strong></td>
<td>MMR (2 dose); remainder as required by clinical facility</td>
</tr>
<tr>
<td><strong>OSHA Training</strong></td>
<td>Years 1 and 2</td>
</tr>
<tr>
<td><strong>Professional Liability Insurance</strong></td>
<td>Provided by School, renewed July 1 each year</td>
</tr>
<tr>
<td><strong>Personal Health Insurance</strong></td>
<td>Current upon entrance through graduation</td>
</tr>
<tr>
<td><strong>TB Skin Test, 12 month</strong></td>
<td>Current upon entrance through graduation; updated annually or as requested by clinical facility</td>
</tr>
</tbody>
</table>

A summary sheet for each student with the dates for each of the above required student clearances will be provided to the CCCE/CI in the clinical instructor packet prior to each clinical education rotation. Copies of the above items are kept in the office of the Director of Clinical Education. Clinical sites are provided with a copy of specific documents upon request.

2. **REQUIRED RECORDS**: Students are required to maintain the following records throughout the PT Program. Each is responsible for providing and/or renewing each health record as necessary in order to comply with either the school or clinical facility’s policy.

   a. **Personal Health Insurance**: All physical therapy students must hold personal health insurance. The coverage must at minimum include accident and injury. This coverage will be required for both academic activities and clinical education activities. The requirement is a Department of Physical Therapy policy and often a Clinical Education Site policy. Many facilities require students to carry personal health insurance for emergency medical care, hospitalization and/or healthcare during the clinical experience. Proof of the policy (copy of card) needs to be submitted to DCE at the beginning of the academic program and maintained throughout the program. The student is responsible for providing updated information to the DCE in the event of any changes in coverage.

   b. **Hepatitis B Vaccine or Waiver**: Students will be educated regarding the OSHA Standard on Blood-borne Pathogens as well as information from the Centers of Disease Control (CDC) regarding universal precautions and risk factors for contracting Hepatitis B as a healthcare worker. Students are required to sign an affidavit which states that they have received the information. The student must provide evidence that the vaccination has been started, completed, or declined. A form will be provided. Information concerning the vaccination and universal precautions will be provided by the DCE. Although the Hepatitis B vaccine is not provided by the School or Facility, students are encouraged to receive the vaccine which is offered at a nominal fee by the university Student Health
c. **TB Skin Test:** Each student is responsible for submitting up-to-date documentation of TB skin testing, as well as renewing and providing proof of retesting to the Administrative Clinical and Services Coordinator. Department policy requires that students must provide documentation of a TB skin test with negative results in the last 12 months prior to beginning the program. Students must update their TB skin test annually. Students without history or proof of negative TB testing will need to complete 2 step TB testing whether an individual facility requires it or not. This requirement is due to the national concern regarding the increased incidence of TB. Proof (photocopy) of a negative skin test must be submitted to the Administrative Clinical and Services Coordinator no later than 12 months following the last test or by deadlines provided by the DCE. Some facilities may require a negative test more frequently than once a year (i.e. every three months, etc.). A TB skin test may need to be performed sooner than the traditional one-year time frame in order to meet facility requirements. Students will abide by facility policies to prepare for a clinical experience. Also, the Clinical Instructor Packet will be prepared in advance of the clinical and students may need to renew their TB skin test sooner than one year. The Clinical Education office will retain a copy of the negative test or proof of clear chest x-ray, and clinical sites will be informed of the student’s status at least one month in advance of the clinical experience.

d. **Immunization Records:** By the first week of classes in the DPT Program, students will supply the Department of Physical Therapy with a copy of their complete immunization record. If new or additional immunizations are received, then corresponding documentation should be submitted. Many clinical education sites, hospitals in particular, require such documentation prior to student clinical experiences. Some clinical education sites may require a variety of documentation or even titer tests regarding immunizations. Fees associated with immunizations or titer tests will be at the student’s expense. Students are responsible for submitting copies of vaccination records to the Administrative Clinical and Services Coordinator.

e. **Criminal Background Check(s):** A Criminal Background Check (“CBC”) must be completed by each student prior to the second Fall semester of the UCA DPT program. Specific guidelines including CBC inclusion criteria and available agencies or vendors will be provided to students by the DCE during mandatory clinical education meetings. Students failing to comply with CBC requirements will not be allowed to attend clinical rotations.

The student is responsible for the cost of the mandatory CBC, as well as any fees for additional background checks required by clinical sites. Some clinical education sites may require additional criminal record checks such as a Child Maltreatment Registry.
Check, Adult Maltreatment Registry Check, or other exclusion database checks. Each student must sign a waiver form allowing the findings of criminal records checks to be reviewed by the DCE, as well as designated personnel at clinical facilities to which the student is assigned.

Adverse findings on a Criminal Background Check may limit or prohibit a student from participation in clinical experiences depending on the offense and clinical site requirements. Any criminal record reported on a student’s CBC, as well as any additional charges or convictions occurring after the mandatory CBC will be shared with the departmental Academic Progress Committee, as well as the Center Coordinators of Clinical Education or designated clinical instructor(s) at the student’s assigned clinical sites. Results of each student’s CBC also will be available to each student’s assigned clinical sites upon request. The clinical site may refuse to accept the student after being informed of the results of the CBC as performed by the reporting agency selected by the student or a reporting agency designated by the site. If an assigned clinical site refuses to accept a student based on CBC results, the DCE will attempt to obtain another affiliation in a similar type of clinical setting for the student. However, alternate placement is not guaranteed. Inability to secure clinical placements due to adverse findings on the CBC will result in the inability of the student to successfully complete clinical education requirements within the program which will result in dismissal from the program.

Following notification of positive results on a CBC, the Academic Progress Committee will determine whether the results of the CBC are indicative of a need to disclose information to protect the safety of other students, faculty, staff and patients/clients participating in class-related activities. The Academic Progress Committee will determine with whom to share information and will forward recommendations to the Department Chair for approval prior to dissemination.

Following the initial CBC, students are responsible for informing the DCE of any additional criminal charges or convictions occurring while the student is enrolled in the UCA DPT program. Failure to disclose additional charges or convictions constitutes unprofessional behavior and will be reported to the Academic Progress Committee. Corrective action for failure to disclose additional criminal charges or convictions may range from remediation to dismissal from the program.

Individual state physical therapy licensing boards may deny, suspend, or revoke a license or may deny an individual’s request to sit for a licensure examination if an applicant has a criminal history of a felony or other serious crime. Successful completion of the UCA DPT program does not guarantee licensure, the ability to sit for a licensure examination, or employment.
f. **Maintaining Records for Clinical Education:** Students are responsible for providing documentation of each of the previously listed requirements to the Clinical Education Office. Students should have copies of these health records with them during clinical internships in the event the facility needs to view them. Students are responsible for any other requirements such as a physical, proof of chicken pox immunization (varicella), measles immunization, or other health records as requested by the facility. The Administrative Clinical and Services Coordinator will maintain records for students related to clinical education. **Students who do not provide required documentation will not be allowed to begin clinical rotations.**

The DCE may request documentation of updated, required health records and/or CPR certification before students leave for extended off-campus internships CE III, IV, and V. A deadline for materials will be announced. Such requests may be necessary to ensure continuity of clinical rotations.

3. **REQUIRED TRAINING:** Students will complete the following trainings:

   a. **OSHA Blood-borne Pathogens and Universal Precautions Training:** Students will complete training on OSHA blood-borne pathogens transmission and universal precautions. Upon completion students will sign a statement indicating they have received such training. The training will be required before the student can begin the first clinical internship. OSHA training will be completed one additional time.

   b. **HIPAA Training:** Students are expected to comply with the Health Information Portability Accountability Act of 1996. Students will complete training on HIPAA guidelines and requirements related to protecting personal health information. Upon completion students will sign a statement indicating they have received such training.

   c. **CPR Certification:** Cardiopulmonary resuscitation (CPR) certification (up-to-date within two years) is required for all PT students prior to and during all clinical internships. Students are responsible for obtaining and maintaining specified CPR certification. The certification should be by the American Heart Association (Healthcare Provider Course or equivalent, which includes 1 man, 2 man, infant, and AED training). Each student shall provide a copy of certification to the DCE by June of their 1st summer semester and is responsible for renewing certification prior to expiration. A copy of certification will be kept in the clinical education office files. The CCCE of the assigned clinical education site will be informed of each student’s status regarding CPR. Students without current CPR certification will not be allowed to attend clinical experiences. Students for whom CPR certification will expire while on a clinical rotation should make arrangements to update CPR certification prior to beginning the clinical experience.
d. **First Aid Certification:** Each student will complete First Aid Certification if it is required by the clinical site to which they are ASSIGNED for a clinical internship. Many pediatric facilities require first aid certification. Students will read about this requirement in the Clinical Site Information Form and comply with the requirement if it is necessary.

C. **RESPONSIBILITIES**

1. **SCHOOL**
   a. **Master List of Clinical Education Sites:** The Master List includes all clinical education sites with a current clinical agreement on file. The information on the list includes site name, mailing address, phone numbers and CCCE. The contact information in the master list is frequently updated. A clinical site may be removed from the list at the discretion of the clinical site or the DCE. A clinical site may be FLAGGED while administrative paperwork is in progress or INACTIVE if there has not been any communication or activity in the last three to five years. An affiliation with a clinical site may be CANCELLED by either party.

   b. **Clinical Site E-File:** An E-file maintained by the school for each clinical education site is available in the Clinical Education E-Library at MyUCA under Group titled DPT Students - access MyUCA from www.uca.edu. Important information contained in each clinical site file may include a clinical agreement (if not the standard), a Clinical Site Information Form (CSIF), clinical date commitment forms, maps/directions, housing information, special requirements, and past student evaluations of clinical experiences. The clinical education site is invited to provide any additional information that may benefit the student.

   c. **Professional Liability Insurance:** UCA provides a professional liability policy that covers each student during all clinical internship courses at no cost to the student ($2,000,000 at each occurrence and $5,000,000 aggregate). The policy is renewed by the university at the beginning of each fiscal year on the first day of July. Proof of the policy is provided to clinical sites upon request. The student should inform the DCE if one is needed. Professional liability coverage does not include personal health/medical coverage.

   d. **Name Badges:** Students are required to wear their UCA PT name badge daily during each clinical affiliation. A substitute should be made and worn in the event it is misplaced until the student is able to obtain a replacement.

   e. **Clinical Agreement Review:** Each clinical agreement must follow University Board Policy 416 (http://uca.edu/board/files/2010/11/416.pdf) regarding contract procedures. The clinical agreement with each clinical education site will be reviewed
by UCA’s General Counsel prior to university signature and then periodically and/or prior to expiration.

2. CLINICAL SITE/CCCE

The clinical education site will designate one member of the professional physical therapy staff as the CCCE and notify the school if the CCCE is replaced. The responsibilities of the CCCE are to:

a. Ensure each CI has had one year clinical experience prior to serving as a CI.
b. Provide regularly updated information about the facility. The CI will formally evaluate the student’s performance at mid-term and final.
c. Provide a student handbook for policies and procedures of the clinical site.
d. Provide an orientation to the facility for each student prior to patient care. The CI will provide appropriate supervision for each student. Students are trainees, not employees, and are not to replace facility staff.
e. Provide quality learning experiences in the areas of patient care, research, and administration.
f. Request any additional student records other than TB skin test, Hepatitis B vaccine, (such as MMR, physical exam, etc.,) from the student or DCE.
g. Provide a Clinical Site Information Form (CSIF) for their clinical education site. The CSIF provides students with detailed information about the site such as type and number of patients, work hours, housing information, and student instructions. Also, the CSIF contains contact information, directions, dress code and more. The CCCE is asked to update the CSIF every two years or when significant changes occur. Students are responsible for verifying information regarding requirements prior to the clinical rotation. UCA utilizes CSIF Web to help manage and keep track of clinical sites. Clinical sites are asked to complete the CSIF online at https://csifweb.amsapps.com. Once the CSIF is completed, all schools that have purchased CSIF Web have access to the facility’s CSIF. See Attachment 2: CSIF Web Invitation for further instructions.
h. Return the annual commitment form for student placement offers. On March 1 of each year, the DCE sends a commitment form to each clinical site. The commitment form provides the exact date of each clinical rotation for the following calendar year and a request for clinical affiliation slots that the site can provide. This allows the clinical site to indicate when they are interested in hosting a UCA physical therapy student. A list is prepared from this information and then provided to students. Clinical dates are only considered for one calendar year in advance.
i. Abide by the Family Educational Rights And Privacy Act (FERPA). Each Clinical Site will comply with the provisions of the Family Educational Rights and Privacy Act (FERPA) by agreeing not to disclose information about the student or from the student’s educational records provided by the SCHOOL, to a third party without the student’s consent. The clinical site further agrees to use student information only
for the purposes for which it is requested. The CI and CCCE agree not to discuss the student’s performance with a third party unless consent is obtained from the student.

3. CLINICAL INSTRUCTOR

a. Clinical Performance Instrument (CPI): Students are evaluated regarding applications of clinical skills and professional behaviors in the clinic using the Clinical Performance Instrument (CPI). The web-based instrument developed by the American Physical Therapy Association requires completion of a training module. Clinical instructors and students are provided with information to allow access to the web-based CPI. Information from the completed CPI or instructor’s evaluation is used to ensure the student’s readiness for practice. Instructions for accessing the web-based CPI and the one-time training are provided in Attachment 3: PT CPI Web 2.0 Instructions for a CI (APTA) and Attachment 4: PT CPI Quick Click Guide (APTA).

b. Clinical Site’s objectives: It is recommended that the CCCE and CI of each clinical education site prepare learning objectives for students to meet during their affiliation. Students will be informed of any specific site objectives during orientation at their assigned clinical education site. Not every clinical site will provide these objectives. The student will work toward meeting objectives for those sites which do utilize their own.

c. Expectations and Responsibilities for Clinical Instructors and CCCES

i. The FACILITY provides an active, stimulating environment for the student and has a staff, which practices ethically and legally, and which is committed to the principles of equal opportunity and affirmative action.

ii. The student accomplishes pre-planned objectives specified by the clinical faculty, the academic faculty, and the student.

iii. Learning experiences are designed to provide opportunities for enhancing cognitive, psychomotor, and affective skills in the areas of patient care, administration, supervision, teaching, and research.

iv. The student explores areas of special interest in addition to acquiring entry-level skills and determines compatibility with certain areas of practice and certain practice sites.

v. The FACILITY obtains growth and development through preparation for student learners and through knowledge and skills brought by the students, and determines compatibility of certain students with the FACILITY.

d. Complications During A Clinical, When a Problem Occurs: The DCE should be notified of any problems occurring during clinical the affiliation. Documentation is kept by the DCE regarding any clinical situation. Documentation will occur concerning current or
potential future problems during a clinical experience based on discussion with the DCE and the CCCE, CI, or student. If a problem arises in the clinic, the student and the CCCE or CI should first attempt to seek a solution to the problem. Either way, the DCE should be kept informed of the situation, and if necessary, will become involved in the plan of action to resolve the problem (See Attachment 5: Action Plan). The student may feel the need to discuss the problem with the DCE, due to an uncomfortable situation or problem of a delicate nature. In this case, the student and the DCE should discuss the situation first, and then determine the next plan of action. However, the DCE has a responsibility to the facility to discuss the matter with the CCCE, CI, or appropriate representative as necessary to resolve any issues related to clinical education.

e. **Student Dismissal:** The DCE or CI, with cooperation of the CCCE, may request that the student be withdrawn from the clinical education experience, or other action taken, when mutual objectives cannot be met. If a student is requesting to be withdrawn, the request should be initiated by the student through the DCE. The request will be considered and the decision will be based on the reason for the request. The CCCE and DCE will confer regarding the circumstances and outcome of any request for withdrawal or dismissal.

4. STUDENT

a. **Health Risks and Universal Precautions:** Certain health risks exist in providing physical therapy intervention, such as contracting infectious diseases, or injuring one’s self while working in the healthcare environment. Clinical education will require contact with patients in a variety of atmospheres. All students will spend time in acute care hospitals, rehabilitation centers, and outpatient clinics, and possibly in home health, skilled nursing facilities and pediatric environments. Students will be expected to follow all safety policies and procedures at all times. Each facility will provide information pertinent to their setting regarding health risks and safety. Students also will be informed and expected to follow precautions for preventing transmission of blood-borne pathogens. Minimum guidelines have been determined by the UCA PT Department to ensure safety. However, clinical sites may have additional guidelines that must be followed as well. Clinical sites also may have specific protocols for students regarding communicable diseases that they may have or contract during the clinical experience. Students receive training regarding health risks and universal precautions via OSHA training.

b. **Clinical Education Costs:** Students should be aware of the possible costs related to clinical education in addition to regular university tuition, fees, and books. Various costs may be incurred by the student such as: criminal background checks, drug screens, varicella titer, miscellaneous photocopy expenses, immunizations, CPR certification, personal health insurance, travel expenses, phone calls, housing accommodations,
postage, uniforms, lab coat, and other materials as necessary. Clinical experiences are not for pay. Some clinical sites may offer a stipend (a monetary sum to support the student’s education experience), however, any stipend provided by a clinical site is subject to change or withdrawal with or without notice. Change in the site policy regarding stipends between student assignment and start date for the rotation is not grounds for reassignment.

c. **Clinical Site E-File:** Students are responsible for reviewing the site file upon notification of placement in order to familiarize themselves with the facility and any special requirements to be completed prior to clinical rotations. Delay in meeting facility requirements may impact clinical experience start/completion dates. The clinical education E-Library is located in MyUCA Groups DPT Students and provides information about each clinical education site as well as forms and documents needed for clinical education and the DPT Program. Students will be instructed (and provided instructions) to join the group in order to access clinical education material.

d. **Clinical Experience Evaluation:** The Acadaware Portal provides a Midterm Evaluation and Final Evaluation survey for students to complete during clinical education experiences. Each student is required to evaluate each clinical experience both at midterm and final using this tool. Information obtained from the evaluations is used by the DCE for program, facility, and clinical instructor assessment and development.

e. **Clinical Education Meetings:** Meetings are scheduled periodically during the semester for dissemination of information related to clinical education. Attendance at clinical education meetings is mandatory. Tardiness or absences without an acceptable reason and proper notification are considered unprofessional behavior.

f. **Blackboard courses for Clinical Education:** Students will be enrolled in a Clinical Education on-line course via Blackboard during clinical rotations to receive policies and procedures, communicate with the DCE, receive and post assignments, be informed of important dates, and access resource information. Class meetings will be scheduled as necessary. Students should regularly check information pertaining to clinical education via Blackboard during each clinical rotation for announcements and information related to assignments.

g. **Email Communications:** The DCE will communicate with students using the student list-serve. The email feature of Blackboard may be used as well regarding clinical education issues and topics pertaining to clinical experiences when students are on clinical rotations. Students are asked to check their email routinely.

h. **Student’s Objectives:** Each student will review the learning experiences available at
assigned clinical education sites in order to prepare written objectives that will be used to guide clinical experiences for themselves and their clinical instructor(s). These objectives will be discussed by the DCE in advance so that each student can successfully prepare written objectives that will be forwarded to the Clinical Instructor. The due dates for these objectives for each clinical rotation will be set by the DCE. Students will write objectives prior to attending the clinical experience and will update these objectives at midterm of the clinical experience. Students also will self-assess and identify opportunities to practice skills during clinical experiences utilizing Attachment 6: Minimum Required Skills of Physical Therapist Graduates at Entry-level (APTA).

i. **Prior to clinical experiences students are expected to:**
   1) Read and follow all policies of the Clinical Education Section of the DPT Student Handbook.
   2) Read the UCA Clinical Agreement and Facility Agreement if applicable.
   3) Attend Clinical Education Meetings.
   4) Submit all paperwork requested by the DCE in a timely manner.
   5) Maintain current health records at all times as required by the program including providing a copy to the DCE.
   6) Inform the DCE of changes in health status, health records, last name, address, phone number, and e-mail, etc., pertinent to clinical education.
   7) Maintain professionalism with the DCE and classmates in all clinical education activities.
   8) Refer to the Clinical Education Section of the DPT Student Handbook prior to seeking help from the DCE.
   9) Seek clarification and explanation from the DCE on all policies and procedures pertaining to clinical education as needed.
   10) Research clinical education sites prior to site selection and prepare for all clinical education site selections and assignments.
   11) Utilize the process outlined in the DPT Student Handbook for special requests as a formal process.
   12) Submit any item for consideration by the DCE according to prescribed deadlines.
   13) Refrain from contacting a clinical site without approval of the DCE.
   14) Contact the assigned clinical site in advance of an assigned affiliation to discuss the upcoming affiliation.
   15) Read the state practice act for states in which the student will participate in clinical rotations.

j. **During clinical experiences students are responsible for:**
   1) Performing with high standards in accordance with the American Physical Therapy Code of Ethics and appropriate state laws.
   2) Participating in the clinical education experience utilizing a proactive approach to
opportunities for clinical learning.
3) Conforming to rules and regulations of the facility.
4) Being prompt and regular in attendance. If absent, the student will notify the CCCE and/or CI and the DCE. The student is responsible for initiating plans for make-up work. 
5) Assuming financial responsibility for any illness or injury incurred during the clinical education period. 
6) Maintaining records (i.e. TB skin test, etc.) as required by the UCA PT Department and the Clinical Facility. 
7) Respecting and maintaining confidentiality of patient records, clinical facility information, classmates, and colleagues. 
8) Providing a written evaluation of the clinical experience to the the UCA PT Department and the Facility. 
9) Presenting a professional appearance in accordance with dress code policies described in the Clinical Education Section of the DPT Student Handbook. 
10) Completing all requirements and assignments outlined in the course syllabus for each clinical experience. 
11) Informing patients of their student status during all patient encounters and being aware of the patient’s right to decline participation in clinical education. 

k. Clinic Attendance / Tardiness: Attendance by the student during the clinical experience should occur as if the student is reporting to work. A student should call the CCCE/CI as early as possible if the student cannot be at the facility for any reason or if the student will be late for any reason. (Call prior to the time that you are expected if possible). If more than one day is missed, the student is expected to make arrangements to make up the time. Repeated absences or tardiness for any reason are considered unprofessional, and the DCE should be notified. Students are not allotted any personal days during clinical rotations and should not request time off to attend to any personal matter without arranging make-up time. Students should not plan activities that would interfere with attendance on a clinical rotation. 

l. Clinic Dress Code: During clinical internships and contact with patients on-campus, the student should wear the following clinic attire: UCA PT name badge, long pants (not denim) and shirt with collar (not sleeveless) or solid color scrubs along with socks and shoes that are closed-toe and rubber soled. Furthermore, there should be minimal perfume/cologne, no excessive or dangly jewelry, no facial piercing(s), no visible tattoos, and no unusual hair color (i.e. blue, green, or pink, etc.). Long hair should be out of the way during treatment procedures. Nails should be kept short. Students should check clothing fit to ensure that the midriff, underclothing, cleavage and gluteal regions will be not be exposed, particularly when performing activities (i.e. reaching, bending, and stooping). Students are expected to maintain professional appearance and observe this
dress code during all clinical experiences and patient contact on campus. Gum chewing during treatment procedures is distracting and considered unprofessional. If the clinical facility has a more strict dress code, then the student should abide by it during clinical experiences. Clinical sites will normally inform students of the dress code of the facility. Students should maintain professional appearance and follow the facility’s dress code if one is indicated. Capri pants, shorts, open-toed shoes and t-shirts are not considered professional attire and are not allowed.

m. Abiding By Facility’s Rules And Regulations: As stated in the Clinical Agreement between the SCHOOL and the FACILITY, and in the PT Student manual, students are obligated to conform to the rules, regulations, policies, and procedures of the FACILITY at all times. Students should review any information provided on the CSIF and commitment forms prior to selecting a site. Students should review facility rules, policies, and procedures with the CI at each affiliation.

n. Legal & Ethical Questions: A student must abide by pertinent state and federal laws, even if the facility chooses to do otherwise. Such a site is not a clinical environment suitable for students. All facilities should have the "Rules and Regulations" available at the facility. Students should notify the DCE immediately if he/she identifies clinical situations in which legal or ethical questions are present or a clear violation is being observed. While state law may indicate the minimum standards of supervision, the University of Central Arkansas Physical Therapy Program abides by the American Physical Therapy Association standards of supervision, safety, and professional conduct.

o. Discontinuing/Postponing a Clinical: Students are required to follow established time frames/dates for assigned clinical practica within the DPT curriculum except in cases where illness or extenuating circumstances prevent completion. Should a student be unable to begin as scheduled or complete a clinical experience within the allotted time, postponement will be at the discretion of the DCE with input from the assigned clinical site/clinical faculty. A student needing to request alternate timing in clinical placement(s) due to medical reasons or other extenuating circumstances must submit a written request to the DCE. A student who is unable to complete the clinical education sequence as assigned is not guaranteed a specific time line for completion of clinical practica. Failure to successfully complete a clinical practicum for any reason will result in a grade of NC (see Clinical Education grading policy). If a clinical site requests removal of a student from the clinical site during the clinical practicum for reasons of safety concerns or inappropriate professional behavior, the student will receive a grade of NC.

D. CLINICAL INSTRUCTOR PRIVILEGES
   1. Library Privileges: In appreciation for the clinical opportunities provided for students in the UCA DPT program, each CI is eligible for UCA library privileges. A form is included in each
student’s packet for CIs to request UCA library privileges. Forms for CIs wishing to request library privileges should be completed and returned to the DCE via mail or fax (501) 450-5822. A request form is also provided in Attachment 7: UCA Library Privileges.

2. **In-Service Presentations:** The Director of Clinical Education or other faculty may provide in-service presentations on site at clinical education sites (when mutually convenient) for clinical instructor development.

3. **Clinical Instructor Presentations and Training:** The Department of Physical Therapy will host free clinical instructor workshops at the university periodically for clinical instructor development. Such courses will provide continuing education for those clinicians serving as clinical instructors. Additionally, the Department of Physical Therapy will host the APTA Credentialed Clinical Instructor Program each year and the Advanced Credentialed Clinical Instructor Program periodically.

### E. CLINICAL INSTRUCTOR DEVELOPMENT
- Credentialed Clinical Instructor Program (CCIP)
- Individual skill development with the DCE
- Periodic clinical education workshops hosted by School
- Resources including APTA’s CI and CCCE self assessment
- Site visits by DCE or UCA Faculty
- Informative updates and announcements about current and upcoming clinical education opportunities (continuing education, etc.)
- Updates of Central ACCE Consortium activities and programs

### III. PROCEDURE FOR ASSIGNING STUDENTS TO CLINICAL EXPERIENCES

Students will be assigned to five different clinical experiences in a variety of settings including at least one that is outside of Arkansas. Guidelines for selecting a variety of sites will be provided by the DCE. Of the final four rotations, students will complete at least one each of inpatient acute, inpatient rehabilitation and outpatient. Each clinical site is surveyed on March 1 regarding the upcoming year’s clinical rotations. The School follows up with the names of students assigned. See Attachment 8: Sample Commitment Form / Letters to Sites and time frame illustrated below:

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Site Selection Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 1</td>
<td>Sites are sent a Commitment Form with rotations available</td>
</tr>
<tr>
<td>May 1</td>
<td>School compiles a list of all possible slots committed by sites for each rotation</td>
</tr>
<tr>
<td>June 1</td>
<td>Students review site selection list, prepare ranked list of 10 choices</td>
</tr>
<tr>
<td>June – July</td>
<td>DCE assigns student based on preference list</td>
</tr>
<tr>
<td>End of July</td>
<td>DCE sends each site a letter with results of students assigned to slots except CE1</td>
</tr>
<tr>
<td>End of September</td>
<td>DCE sends each site a letter with results of students assigned including CE1</td>
</tr>
</tbody>
</table>
A. SITE SELECTION: Prior to site selection students are given a list of sites that have committed to a space for the upcoming clinical practicums (selection list). Students will meet with the DCE to discuss clinical assignments. Following the meeting, students will provide the DCE with a prepared, ranked list of their top choices or “preferences” for each clinical practicum as requested by the DCE. The number of preferences required (approximately 10) will be specified by the DCE. If the student fails to provide the DCE with a ranked list with the specified number of preferences by the deadline, then that student’s assignment may be made by the DCE. Student preferences will be considered in the selection process; however, consideration will also be given to optimizing use of available clinical sites. In the event a student does not match with a preference list selection, the DCE will assign an alternative placement with input from the student.

Students have the privilege and responsibility of researching potential clinical education sites for clinical experiences and providing their preferences to the DCE for assignment. Students should utilize information provided in site e-files available on MyUCA Groups, the Acadaware Portal, discussion with DCE, and web information, if available, to make informed decisions regarding development of preference lists. Final decisions regarding student clinical placement rest with the DCE.

1. Clinical Site Selection Meetings: Students will meet with the DCE in person, and will receive information via email, prior to each clinical assignment period. After receiving information related to the upcoming clinical site selection, the student will submit a ranked list of top preferences for each clinical rotation. The DCE will specify the number of top preferences to be provided. If a student fails to attend clinical education meetings or submit preferences during the required time period, the DCE will make the student assignments without the student’s input.

2. Required Clinical Rotation Out-of-State: Each student is required to complete at least one of the five clinical internships out-of-state. The facility must be an affiliating facility, and the student will be allowed input regarding which rotation and which clinical facility is their preference for assignment. Students may attend more than one rotation out-of-state depending on availability of clinical sites and student preference.

3. Clinical Site Information and Resources: Several methods exist for finding information about the facilities that affiliate with the UCA Department of Physical Therapy. All students are REQUIRED TO READ THE INFORMATION available about a facility before choosing that facility as a possible experience. The e-file may contain important information about housing, stipend, work hours, special requirements, and more. Each clinical education site will provide pertinent information about their facility and learning opportunities. While the e-file is regularly updated, each student is responsible for clarifying with the CCCE or Clinical Instructor that all prerequisites have been met. Failure to meet prerequisites may result in a
delayed start date and make-up of time missed for a clinical experience. Please note the following about clinical education materials:

a. Acadaware Portal – Clinical sites are listed in the Acadaware Portal along with contact information, location, type of clinical opportunities, and past student evaluations of experiences. Students can research clinical sites using the Acadaware Portal.

b. Facility/Site E-File – An electronic file for each Facility/Site can be found in MyUCA Groups. Each e-file contains student evaluations of clinical experiences, Facility Clinical Agreements, and other information provided by the clinical site. Students are responsible for reading and adhering to facility requirements listed in the e-files. Students should pay particular attention to the Clinical Site Information Form (CSIF), the current commitment form and previous student site evaluations. Failure to comply with requirements may result in the student being unable to attend a clinical rotation.

c. Clinical Site Information Form (CSIF) - The CSIF can be found in the Facility E-file. Students should review each CSIF prior to listing a site in preferences for site selection. The CSIF provides general and specific information concerning the site, the experiences available, policies, expectations, and expertise of instructors. It might also contain optional information about the facility such as maps, pictures, and/or brochures. Students should note the date of the CSIF in case the material has become out-dated. Students are responsible for reading and adhering to any requirements listed in the CSIF.

d. Commitment Forms - A Commitment Form is requested annually from each clinical education site so that the site may indicate if a clinical experience slot is available for a particular date. The DCE will add clinical slot offers to the Acadware Portal during the site selection prepare the site selection lists from the commitment forms received.

e. New clinical site information will be kept in a new/developing file until the facility officially becomes an affiliation, or until an e-file is made available for viewing on MyUCA Groups. See the DCE for any questions concerning a new/developing site.

4. Policy For Student Requests Regarding a New Clinical Site
A new site is defined as a physical therapy clinic or department with which UCA currently does not contract and which is not on the Master List. In order to complete a new contract in a timely manner and insure a safe, appropriate clinical experience for our students, the following policies govern the process of establishing new clinical sites: Requests will only be accepted by November 1 of each year for the following year’s site selection process. A student can only submit one (1) new site request at a time. If the new clinical site is not approved, the DCE will determine if another request can be submitted. All requests must be
submitted as early as possible. No late requests will be accepted. A student inquiring about a new clinical affiliation site should submit the name, location, and phone number of the facility to the DCE using the form for Establishing a New Clinical Education Site available in the MyUCA Groups Clinical Education e-file for forms. Approval of a new site request resides with the DCE and is based on but not limited to the reputation of the facility, availability, interest in future assignments, mutually agreed upon contract, and clinical instruction experience. Students may submit a request for development of a new clinical site for Clinical Rotations II, III, IV, or V. The establishment of only one new site is allowed per student.

Students are not to contact clinical sites to discuss the possibility of a rotation unless approval is obtained from the DCE. Direct or indirect (through friends or family members) contact with clinical sites or associated personnel to discuss the possibility of a rotation, without DCE knowledge and approval, violates program policy and is subject to disciplinary action.

5. Procedure For Establishing A New Clinical Site: To pursue a new clinical education site, students will submit a written request to the DCE within the required time frame with the name and address of the facility, as well as preferred rotations, using the form for Establishing a New Clinical Education Site available in the MyUCA Groups Clinical Education e-file for forms. The DCE will approve or deny the request to establish a new clinical site based upon the clinical opportunities it can provide future PT students, the type of facility, location, etc., all of which will be based on the needs of the program at that time. The process involves correspondence between the DCE, the Administrative Clinical and Services Coordinator, and the facility to complete the necessary paperwork that must be approved and signed by both parties involved. The approval process can be complicated and very time consuming, especially if legal counsel is involved. Additionally, the DCE considers criteria found in Attachment 1: Clinical Site Criteria Form when developing a new site. The student should periodically check with the DCE concerning the status of the new clinical site. The DCE may or may not have time to repeatedly contact a site concerning their intentions to affiliate or not. The student will be asked to be patient during the process. The student will be informed as soon as possible if the affiliation is not going to work for them. The student may be requested to assist in the process of inquiring about the possibility of a rotation, but should be aware that the DCE will need to approve any student action in this regard prior to the student making any contact.

6. Clinical Inquiry (about possible student slot): Students may submit a Clinical Inquiry (in writing using the Clinical Inquiry form available on the MyUCA Groups e-file of clinical education forms) to the DCE about a site that is on the Master List but has not submitted a commitment form. Students are NOT to contact a clinical site to inquire about a clinical experience. Clinical inquires are processed on a first-come, first-serve basis and are at the
discretion of the DCE. The DCE will establish a deadline for submitting inquiries and a deadline for resolution of inquiries.

7. Clinical Site Preference Lists: Clinical site preference lists are ranked lists of preferred sites for clinical placement that students provide to the DCE during the selection process to indicate sites at which they would like to experience clinical rotations. Students will be assigned to a different clinical site for each clinical rotation to provide a variety of clinical experiences and prepare the student for entry-level practice. Students should carefully consider their choices before indicating their preferences to the DCE. The DCE will suggest to students particular types of clinical experiences in order to help them achieve a variety. Each student is required to complete at least one of the five clinical internships out-of-state. Students are required to complete at least one rotation each in acute care, rehabilitation, and out-patient settings on Clinical II, III, IV, or V. Students should consider sites characteristics including geographical location, life span, and specialization based on personal and course objectives to ensure a broad overall clinical experience. The final decision for an assignment rests with the DCE and/or Department Chairperson. The student is allowed to provide input through providing preferences to the DCE, but the final assignment decision resides with the DCE.

B. CLINICAL ASSIGNMENT: Once the final clinical site assignments are made, changes by students are not allowed. The site will be notified in writing of the upcoming clinical assignment making it official. The clinical site assigned is where the student will “likely” be assigned, however circumstances may necessitate a change in site assignment by the DCE. Final authority for clinical site placement rests with the DCE and Department Chairperson. The need to make a change in an assignment of clinical site by the DCE could be based on a variety of reasons. Some examples include a special circumstance concerning a previous clinical experience, the terms and conditions of probation or suspension, or the need to focus on specific goals or special skills as determined by the DCE in conjunction with the faculty.

C. CLINICAL EDUCATION APPEALS: Students may appeal a clinical education decision by submitting a written request to the Department Chairperson. The Department Chairperson will make a decision based on the merits of the request or forward the request to the Academic Progress Committee, which is a standing committee made up of appointed PT faculty and peer-elected students.

D. SPECIAL REQUEST: A student shall follow the formal process in place for any request for exceptions to clinical education policies by submitting a Special Request. Special requests concerning clinical education must be submitted to the DCE in writing. The DCE will make a decision based on the merits of the request or forward the request to the Academic Progress Committee (APC), which is a standing committee made up of appointed PT faculty and peer-elected students.

E. CLINICAL ASSIGNMENT REQUEST FOR CHANGE: Once a student has been assigned to a clinical site,
the student will not be allowed to change his/her clinical site assignment, unless exceptional circumstances develop that warrant a change. A student wishing to request a change must prepare a written SPECIAL REQUEST for the DCE and Academic Progress Committee and submit it to the DCE. The resulting decision will be based on all the information provided. Situations like weddings, vacation, employment opportunities, and circumstances that existed before the clinical site was selected, do not warrant the DCE changing the assignment. However, special family situations, medical motivations, and other unavoidable situations will be taken into consideration upon request.

**F. CLINICAL ASSIGNMENT CANCELLATION BY SCHOOL OR SITE:** Sometimes a clinical site/facility is unable to take a student as planned due to a variety of reasons including staffing changes. In the event of cancellation by the facility, the student will be notified by the DCE. If an equitable alternative placement is available, the DCE may place the student at the alternate site and will inform the student. If no equitable site is available, the student will be required to submit alternative choices for the DCE to pursue. If approved, then the student will be assigned to the facility. In order to prepare choices, students will utilize a list of potential alternative sites which will be provided by the DCE. Students should thoughtfully choose an alternative. Students should not contact any site to inquire about possible placement. Preferences for placement will be taken into consideration, but the final decision for assignment will be made by the DCE.

**G. ACADEMIC PROBATION/ SUSPENSION:** The Standards of Academic Performance are outlined in the DPT Student Handbook concerning academic probation and suspension. A DPT student must maintain a semester grade point average of 3.0 and cumulative GPA for all required course work within the curriculum to be eligible for enrollment in the clinical education practicum courses. A student will not be allowed to begin ANY clinical experience while on academic probation or if suspended from the program.

**H. CLINICAL EDUCATION FOR A STUDENT PLACED ON ACADEMIC PROBATION:** A student will not be allowed to begin ANY clinical experience while on academic probation or if suspended from the program. Each student must achieve grades for all coursework in the second fall semester (prior to Clinical Practicum I) that equate to a semester GPA of 3.0 or greater, as well as a cumulative GPA of 3.0 or greater to be eligible to attend Clinical Practicum I. If the student should encounter academic difficulty (academic probation) that precludes participation in the Clinical Education I Practicum (CE1) at the scheduled time in the curriculum, the student will be required to follow an alternate plan for completion of the DPT program as outlined below:

i. Students unable to attend CE I due to academic probation will follow an individualized course for clinical education. CE I for those students will occur during the third fall semester if the student is no longer on academic probation. Assignment to all clinical education sites (CE I – CE V) will be made by the DCE as clinics will need to agree to alternate timing for rotations.
These students will continue in the curriculum with the exception of participation in CEI as long as their GPA meets program requirements.

iii. Academic faculty will be notified of students on academic probation in order to allow faculty to be aware of the need for increased supervision during clinical contact (patients in the classroom setting or assignments completed in the clinic).

iv. In order to provide directed opportunities for continued clinical and academic development during the second Fall semester, when the student would have gone to CEI, the student will participate in an individual learning experience under the supervision of the DCE. In addition to assignments which will be individualized to student needs, the student will perform clinical observation at a facility to be assigned by the DCE. The student will not have physical patient contact during observation hours.

v. Clinical faculty will be notified of the student’s academic history and progress prior to placement for clinical rotations and observation hours.

IV. STUDENT PREPARATION FOR CLINICAL EXPERIENCES

A. PT CPI WEB TRAINING: Each student will complete an on-line training module regarding the Physical Therapist Clinical Performance Instrument (CPI) described on page 28-29 of this handbook. The DCE will instruct students to complete the training module prior to the first clinical rotation. Each clinical instructor must also complete the training prior to utilizing the PT CPI Web. Instructions for students and clinical instructors can be found in Attachment 3: PT CPI Web 2.0 Instructions for a CI (APTA) and Attachment 4: PT CPI Quick Click Guide (APTA).

B. MINIMUM REQUIRED SKILLS OF PHYSICAL THERAPIST GRADUATES AT ENTRY-LEVEL: Each student will use the Minimum Required Skills of Physical Therapist Graduates at Entry-level to self-assess opportunities across clinical experiences. Students may utilize the information when preparing written learning objectives for specific clinical education opportunities. A copy of the document is available in Attachment 6: Minimum Required Skills of Physical Therapist Graduates at Entry-level (APTA). The DCE will inform students of any additional applications of the document required for clinical education through assignments on Blackboard.

C. LEARNING OBJECTIVES: During the clinical experience the student will be able to:

1. Develop and demonstrate professional behaviors while interacting with others utilizing good communication skills, appropriate attitude, safety, and legal/ethical guidelines consistent with an early clinical experience.
2. Perform the Clinical Performance Instrument criteria 1-18 in the designated practice area.
3. Carry out patient care and treatment programs as determined by the supervising physical therapist.
4. Identify those tests and measures and interventions related to the designated physical
therapy practice patterns accomplished during the clinical experience.
5. Comply with all policies and procedures regarding clinical education in this handbook.
6. Utilize the Clinical Performance Instrument as an accurate assessment of clinical skills performed during the clinical experience at mid-term and final.
7. Evaluate personal performance during the clinical experience.

D. HOUSING ACCOMMODATIONS: The student is responsible for contacting the facility regarding housing accommodations available before the selection process if the availability of housing is essential to the student’s assignment. Permission to contact a site where a student has not been assigned must be obtained from the DCE prior to contacting the site. A facility may indicate that housing is available in their paperwork, but situations may change, and the DCE may not be notified. Housing availability can be on a first-come, first-serve basis. It is important that the facility is notified as early as possible (generally 6 months or more prior to the rotation) if a student intends to take advantage of opportunities offered by the facility. If housing was offered and the student DOES want it, then the student is responsible for making arrangements with the facility; otherwise, the facility will not know that the student wants to use the available housing. Students may contact sites regarding housing options as soon as the student is notified of the placement, or with the permission of the DCE prior to placement. If the student plans to use the facility housing, the student is responsible for requesting facility contact information from the Administrative Clinical and Services Coordinator immediately following notification of assignment. Students should be aware that free housing may require shared accommodations.

Housing Cancellation: If housing was provided by the facility, but then canceled after the student was assigned, the student can choose to be re-assigned to another facility. The student will not be allowed to be re-assigned because housing is no longer provided by the facility if the student neglected to confirm housing availability in a timely manner or if the student originally planned to provide his/her own housing.

Housing Problems: If the student feels that the conditions of any housing provided by a facility are substandard, such as unsanitary, hazardous, etc., then the student should discuss his/her concerns with the CCCE or housing coordinator. If the problem is not resolved, then the student should contact the DCE.

E. CLINICAL INSTRUCTOR PACKET: A clinical instructor packet is sent to the facility at least four weeks prior to the clinical date, and includes information prepared by the student and DCE. Information will be requested by the DCE from the student following site assignments to prepare the clinical instructor’s packet. This information must be submitted in a timely manner according to the deadline given. The packet contains instructions for the CI, contact information for the school and student, health records verification, grading criteria for the CPI, and additional assignment instructions.
F. CONTACTING THE CLINICAL EDUCATION SITE: Once assigned to a clinical education site, the student will contact the CCCE or CI at the facility in person, by phone, or by email at least four weeks prior to the scheduled start date. At this time, the student will discuss arrangements for the first day, holidays, dress code, lunch arrangements, or any other questions about the affiliation. Upon arrival, the CCCE or CI will orient the student to the facility and policies and procedures. A policy for supervision is provided to clinical instructors and students prior to each rotation and is a part of the clinical agreement. A student SHOULD NOT contact a clinical site unless they have been assigned to the site or they receive permission from the DCE.

V. POLICIES AND PROCEDURES DURING CLINICAL EXPERIENCES

A. AFTER HOURS SITUATIONS: If a problem occurs after office hours and is urgent in nature, then the student should contact the DCE at home or by cell phone (Reminders and Contact Information list). In the event the DCE cannot be reached at home or by cell phone, then the student should contact first the Assistant DCE and then if necessary the Department Chairperson at home. Do not call the assistant DCE or department chairperson unless absolutely necessary and the situation cannot wait. Refer to Attachment 9: Reminders and Contact Sheet for pertinent phone numbers and policies.

B. AVENUE FOR EXPRESSING CONCERNS REGARDING CLINICAL EDUCATION: Clinical faculty or students with concerns regarding clinical education should bring those concerns to the attention of the DCE. Concerns regarding the DCE should be submitted to the Department Chairperson.

C. CLINICAL SUPERVISION: Student physical therapists, when participating as a part of a physical therapist professional curriculum and when acting in accordance with APTA policy and applicable state laws and regulations, are qualified to provide services only under the direction and direct supervision of the physical therapist, who is responsible for patient/client management. Direct supervision means the physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient during each visit. Direct contact is defined in the Guide to Physical Therapist Practice as all encounters with a patient/client in a 24-hour period. A licensed physical therapist must be on premises for the student to engage in patient contact. Telecommunication does not meet the requirement of direct supervision. The supervising physical therapist is responsible for ensuring that appropriate supervision is provided to meet any additional facility requirements pertaining to a specific practice setting. In addition, a description of supervision for students treating patients with Medicare can be found in Attachment 10: Implementing MDS 3.0 for PT Students (APTA) and Attachment 11: Student Supervision Chart (APTA). Each of these appendices may be updated by the APTA to reflect current Medicare policies.

D. PATIENT NOTIFICATION OF STUDENT STATUS: Students are required to identify themselves as a physical therapist student during all patient encounters. Students are required to provide a verbal notification as well as wear their UCA student name badge at all times. Students should be aware
that the patient has the right to decline care provided by a physical therapist student.

E. CLINIC WORK SCHEDULE: While at an affiliation, the student should follow the facility work schedule unless assigned different hours by the CCCE or CI. The student will not be expected to work when the facility is closed. The student will be expected to work weekends, holidays, etc., if asked to do so. Holidays should be discussed well in advance with the clinical instructor to avoid any confusion or miscommunication. The student and instructor should have a mutually agreed upon schedule established. While rotations are generally based around a forty-hour work week schedule, students should be aware that individual clinic hours vary. The student should never try to negotiate special hours with the facility before discussing his/her situation with the DCE. The DCE will determine if the situation warrants a special arrangement.

F. CONFIDENTIALITY: Students are required to uphold patient and facility confidentiality at all times during and after any clinical experience. Confidentiality also must be upheld for all written assignments such as a case report, presentation, etc. Students are prohibited from posting any patient information on any social media. Students should use discretion if posting any information related to activities in the clinic and are expected to exhibit courtesy and respect for instructors, staff and other students in any form of communication. Copies of patient’s charts, for example, are not necessary for case reports or other papers and will not be permitted. Students must comply with HIPPA (Health Insurance Portability and Accountability Act of 1996) regarding Protected Health Information.

G. STUDENT USE OF FACILITY INFORMATION: Facility materials accessed on-site should be considered proprietary. Students must obtain permission for use of any such materials outside of the facility and beyond the clinical rotation (i.e. patient protocols, patient surveys, exercise programs, etc.).

H. DRUG TESTING: Drug screening may be required either during or prior to beginning a clinical rotation. Students assigned to a clinical site which requires the verification of a negative drug screen prior to the start of a clinical experience must complete drug tests according to clinical site requirements within time frames designated by each site. Students are responsible for contacting the clinical site (CCCE or human resources personnel) to verify the type of drug screen required and making arrangements to complete the appropriate drug screen within designated time frames. Students are responsible for the cost of the drug screen unless the site provides the drug screen at no cost to the student. Information regarding facility policies is available in the facility/site e-file in the Clinical Education Library on My UCA Groups. Students should verify information when contacting the clinical site prior to a clinical rotation as facility policies are subject to change.

I. DRUG TEST, PROCEDURE FOR STUDENT FAILING: If a student tests positive after a drug test, the student’s clinical rotation will immediately be discontinued. The DCE will arrange for the student to meet with the Counseling Center at UCA in accordance with standard UCA policy. Based on the Counseling Center's professional evaluation and the Clinical Performance Evaluation submitted by
the Clinical Instructor, the department will decide the next course of action. If the student is allowed to continue in the program, before a student can return to a clinical setting to repeat or finish a clinical Practicum or experience, he or she must complete a negative drug test. Any expenses occurred are the responsibility of the student. The student may be subject to additional random tests by the same facility if the clinical is repeated at the same site. A clinical site may refuse for a student to return to the previously assigned rotation site. In the case an assigned clinical site refuses to accept a student based on drug screen results, and the department determines that the student will be allowed to return to the clinic, the DCE will attempt to obtain another affiliation in a similar type of clinical setting for the student. Depending on timing of the occurrence, as well as time needed to resolve related issues, timing of clinical placements may be affected. An altered time frame for program completion may be implemented as necessary pending departmental approval. Any appeal or grievance concerning this issue will be handled as any other student appeal by the department.

J. EMERGENCY SERVICES: Each clinical education site will orient students to policies regarding emergency services available. Clinical sites offer emergency services if necessary but are under no obligation to pay for services rendered to the student. According to the UCA Clinical Agreement, students will be responsible for any costs incurred for medical services while in a clinical facility. Students are required to maintain and provide proof of individual medical insurance coverage. Information concerning emergency services is available in the Clinical Site Information Form as well. Incidents occurring when the student is in the clinic should be reported to the CCCE and the DCE.

K. HOLIDAYS AND BREAKS: Please note that the schedule for the DPT program will require clinical experiences during some times that the university is closed. Clinical experiences will overlap some holidays and/or breaks observed by the university. Student class schedules for each semester will provide dates of classes and breaks. Students will be provided with the dates for clinical experiences for the following calendar year by midterm of the Spring Semester. (For example, by midterm of 2015 students will be given the clinical education dates for the year 2016).

L. MAKE-UP POLICY: In the event of multiple sick days, the clinical instructor and DCE will discuss requirements for make-up time. Students are allowed one sick day per rotation.

M. NAME BADGE: Each student will be responsible for wearing their UCA PT name badge daily during all clinical experiences. This is required for the professional liability coverage and the clinic dress code. The name badge will be ordered at the beginning of the program. Students must replace the name badge if it is lost or their name changes.

N. REQUIRED CLINICAL ROTATION OUT-OF-STATE: Each student is required to complete one of the five clinical experiences out-of-state. The facility must be an affiliating facility. The student may indicate which rotation and which clinical facility is their preference for assignment, but as with all clinical assignments, the final decision for placement rests with the DCE. All students are required to follow this
policy. More than one out-of-state rotation may be assigned if necessary to meet requirements for at least one rotation of acute, inpatient rehab and outpatient rotations.

O. TRAVEL: Occasionally, a student may have to travel a great distance (more than eight hours) from one clinical experience to the next; therefore, a student may need some designated travel time. The student should not ask for more than one travel day total, and if the student has already missed more than a day in the clinic, arrangements should be made ahead of time to compensate for missing a day for travel. Students should not request travel time unless the time is needed (more than eight hours travel time) to allow the student to arrive at a new location to access housing, etc., at a subsequent rotation. Students assigned to clinical sites requiring more than 8 hours travel time between the site and UCA or the next assigned site may be allowed a travel day at the end of the rotation.

P. USE OF CELL PHONES/ELECTRONIC MEDIA: During all clinical learning experiences, students are expected to exhibit courtesy and respect for instructors, staff, other students, and patients. Student use of a cell phone or electronic media for personal reasons during times of patient contact or when receiving clinical instruction constitutes unprofessional behavior. Students are expected to refrain from using cell phones and other electronic devices for personal use while on clinical rotations except at designated break times and in non-public areas. Students should refrain from accessing social media while in the clinic. Students should not post information related to patients (written or photographic) on any social media. Students are required to abide by clinical site policy pertaining to photographs.

Q. USE OF HUMAN SUBJECTS: Informed consent and confidentiality is required for use of human subjects for education purposes. Students should seek and abide by the human subjects policy and procedure for individual facilities as well the Internal Review Board (IRB) policies of the university.

VI. STUDENT PERFORMANCE EXPECTATIONS AND REQUIREMENTS

A. COURSE STRUCTURE: A quality assessment system evaluates the student’s cognitive, psychomotor, and affective behaviors while incorporating multiple sources of information to determine a student’s readiness to practice physical therapy. Sources of information may include student clinical performance evaluations, classroom performance evaluations, the student’s self-assessment, peer assessments, and patient assessments. The Director of Clinical Education (DCE) may use these sources, as provided by academic faculty, clinical faculty, students, and others, to help determine appropriate course of action concerning a student’s clinical education. While the CI evaluates the student in the clinic, the DCE is ultimately responsible for assigning the student’s final grade for the course. Discussion of the final grade should begin with the DCE.

1. Course Syllabus: Each course syllabus will define the course objectives, course requirements, grading system, grading scale, and assignments for each course in clinical education. A syllabus will be provided to the student. In addition, meetings will be held to discuss the course and requirements regarding each rotation.
2. **Course Sequence:** Students will complete five clinical practicums at various clinical education sites for a total of forty-three weeks to gather a wide variety of learning experiences and meet course objectives. Requirements for type of setting will be discussed prior to each clinical site selection. Students are required to complete one rotation in acute care, one in long-term rehabilitation, and one in an outpatient setting. One out of state rotation is required as well. Dates for clinical rotations are selected in January of the year prior. Students are discouraged from selecting clinical sites where they have been employed.

3. **Clock Hours/Credit Hours:** The Department of Physical Therapy makes every effort to adhere to UCA policies regarding the clock hour/credit hour ratio. A professional curriculum leading to eligibility to take examinations for licensure may require contact hours in excess of the usual ratio for determining credit hours. The DPT Program may include both didactic and clinical experiences that exceed the usual requirements. The student will be given a schedule each semester which reflects the hours required for each course. A student will be expected to complete each clinical based on the hours required by that facility, not based on the credit hours for the particular clinical education course. The DPT program includes 43 weeks of internship or approximately 1,720 hours.

### B. CLINICAL EDUCATION PRACTICUM GRADING POLICY

1. A DPT student must have a cumulative and semester grade point average of 3.0 or greater for all course work within the DPT curriculum to be eligible for enrollment in the clinical education practicum courses. Students may be enrolled in both a clinical practicum course and academic courses, or in consecutive clinical practicum courses, during a semester. Clinical education practica provide students with supervised clinical experiences at assigned clinical education sites where students are expected to demonstrate progressive application of clinical knowledge and skills. Students are expected to demonstrate knowledge and skills commensurate with entry level physical therapist practice by the conclusion of the final clinical practicum. Students are provided with defined performance expectations in each clinical practicum course syllabus.

2. The final grade for each clinical practicum course is determined by the Director of Clinical Education. Students enrolled in clinical practicum courses will receive a grade reflective of performance in assigned clinical settings, completion of any additional assignments indicated in course syllabi in each clinical course, and completion of supplemental assignments when deemed necessary by the DCE. Students are required to successfully complete each of the five assigned clinical practicum courses in succession. Possible grades for a clinical practicum include Progressive Enrollment (PR), No Credit (NC) and Credit (CR). Grades of PR/NC/CR will not be factored in calculations of GPA.
3. Students demonstrating satisfactory performance and adherence to program policies along the continuum of clinical experiences will be assigned a grade of PR (Progressive Enrollment) (i.e. PR will be assigned following successful completion of CE I – IV) until all courses are completed satisfactorily at which time students will receive a grade of CR (Credit) upon the successful completion of CE V. Students may be required to complete supplemental assignments during an assigned clinical site experience as deemed necessary by the DCE in order for the student to achieve required performance levels to achieve grades of PR (Progressive Enrollment) and CR (Credit). Students enrolled in the DPT program must successfully complete all clinical practicum culminating in a terminal grade of CR at the conclusion of CE V to meet program requirements for clinical education.

4. Students failing to meet expectations as specified in any clinical education course syllabus will be assigned a grade of NC (No Credit) or may be required to complete additional clinical hours at an assigned clinical site. A student receiving a grade of NC may be allowed to repeat a clinical practicum one time during the program if approved by the Academic Progress Committee. A student receiving a grade of NC for more than one assigned clinical experience will be dismissed from the DPT program.

5. Potential ramifications of failure to meet course objectives and requirements as outlined include the following:
   a. **Repeat of a Clinical Practicum:** A student receiving a grade of NC may, upon approval of the Academic Progress Committee, repeat one clinical practicum. The Academic Progress Committee will take into consideration the student’s academic and clinical performance history in conjunction with DCE recommendations to determine whether the student will be allowed to repeat the rotation. Any repeated clinical practicum must be repeated in its entirety and must be a repeat of the same type of clinical experience for which the student received the grade of NC. The student will be required to re-enroll in the course (Clinical Practicum I, II, etc...) for which the student received a grade of NC, and demonstrate successful completion of the course with achievement of a grade of PR before progressing to the next clinical practicum in the clinical education sequence or achieving a grade of CR on the final clinical experience. No guarantee for timing of placement or physical location will be provided as the placement will be dependent upon clinical site availability.

   b. **Extension of a Clinical Experience:** The DCE may determine, based on input from the clinical faculty and the student’s performance evaluation, that additional clinical time is warranted in order to provide the student opportunity to successfully meet course expectations. The DCE may arrange for a limited extension of the clinical experience (no greater than two weeks) at the same clinical or alternate clinical site. Students who have previously received a grade of NC in a clinical practicum will not be eligible for an
extension. If the student is not able to meet predetermined expectations by the conclusion of the extension, then the student will be required to repeat the clinical practicum in its entirety (at the same clinical or alternate clinical site) and Guidelines for Repeat of a Clinical Practicum described in Section F: VI. B. 5. will be employed.

6. Timing of a repeated clinical practicum or a clinical practicum extension will be implemented to allow the student to continue other DPT coursework without interruption, but may require alternate timing of subsequent clinical placements. Clinical placements will be assigned at the discretion of the DCE in coordination with clinical facilities. Timing of subsequent clinical placements will depend on availability of sites (no guarantee for time or location). Students repeating a clinical rotation will not be given preference for placement over students following the usual sequence of placements.

7. Failure to complete all clinical courses within the established schedule may result in delay of degree posting following completion of the DPT program. Most state licensing boards (including Arkansas) require a transcript with the degree posted prior to issuing a physical therapy license. Students meeting course requirements after deadlines for degree posting within a semester may not have their degree posted until the end of the subsequent semester (i.e. students who meet requirements after deadlines for August posting may not have degrees posted until December).

8. Students will be assigned a grade for each clinical practicum that is indicative of performance according to the following applications within the DPT curriculum:

a. **PR (Progressive Enrollment):** Designates that a student is satisfactorily progressing and is meeting expectations to allow continued enrollment in clinical practica in the DPT program; Students must achieve a grade of PR for each clinical practicum to be eligible for enrollment in the next clinical practicum within the required sequence.

b. **NC (No Credit):** Designates unsuccessful completion of an assigned clinical practicum; Students receiving this grade will not receive credit for the course. Students failing to meet performance expectations at any point in the required clinical education sequence will receive a grade of NC.

c. **CR (Credit):** Designates successful completion of all clinical practica (Clinical Education Practica I-V); Students will be awarded this grade at the completion of CE V following successful completion of each of the assigned clinical practica in succession. Students must achieve a grade of CR on the final clinical practicum to fulfill clinical education requirements in the DPT program.

C. **PHYSICAL THERAPIST CLINICAL PERFORMANCE INSTRUMENT (CPI):** The APTA’s Clinical Performance Instrument (CPI) (June 2006) describes the skills a newly graduated physical therapist needs in order to engage in safe and effective clinical practice. Eighteen performance criteria are
evaluated to determine the student’s level of preparedness for clinical practice. The CPI includes
instructions for use, a glossary, and appendices with examples. It is a tool designed and tested by
the American Physical Therapy Association. The student and clinical faculty will use the CPI to assess
performance in the clinic. Information concerning the purpose of the CPI and how to use it before,
during, and after the clinical experience will be discussed by the DCE and described in each course
syllabus.

1. PT CPI Web: The web-based version of the CPI will be made available by the DCE to each CI
and student prior to the clinical assignment. The completed CPI will be submitted
electronically by both the student and the CI via PT CPI Web at final of the first clinical
rotation and at both mid-term and final of rotations II-V. See Attachment 3: PT CPI Web 2.0
Instructions for a CI (APTA) and Attachment 4: PT CPI Quick Click Guide (APTA) for
information regarding training for the PT CPI Web.

2. Grading using the CPI: A student’s performance during a course in clinical education will be
assessed/measured by the clinical instructor using the CPI at mid-term and final of each
affiliation. The student will be responsible for completing other assignments outlined in
course syllabi. A grade will then be assigned by the DCE based upon the grading system
defined in the corresponding syllabus. Specific deadlines will be given for the date of
submission. Prompt completion of paperwork is important in order to assess the student’s
performance and record the student's grades for that course according to university
deadlines.

3. Student Self-Assessment: The student will also use the CPI to complete a self-assessment.
The self-assessment counts toward the course grade and is to be completed during each
clinical at mid-term and final. It will be submitted to and graded by the DCE at the
conclusion of each clinical experience. More information will be provided in the
corresponding course syllabus for each affiliation.

D. OTHER ASSIGNMENTS DURING CLINICAL INTERNSHIPS: Clinical Education also may include other
assignments while in the clinic. Such assignments may include, but are not limited to, in-service
presentations and administrative assignments. These will be discussed at various points in the
curriculum. An in-service is a presentation to the staff on a particular topic and serves as a
mechanism for continuing education. An in-service or other project may be required by a facility in
addition to the in-service or other assignments required by the School. The facility may assign a
student the topic to present or may request that the student pick a topic.

E. STUDENT EVALUATION OF CLINICAL EXPERIENCES: Students will evaluate their clinical experience
and clinical instruction as a part of the clinical education practicum course. Information from the
evaluation will provide feedback for the DCE, school, facility, clinical instructor, and other students
regarding the affiliation. This information will be considered during planning and development of
clinical education experiences. A copy of the evaluation will be shared with the clinical instructor to provide feedback regarding instruction.

**F. FAILURE TO SUCCESSFULLY COMPLETE A CLINICAL PRACTICUM:** A Clinical Practicum is treated just as any other course in the DPT curriculum. Clinical practica must be completed in their entirety (i.e. 10 weeks). Consequences for failure to successfully complete a clinical education course are defined in Section F. VI. B. 4 of this Handbook and in individual clinical Practica course syllabi. A formal evaluation of the student by the clinical instructor is requested at mid-term and at final of each clinical education course via the CPI. The DCE assigns the student’s grade based on the documentation received from the CI, their comments, and the grading system.
University of Central Arkansas DPT Criteria for Clinical Sites

Facility Name  City, State

In order to provide students with access to clinical facilities that will enhance the development of outstanding physical therapists, the Department of Physical Therapy at UCA has established the following criteria for new clinical sites. The following criteria are required of each new site. Please indicate whether your facility has a mechanism to provide the following:

<table>
<thead>
<tr>
<th>criteria</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students receive direct monitoring/supervision from a CI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIs adhere to Medicare supervision guidelines for students where applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A variety of learning opportunities are available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIs’s have a minimum of one year of experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIs with less than 3 years of experience will have been at a new location for at least 6 months prior to having a student</td>
<td></td>
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</tbody>
</table>

Students benefit from having the opportunity to experience clinical practice in a variety of settings. Student learning is enhanced when guidelines are in place to facilitate utilization of knowledge, development of clinical skills and professional growth. Please indicate any of the following elements available at your facility.

<table>
<thead>
<tr>
<th>Clinical/Teaching Elements</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credentialed CI’s on staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APTA membership among staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students are required to use evidence to substantiate examinations and plans of care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certified clinical specialists are on staff (APTA or other recognized specialization).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The facility measures individual patient outcomes using established outcome measures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The facility measures group outcomes using established outcome measures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The facility measures patient satisfaction.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students are provided with progressive learning opportunities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The site and CI’s have defined expectations for entry level practice (including caseload).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The facility has an established mechanism for peer review.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The facility has alternative learning opportunities available for the student in the event the patient load is low.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In accordance with the American Physical Therapy Association (APTA) policy on Physician Owned Physical Therapy Services (POPTS), UCA does not wish to establish clinical affiliation agreements with known physician owned or referral for profit physical therapy practices. To this end, we ask that you indicate whether or not your clinical education site is a physician-owned physical therapy practice setting.  ____Yes  ____No

Name/Position (please print)  Signature  Date

Please Return Completed Form with Signature Via Fax: 501-450-5822 or Email: mbooth@uca.edu
Center Coordinator of Clinical Education

SUBJECT: UCA Physical Therapy Program Now Using CSIF Web!

Our school will be utilizing CSIF Web this year to help manage and keep track of our clinical sites. We are asking our clinical sites to fill out the CSIF online at https://csifweb.amsapps.com.

CSIF Web will allow clinical sites to have one place to fill out their CSIF for all programs they work with, even if they are not using CSIF Web. Once you have invested time in completing the CSIF, it will be stored safely in CSIF Web and each year, (or more often if you like), you can just update your data, and schools using CSIF Web will automatically have access to that information! If schools are not using CSIF Web, you can send them a PDF of your completed CSIF by downloading it from the ‘Sites’ tab in CPI Web.

To login to CSIF Web, go to https://csifweb.amsapps.com. If you have logged into CPI Web before, your login information is the same for CSIF Web.

If you have not logged in to CSIF Web or CPI Web, your username for CSIF Web is USERNAME. To create a password, please use the ‘I forgot or do not have a password’ link on the homepage.

If you need any assistance with CSIF Web, please feel free to contact CSIF Web support at csifwebsupport@academicsoftwareplus.com.

Thank you,

Stacey Stephens
Administrative Clinical & Services Coordinator
staceys@uca.edu
(501) 450-5549
PT CPI Web Instructions for a CI

Login to PT CPI Web at https://cpi2.amsapps.com
1. Your username is your email address provided to the school you are working with.
2. If you have previously created a password in PT CPI Web or PTA CPI Web, please use that password to login. If you do not have a password or forgot your password, please follow these steps to create your password:
   i. Go to the CPI Web address (https://cpi2.amsapps.com).
   ii. Click on the link “I forgot or do not have a password”.
   iii. Enter your User Name in the box provided.
   iv. Click on the Continue button.
   v. Check your email account inbox for further instructions on how to set/update your password.

   PLEASE NOTE: Make sure to close out of any internet browsers containing CPI Web prior to accessing the link in your email as this may result in an error when trying to set/reset your password. The link to change/create your password that is included in this message will expire 24 hours after the message has been created. If you try to access the link after 24 hours, you will receive a notification that the temporary authorization link is invalid. If this should occur, you will need to click on the 'I forgot or do not have a password' link located on the login page for CPI Web to receive a new password reset link.

Update Information – This needs to be done at least once per year (If your information is up-to-date, please go to Editing the CPI)
1. Click on the ‘My Info’ tab to update your information. You must update the APTA Data Release Statements found in the Data Authorization section. Also, please make sure that your credentials and certifications are accurately listed.
2. When you are finished editing, hit the ‘Update’ button.

Verify APTA PT Training – This can only be done if you are assigned to evaluate a student on an Open evaluation (If you’ve previously done this, please go to Editing the CPI)
1. Click on your student’s name in the ‘My Evaluations’ section on your home page or click on the Edit link found in the Actions column in the Evaluations tab.
2. You are prompted to verify if you have completed the APTA PT CPI Training. If you have completed the training, please click the ‘I have completed the APTA PT CPI online training and assessment.’ button.
   a. If you have not completed the training, please follow the directions on the page to take the APTA PT CPI Training.
   b. If the email address you took the training with is different than your username, you will be prompted to enter the email address registered with APTA.
   c. If you are having issues verifying you’ve completed the training, please contact PT CPI Web Support at ptcpiwebsupport@liaison-intl.com. Please provide your name, email address used to take the training, and the date you completed the training so that we can manually verify your training completion.
Editing the CPI

1. Once you have verified you have completed the APTA PT CPI Training, you will see all 18 sections of the CPI.
   a. You can edit one criterion at a time by clicking on the ‘Edit Now’ link on the right.
   b. You can edit all criteria at the same time by clicking on the ‘Edit All’ column header link.
2. Click on ‘View Sample Behaviors’, ‘View Introduction’, and ‘View Instructions’ to view the details of how to fill out the CPI.
3. Mouse over any underlined word to view an APTA glossary definition. This is available for the Performance Dimensions and the Anchor Points on the APTA Rating scale.
4. **Add comments to the comment box and select the rating for the student on the slider scale.**
5. When you are done editing a section, click on the ‘Section Sign Off’ checkbox and hit the ‘Save’ button. **Hitting Save will save the work edited on all criteria. Be sure to save your work!! If you leave the page without saving, your comments could be lost!!**

Signing off on the CPI

1. Once all sections are marked as ‘Completed’, please sign-off on your CPI. In order to sign-off, you would need to click on the Evaluations tab and then on the ‘Sign-off’ link found in the Actions column. Once this has been done, you would need to scroll to the bottom of the page, select the checkbox associated with the signature, and then click on the ‘Save’ button.
2. **Once you sign off on your CPI, you are unable to make any further edits!** Your student will be able to view your CPI only if they have also signed off on their own CPI.

Viewing your CPI with your Student and Signing-Off on your student’s CPI

1. Click on the Evaluations tab.
2. Click on ‘View’ link in the Actions column.
3. Use the filters to see the comments from both the student and the CI at the same time.
4. In the Evaluations tab, you will also see a link to ‘Sign-off’ on your student’s CPI indicating you’ve discussed the performance with your student. Please follow the Sign-off procedures listed in the previous section to complete the sign-off on your student’s CPI.

Additional Features/Tips:
Creating a Critical Incident Report using CPI Web (only to be used as needed)

1. To create a Critical Incident Report, click the link that says ‘[Critical Incident]’.
2. Record the details of the incident clearly and concisely without reflecting any biases into the Behavior, Antecedent, Consequence, and Comments text boxes.
3. Once you are finished recording the incident, click on the ‘Submit Critical Incident’ button. When a Critical Incident report is properly submitted, the following text will appear on the screen in bold green lettering, ‘You have successfully filed a Critical Incident Report.’ If you do not see this text displayed on the screen, please click on the ‘Submit Critical Incident’ button again.
4. Once submitted, a Critical Incident Report notification will be emailed to the CCCE, ACCE and student.
5. Any completed Critical Incident Reports can be found in the Critical Incidents tab where it can be viewed and additional comments can be entered.
Submitting a Significant Concern - This **MUST** be accompanied by a Critical Incident Report using CPI Web

1. Select the **Significant Concern** checkbox.
2. A pop-up box will appear with the following text. *You have indicated a Significant Concern for this criterion. A Significant Concern must be accompanied with a Critical Incident report. Click "OK" to document and submit a Critical Incident report. Click "Cancel" to uncheck the Significant Concern for this criterion.*
3. If you click on the **‘OK’** button, the **Critical Incident Report** text boxes will automatically appear. Please follow the steps listed above to create and submit the **Critical Incident Report**. **PLEASE NOTE:** If the Critical Incident Report is not submitted, the Significant Concern will not be submitted. Once a Significant Concern and accompanying Critical Incident Report are submitted, these CANNOT be reversed!
4. If you click on the **‘Cancel’** button, the Significant Concern will not be submitted.

Adding Post-Assessment Comments to the CPI:

1. Once you sign-off on the CPI, you cannot go back in to make further edits. After your meeting and review with the student, if you needed to enter in additional comments about the CPI, you would be able to add **post-assessment** comments to the CPI by clicking on the **‘View’** link in the **Evaluations** tab and then adding in the comments in the appropriate box near the bottom of the page. Post-assessments can only be made by the CI or student once they have signed-off on their own evaluation as well as signed-off on each other’s evaluations.

Here are some things to note when there are multiple CIs assigned to evaluate one student in CPI Web:

1. Only one CPI is created. All of the CIs would work on the CI portion of the CPI and the student would work on one self evaluation.
2. Each CI would have a separate comment box for all of the criteria. They would be able to see what the other CI had written, but they are unable to edit the other CI’s comments.
3. There is only one rating scale for each criterion for the CIs. This is a shared scale amongst the CIs listed on the evaluation meaning that one CI can edit the rating that was selected by the other CI.
4. The minimum requirements to mark the section sign-off box for each criterion are that at least one CI comment box must be completed for the criterion and there must be a rating selected for the criterion. For example, if one CI commented on the CPI and the other CI agreed with what the other CI had written, the other CI wouldn’t be required to enter in any comments on the CPI.
5. Once all of the section sign-offs have been checked and the evaluation is listed as Completed, either CI would be able to Sign-off that the evaluation is completed by clicking on the Sign-off link found in the Actions column in the Evaluations tab.

**PLEASE NOTE:** Once the evaluation part has been signed-off on, it will lock out any other CIs from being able to edit that evaluation part.

If you have any questions, comments or run into any issues using PT CPI Web, please contact Support at *ptcpiwebsupport@liaison-intl.com*. 
Getting Started With the APTA Learning Center
For PT CPI Course Participants

APTA Members/Current or Former APTA Customers

1. **Login to www.apta.org**
   - Enter your username and password and select "click here to continue:" (http://www.apta.org/APTALogin.aspx)
   - Under http://www.apta.org/myAPTA make note of the email address associated with your apta.org account you will need to use the same address to verify your training completion in PT CPI Web.

2. **Important!** It is essential that you do not purchase or register for courses in the APTA Learning Center using more than one account number. If you’ve forgotten your password or were at one time an APTA member, click here to have it emailed to you OR contact 800/999-2782, ext 3395 for assistance.

3. **Set up your computer**

4. **"Purchase" the free PT CPI online course**
   - To access the PT CPI online course, go to: http://learningcenter.apta.org/free_membercourses.aspx (this is the "Free Member" course catalog, accessible from the public course catalog) in the APTA Learning Center, then "purchase" the free course through the online shopping cart.

5. **Take the PT CPI online course**
   - After purchasing the course, go to My Courses http://learningcenter.apta.org/My_Courses.aspx within the APTA Learning Center.

6. **Print CEU certificate**
   - Claim credit and print your 0.2 CEU certificate through My Courses http://learningcenter.apta.org/My_Courses.aspx at the APTA Learning Center.

7. **Access the PT CPI Web site**
   - To access PT CPI Web 2.0, please click: https://cpi2.amsapps.com.

New Customers/Never Been an APTA Member

1. **Create an account at www.apta.org**
   - Register at apta.org: http://www.apta.org/APTALogin.aspx. Complete the required information and write down your username and password.
   - Please make a note of the e-mail address that you use when completing this registration information as you will need to use the same email address to verify your training completion in PT CPI Web.

2. **Set up your computer**
   - **Important!** You are now ready to purchase the free online course.

3. **"Purchase" the free PT CPI online course**
   - To access the PT CPI online course, go to: http://learningcenter.apta.org/free_membercourses.aspx (this is the "Free member" course catalog, accessible from the public course catalog) in the APTA Learning Center, then "purchase" the free course through the online shopping cart.

4. **Take the PT CPI online course**
   - After purchasing the course, go to My Courses http://learningcenter.apta.org/My_Courses.aspx within the APTA Learning Center.

5. **Print CEU certificate**
   - Claim credit and print your 0.2 CEU certificate through My Courses http://learningcenter.apta.org/My_Courses.aspx at the APTA Learning Center.

6. **Access the PT CPI Web site**
   - To access PT CPI Web 2.0, please click: https://cpi2.amsapps.com.

   The academic program with whom you affiliate can provide you with your username (the email address provided to them). If you do not have a password, you will need to use the ‘I forgot or do not have a password’ link to establish a password. The password to login to PT CPI Web 2.0 is NOT the same as the password used to login to the APTA Web site.
Date: __________________________

Student: ___________________________________________________________

CI: __________________________________________________________________

Clinical Facility: _______________________________________________________

Specific incident(s)/concern(s):

______________________________________________________________________

______________________________________________________________________

DCE contacted _____ Yes _____ No  via _____ Telephone _____ Email

In order to address the above listed issues, the student will demonstrate completion of the following objectives prior to _________________(date) or by the date stated within the individual objective.

1. ________________________________________________________________

2. ________________________________________________________________

3. ________________________________________________________________

4. ________________________________________________________________

5. ________________________________________________________________

Action plan:

CI plan to facilitate achievement of objectives:

______________________________________________________________________

______________________________________________________________________

Student plan to complete objectives:

______________________________________________________________________

______________________________________________________________________

_________________________________________  ___________________________
Student Signature                        CI Signature

Fax completed form to: Misty Booth, PT, DPT, PCS, DCE at 501-450-5822.
Background
In August 2004, 28 member consultants convened in Alexandria, VA for a consensus conference on “Clinical Education in a Doctoring Profession.” One of the specific purposes of this conference was to achieve consensus on minimum skills for every graduate from a physical therapist professional program that include, but are not limited to, the skill set required by the physical therapist licensure examination. Assumptions that framed the boundaries for the discussion during this conference included:

1. A minimum set of required skills will be identified that every graduate from a professional physical therapist program can competently perform in clinical practice.
2. Physical therapist programs can prepare graduates to be competent in the performance of skills that exceed the minimum skills based on institutional and program prerogatives.
3. Development of the minimum required skills will include, but not be limited to, the content blueprint for the physical therapist licensure examination; put differently, no skills on the physical therapist licensure blueprint will be excluded from the minimum skill set.
4. To achieve consensus on minimum skills, 90% or more of the member consultants must be in agreement.

Minimum skills were defined as foundational skills that are indispensable for a new graduate physical therapist to perform on patients/clients in a competent and coordinated manner. Skills considered essential for any physical therapist graduate include those addressing all systems (ie, musculoskeletal, neurological, cardiovascular pulmonary, integumentary, GI, and GU) and the continuum of patient/client care throughout the lifespan. Definitions for terms used in this document are based on the Guide to Physical Therapist Practice. An asterisk (*) denotes a skill identified on the Physical Therapist Licensure Examination Content Outline. Given that consensus on this document was achieved by a small group of member consultants, it was agreed that the conference outcome document would be disseminated to a wider audience comprised of stakeholder groups that would be invested in and affected by this document.

The consensus-based draft document of Essential Skills of the Physical Therapist (previous title) was placed on APTA’s website and stakeholder groups, including APTA Board of Directors, all physical therapist academic program directors, Academic Coordinators/Directors of Clinical Education, and their faculties, physical therapists on CAPTE, component leaders, and a selected list of clinical educators, were invited to vote on whether or not to include/exclude specific essential skills that every physical therapist graduate should be competent in performing on patients. A total of 624 invitations to vote e-mails were sent out and 212 responses (34%) were received. Given the length of this document and the time required to complete the process, a 34% return rate was deemed acceptable for the purpose of this investigation. The “yes” and “no” votes were tabulated and analyzed.

The final “vote” was provided in a report to the Board of Directors in November 2005 for their review, deliberation, and action. The Board of Directors adopted the document Minimum Required Skills of Physical Therapist Graduates at Entry-level (revised title) as a core document to be made available to stakeholders including the Commission on Accreditation in Physical Therapy Education, physical therapist academic programs and their faculties, clinical education sites, students, and employers. The final document that follows defines Minimum Required Skills of Physical Therapist Graduates At Entry-level.
<table>
<thead>
<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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<tbody>
<tr>
<td>Screening</td>
<td>1. Perform review of systems to determine the need for referral or for physical therapy services.</td>
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<td></td>
<td>2. Systems review screening includes the following:</td>
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<tr>
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<td>A. General Health Condition (GHC)</td>
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<td></td>
<td>(1) Fatigue</td>
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<td>(2) Malaise</td>
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<td>(3) Fever/chills/sweats</td>
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<td>(4) Nausea/vomiting</td>
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<td>(5) Dizziness/lightheadedness</td>
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<td>(6) Unexplained weight change</td>
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<td>(7) Numbness/Paresthesia</td>
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<td></td>
<td>(8) Weakness</td>
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<td>(9) Mentation/cognition</td>
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<td></td>
<td>B. Cardiovascular System (CVS)*</td>
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<td></td>
<td>(1) Dyspnea</td>
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<td></td>
<td>(2) Orthopnea</td>
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<td></td>
<td>(3) Palpitations</td>
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<td>(4) Pain/sweats</td>
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<td>(5) Syncope</td>
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<td>(6) Peripheral edema</td>
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<td></td>
<td>(7) Cough</td>
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<td>C. Pulmonary System (PS)*</td>
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<td></td>
<td>(1) Dyspnea</td>
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<td></td>
<td>(2) Onset of cough</td>
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<td>(3) Change in cough</td>
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<td>(4) Sputum</td>
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<td>(5) Hemoptysis</td>
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<td>(6) Clubbing of nails</td>
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<td>(7) Stridor</td>
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<td>(8) Wheezing</td>
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<td></td>
<td>D. Gastrointestinal System (GIS)</td>
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<tr>
<td></td>
<td>(1) Difficulty with swallowing</td>
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<td></td>
<td>(2) Heartburn, indigestion</td>
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<td>(3) Change in appetite</td>
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<td>(4) Change in bowel function</td>
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<td>E. Urinary System (US)</td>
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<tr>
<td></td>
<td>(1) Frequency</td>
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<td>(2) Urgency</td>
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<td>(3) Incontinence</td>
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<td>F. Genital Reproductive System (GRS)</td>
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<td></td>
<td>Male</td>
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<td>(1) Describe any sexual dysfunction, difficulties, or concerns</td>
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<td></td>
<td>Female</td>
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<td></td>
<td>(1) Describe any sexual or menstrual dysfunction, difficulties, or problems</td>
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</tbody>
</table>
### Skill Category | Description of Minimum Skills
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**Screening**  
(cont.) | 3. Initiate referral when positive signs and symptoms identified in the review of systems are beyond the specific skills or expertise of the physical therapist or beyond the scope of physical therapist practice.
4. Consult additional resources, as needed, including other physical therapists, evidence-based literature, other health care professionals, and community resources.
5. Screen for physical, sexual, and psychological abuse.

**Cardiovascular and Pulmonary Systems**  
* | 1. Conduct a systems review for screening of the cardiovascular and pulmonary system (heart rate and rhythm, respiratory rate, blood pressure, edema).
2. Read a single lead EKG.

**Integumentary System**  
* | 1. Conduct a systems review for screening of the integumentary system, the assessment of pliability (texture), presence of scar formation, skin color, and skin integrity.

**Musculoskeletal System**  
* | 1. Conduct a systems review for screening of musculoskeletal system, the assessment of gross symmetry, gross range of motion, gross strength, height and weight.

**Neurological System**  
* | 1. Conduct a systems review for screening of the neuromuscular system, a general assessment of gross coordinated movement (eg, balance, gait, locomotion, transfers, and transitions) and motor function (motor control and motor learning).

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**Examination/Reexamination**

- **History**
- **Tests and Measures**  
- **Systems Review for Examination**

1. Review pertinent medical records and conduct an interview which collects the following data:
   - A. Past and current patient/client history
   - B. Demographics
   - C. General health status
   - D. Chief complaint
   - E. Medications
   - F. Medical/surgical history
   - G. Social history
   - H. Present and premorbid functional status/activity
   - I. Social/health habits
   - J. Living environment
   - K. Employment
   - L. Growth and development
   - M. Lab values
   - N. Imaging
   - O. Consultations

2. Based on best available evidence select examination tests and measures that are appropriate for the patient/client.

3. Perform posture tests and measures of postural alignment and positioning.*
<table>
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<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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</thead>
</table>
| **Examination/Reexamination** (cont.)             | 4. Perform gait, locomotion and balance tests including quantitative and qualitative measures such as*:  
A. Balance during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment  
B. Balance (dynamic and static) with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment  
C. Gait and locomotion during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment to include:  
   (1) Bed mobility  
   (2) Transfers (level surfaces and floor)*  
   (3) Wheelchair management  
   (4) Uneven surfaces  
   (5) Safety during gait, locomotion, and balance  
D. Perform gait assessment including step length, speed, characteristics of gait, and abnormal gait patterns.  

5. Characterize or quantify body mechanics during self-care, home management, work, community, tasks, or leisure activities.  

6. Characterize or quantify ergonomic performance during work (job/school/play)*:  
A. Dexterity and coordination during work  
B. Safety in work environment  
C. Specific work conditions or activities  
D. Tools, devices, equipment, and workstations related to work actions, tasks, or activities  

7. Characterize or quantify environmental home and work (job/school/play) barriers:  
A. Current and potential barriers  
B. Physical space and environment  
C. Community access  

8. Observe self-care and home management (including ADL and IADL)*  

9. Measure and characterize pain* to include:  
A. Pain, soreness, and nociception  
B. Specific body parts  

10. Recognize and characterize signs and symptoms of inflammation.  

**Cardiovascular and Pulmonary Systems**  
1. Perform cardiovascular/pulmonary tests and measures including:  
A. Heart rate  
B. Respiratory rate, pattern and quality*  
C. Blood pressure  
D. Aerobic capacity test* (functional or standardized) such as the 6-minute walk test  
E. Pulse Oximetry  
F. Breath sounds – normal/abnormal  
G. Response to exercise (RPE)
<table>
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<tr>
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<tbody>
<tr>
<td>Examination/Reexamination (cont.)</td>
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<tr>
<td></td>
<td>H. Signs and symptoms of hypoxia</td>
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<td></td>
<td>I. Peripheral circulation (deep vein thrombosis, pulse, venous stasis, lymphedema)*</td>
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<tr>
<td><strong>Integumentary System</strong></td>
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<tr>
<td>1. Perform integumentary integrity tests and measures including*:</td>
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<tr>
<td>A. Activities, positioning, and postures that produce or relieve trauma to the skin.</td>
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<tr>
<td>B. Assistive, adaptive, orthotic, protective, supportive, or prosthetic devices and equipment that may produce or relieve trauma to the skin.</td>
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<tr>
<td>C. Skin characteristics, including blistering, continuity of skin color, dermatitis, hair growth, mobility, nail growth, sensation, temperature, texture and turgor.</td>
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<td>D. Activities, positioning, and postures that aggravate the wound or scar or that produce or relieve trauma.</td>
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<td>E. Signs of infection.</td>
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<td>F. Wound characteristics: bleeding, depth, drainage, location, odor, size, and color.</td>
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<td>G. Wound scar tissue characteristics including banding, pliability, sensation, and texture.</td>
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<tr>
<td><strong>Musculoskeletal System</strong></td>
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<tr>
<td>1. Perform musculoskeletal system tests and measures including:</td>
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<tr>
<td>A. Accessory movement tests</td>
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<td>B. Anthropometrics</td>
<td>(1) Limb length</td>
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<td>C. Functional strength testing</td>
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<td>D. Joint integrity*</td>
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<td>E. Joint mobility*</td>
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<td>F. Ligament laxity tests</td>
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<td>G. Muscle length*</td>
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<td>H. Muscle strength* including manual muscle testing, dynamometry, one repetition max</td>
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<td>I. Palpation</td>
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<td>J. Range of motion* including goniometric measurements</td>
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<tr>
<td>2. Perform orthotic tests and measures including*:</td>
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<tr>
<td>A. Components, alignment, fit, and ability to care for orthotic, protective, and supportive devices and equipment.</td>
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<tr>
<td>B. Evaluate the need for orthotic, protective, and supportive devices used during functional activities.</td>
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<tr>
<td>C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions with use of orthotic, protective, and supportive device.</td>
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<tr>
<td>D. Residual limb or adjacent segment, including edema, range of motion, skin integrity and strength.</td>
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<tr>
<td>E. Safety during use of orthotic, protective, and supportive device.</td>
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<tr>
<td>3. Perform prosthetic tests and measures including*:</td>
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<tr>
<td>A. Alignment, fit, and ability to care for prosthetic device.</td>
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<tr>
<td>B. Prosthetic device use during functional activities.</td>
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<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
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</table>
| Examination/Reexamination (cont.) | C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions, with use of prosthetic device.  
D. Evaluation of residual limb or adjacent segment, including edema, range of motion, skin integrity, and strength.  
E. Safety during use of the prosthetic device. |
| 4. Perform tests and measures for assistive and adaptive devices including*: | A. Assistive or adaptive devices and equipment use during functional activities.  
B. Components, alignment, fit, and ability to care for the assistive or adaptive devices and equipment.  
C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions with use of assistive or adaptive devices and equipment.  
D. Safety during use of assistive or adaptive equipment. |
| Neurological System | 1. Perform arousal, attention and cognition tests and measures to characterize or quantify (including standardized tests and measures)*:  
A. Arousal  
B. Attention  
C. Orientation  
D. Processing and registration of information  
E. Retention and recall  
F. Communication/language |
| 2. Perform cranial and peripheral nerve integrity tests and measures*: | A. Motor distribution of the cranial nerves (eg, muscle tests, observations)  
B. Motor distribution of the peripheral nerves (eg, dynamometry, muscle tests, observations, thoracic outlet tests)  
C. Response to neural provocation (e.g. tension test, vertebral artery compression tests)  
D. Response to stimuli, including auditory, gustatory, olfactory, pharyngeal, vestibular, and visual (eg, observations, provocation tests) |
| 3. Perform motor function tests and measures to include*: | A. Dexterity, coordination, and agility  
B. Initiation, execution, modulation and termination of movement patterns and voluntary postures |
| 4. Perform neuromotor development and sensory integration tests and measures to characterize or quantify*: | A. Acquisition and evolution of motor skills, including age-appropriate development  
B. Sensorimotor integration, including postural responses, equilibrium, and righting reactions |
| 5. Perform tests and measures for reflex integrity including*: | A. Deep reflexes (eg, myotatic reflex scale, observations, reflex tests)  
B. Postural reflexes and reactions, including righting, equilibrium and protective reactions  
C. Primitive reflexes and reactions, including developmental  
D. Resistance to passive stretch  
E. Superficial reflexes and reactions |
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<tr>
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<th>Description of Minimum Skills</th>
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<tr>
<td><strong>Examination/Reexamination</strong></td>
<td>F. Resistance to velocity dependent movement</td>
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<td>(cont.)</td>
<td>6. Perform sensory integrity tests and measures that characterize or quantify including*:</td>
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<tr>
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<td>A. Light touch</td>
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<td>B. Sharp/dull</td>
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<td>C. Temperature</td>
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<td>D. Deep pressure</td>
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<td>E. Localization</td>
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<td></td>
<td>F. Vibration</td>
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<td>G. Deep sensation</td>
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<td>H. Stereognosis</td>
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<td>I. Graphesthesia</td>
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<tr>
<td><strong>Evaluation</strong></td>
<td>1. Synthesize available data on a patient/client expressed in terms of the</td>
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<td>International Classification of Function, Disability and Health (ICF) model to include body</td>
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<td>functions and structures, activities, and participation.</td>
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<td>2. Use available evidence in interpreting the examination findings.</td>
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<td>3. Verbalize possible alternatives when interpreting the examination findings.</td>
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<td>4. Cite the evidence (patient/client history, lab diagnostics, tests and measures and</td>
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<td>scientific literature) to support a clinical decision.</td>
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<td><strong>Diagnosis</strong></td>
<td>1. Integrate the examination findings to classify the patient/client problem in terms of</td>
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<td>body functions and structures, and activities and participation (ie, practice patterns in the</td>
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<td><em>Guide</em>).</td>
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<td>2. Identify and prioritize impairments in body functions and structures, and activity</td>
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<td>limitations and participation restrictions to determine specific body function and structure,</td>
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<td>and activities and participation towards which the intervention will be directed.*</td>
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<td><strong>Prognosis</strong></td>
<td>1. Determine the predicted level of optimal functioning and the amount of time required to</td>
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<td>achieve that level.*</td>
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<td>2. Recognize barriers that may impact the achievement of optimal functioning within a</td>
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<td>predicted time frame including*:</td>
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<td>A. Age</td>
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<td>B. Medication(s)</td>
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<td>C. Socioeconomic status</td>
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<td>D. Co-morbidities</td>
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<td>E. Cognitive status</td>
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<td>F. Nutrition</td>
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<td>G. Social Support</td>
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<td>H. Environment</td>
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<td><strong>Plan of Care</strong></td>
<td>1. Write measurable functional goals (short-term and long-term) that are time referenced</td>
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<td>with expected outcomes.</td>
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<td>2. Consult patient/client and/or caregivers to develop a mutually agreed to plan of care.*</td>
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<td>3. Identify patient/client goals and expectations.*</td>
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<td>4. Identify indications for consultation with other professionals.*</td>
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<td>5. Make referral to resources needed by the patient/client (assumes knowledge of referral</td>
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<td>sources).*</td>
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* indicates that the skill is required for certification.
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<tr>
<th>Skill Category</th>
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| Plan of care       | 6. Select and prioritize the essential interventions that are safe and meet the specified functional goals and outcomes in the plan of care* (ie, (a) identify precautions and contraindications, (b) provide evidence for patient-centered interventions that are identified and selected, (c) define the specificity of the intervention (time, intensity, duration, and frequency), and (d) set realistic priorities that consider relative time duration in conjunction with family, caregivers, and other health care professionals).  
7. Establish criteria for discharge based on patient goals and current functioning and disability.* |
| (cont.)            |                                                                                                                                                                                                                                |
| Coordination of Care| 1. Identify who needs to collaborate in the plan of care.  
2. Identify additional patient/client needs that are beyond the scope of physical therapist practice, level of experience and expertise, and warrant referral.*  
3. Refer and discuss coordination of care with other health care professionals.*  
4. Articulate a specific rational for a referral.  
5. Advocate for patient/client access to services.                                                                                                                                 |
| Progression of Care| 1. Identify outcome measures of progress relative to when to progress the patient further.*  
2. Measure patient/client response to intervention.*  
4. Modify elements of the plan of care and goals in response to changing patient/client status, as needed.*  
5. Make on-going adjustments to interventions according to outcomes including environmental factors and personal factors and, medical therapeutic interventions.  
6. Make accurate decisions regarding intensity and frequency when adjusting interventions in the plan of care. |
| Discharge Plan      | 1. Re-examine patient/client if not meeting established criteria for discharge based on the plan of care.  
2. Differentiate between discharge of the patient/client, discontinuation of service, and transfer of care with re-evaluation.*  
3. Prepare needed resources for patient/client to ensure timely discharge, including follow-up care.  
4. Include patient/client and family/caregiver as a partner in discharge.*  
5. Discontinue care when services are no longer indicated.  
6. When services are still needed, seek resources and/or consult with others to identify alternative resources that may be available.  
7. Determine the need for equipment and initiate requests to obtain. |
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<tr>
<td>Interventions</td>
<td>Safety, Cardiopulmonary Resuscitation Emergency Care, First Aid</td>
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</table>
| Safety, Emergency Care, CPR and First Aid | 1. Ensure patient safety and safe application of patient/client care.*  
2. Perform first aid.*  
3. Perform emergency procedures.*  
4. Perform Cardiopulmonary Resuscitation (CPR).* |
| Standard Precautions | 1. Demonstrate appropriate sequencing of events related to universal precautions.*  
2. Use Universal Precautions.  
3. Determine equipment to be used and assemble all sterile and non-sterile materials.*  
4. Use transmission-based precautions.  
5. Demonstrate aseptic techniques.*  
6. Apply sterile procedures.*  
7. Properly discard soiled items.* |
| Body Mechanics and Positioning | 1. Apply proper body mechanics (utilize, teach, reinforce, and observe).*  
2. Properly position, drape, and stabilize a patient/client when providing physical therapy.* |

1. Coordination, communication, and documentation may include:  
A. Addressing required functions:  
   1. Establish and maintain an ongoing collaborative process of decision-making with patients/clients, families, or caregivers prior to initiating care and throughout the provision of services.*  
   2. Discern the need to perform mandatory communication and reporting (eg, incident reports, patient advocacy and abuse reporting).  
   3. Follow advance directives.  
B. Admission and discharge planning.  
C. Case management.  
D. Collaboration and coordination with agencies, including:  
   1. Home care agencies  
   2. Equipment suppliers  
   3. Schools  
   4. Transportation agencies  
   5. Payer groups  
E. Communication across settings, including:  
   1. Case conferences  
   2. Documentation  
   3. Education plans  
F. Cost-effective resource utilization.  
G. Data collection, analysis, and reporting of:  
   1. Outcome data  
   2. Peer review findings  
   3. Record reviews  
H. Documentation across settings, following APTA’s Guidelines for Physical Therapy Documentation, including:  
   1. Elements of examination, evaluation, diagnosis, prognosis, and intervention
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</thead>
</table>
| **Interventions** (cont.) | (2) Changes in body structure and function, activities and participation.  
(3) Changes in interventions  
(4) Outcomes of intervention |
| I. Interdisciplinary teamwork: | (1) Patient/client family meetings  
(2) Patient care rounds  
(3) Case conferences |
| J. Referrals to other professionals or resources.* |
| 2. Patient/client-related instruction may include: | A. Instruction, education, and training of patients/clients and caregivers regarding:  
(1) Current condition, health condition, impairments in body structure and function, and activity limitations, and participation restrictions)*  
(2) Enhancement of performance  
(3) Plan of care:  
 a. Risk factors for health condition, impairments in body structure and function, and activity limitations, and participation restrictions  
 b. Preferred interventions, alternative interventions, and alternative modes of delivery  
 c. Expected outcomes  
(4) Health, wellness, and fitness programs (management of risk factors)  
(5) Transitions across settings |
| 3. Therapeutic exercise may include performing: | A. Aerobic capacity/endurance conditioning or reconditioning*:  
(1) Gait and locomotor training*  
(2) Increased workload over time (modify workload progression)  
(3) Movement efficiency and energy conservation training  
(4) Walking and wheelchair propulsion programs  
(5) Cardiovascular conditioning programs |
| | B. Balance*, coordination*, and agility training:  
(1) Developmental activities training*  
(2) Motor function (motor control and motor learning) training or retraining  
(3) Neuromuscular education or reeducation*  
(4) Perceptual training  
(5) Posture awareness training*  
(6) Sensory training or retraining  
(7) Standardized, programmatic approaches  
(8) Task-specific performance training |
| | C. Body mechanics and postural stabilization:  
(1) Body mechanics training*  
(2) Postural control training*  
(3) Postural stabilization activities*  
(4) Posture awareness training* |
<table>
<thead>
<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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<tbody>
<tr>
<td>Interventions (continued)</td>
<td>D. Flexibility exercises:</td>
</tr>
<tr>
<td></td>
<td>(1) Muscle lengthening*</td>
</tr>
<tr>
<td></td>
<td>(2) Range of motion*</td>
</tr>
<tr>
<td></td>
<td>(3) Stretching*</td>
</tr>
<tr>
<td></td>
<td>E. Gait and locomotion training*:</td>
</tr>
<tr>
<td></td>
<td>(1) Developmental activities training*</td>
</tr>
<tr>
<td></td>
<td>(2) Gait training*</td>
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<tr>
<td></td>
<td>(3) Device training*</td>
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<td></td>
<td>(4) Perceptual training*</td>
</tr>
<tr>
<td></td>
<td>(5) Basic wheelchair training*</td>
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<td>F. Neuromotor development training:</td>
</tr>
<tr>
<td></td>
<td>(1) Developmental activities training*</td>
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<tr>
<td></td>
<td>(2) Motor training</td>
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<td></td>
<td>(3) Movement pattern training</td>
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<td></td>
<td>(4) Neuromuscular education or reeducation*</td>
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<td></td>
<td>G. Relaxation:</td>
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<td></td>
<td>(1) Breathing strategies*</td>
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<td></td>
<td>(2) Movement strategies</td>
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<td></td>
<td>(3) Relaxation techniques</td>
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<tr>
<td></td>
<td>H. Strength, power, and endurance training for head, neck, limb, and trunk*:</td>
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<tr>
<td></td>
<td>(1) Active assistive, active, and resistive exercises (including concentric, dynamic/isotonic, eccentric, isokinetic, isometric, and plyometric exercises)</td>
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<tr>
<td></td>
<td>(2) Aquatic programs*</td>
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<tr>
<td></td>
<td>(3) Task-specific performance training</td>
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<tr>
<td></td>
<td>I. Strength, power, and endurance training for pelvic floor:</td>
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<tr>
<td></td>
<td>(1) Active (Kegel)</td>
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<tr>
<td></td>
<td>J. Strength, power, and endurance training for ventilatory muscles:</td>
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<tr>
<td></td>
<td>(1) Active and resistive</td>
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<td></td>
<td>4. Functional training in self-care and home management may include*:</td>
</tr>
<tr>
<td></td>
<td>A. Activities of daily living (ADL) training:</td>
</tr>
<tr>
<td></td>
<td>(1) Bed mobility and transfer training*</td>
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<tr>
<td></td>
<td>(2) Age appropriate functional skills</td>
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<tr>
<td></td>
<td>B. Barrier accommodations or modifications*</td>
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<td></td>
<td>C. Device and equipment use and training:</td>
</tr>
<tr>
<td></td>
<td>(1) Assistive and adaptive device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing)*</td>
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<tr>
<td></td>
<td>(2) Orthotic, protective, or supportive device or equipment training during self-care and home management*</td>
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<tr>
<td></td>
<td>(3) Prosthetic device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing)*</td>
</tr>
</tbody>
</table>
Skill Category | Description of Minimum Skills
--- | ---
Interventions (cont.) | D. Functional training programs*:  
(1) Simulated environments and tasks*  
(2) Task adaptation
E. Injury prevention or reduction:  
(1) Safety awareness training during self-care and home management*  
(2) Injury prevention education during self-care and home management  
(3) Injury prevention or reduction with use of devices and equipment
5. Functional training in work (job/school/play), community, and leisure integration or reintegration may include*:  
A. Barrier accommodations or modifications*
B. Device and equipment use and training*:  
(1) Assistive and adaptive device or equipment training during instrumental activities of daily living (IADL)*  
(2) Orthotic, protective, or supportive device or equipment training during IADL for work*  
(3) Prosthetic device or equipment training during IADL*
C. Functional training programs:  
(1) Simulated environments and tasks  
(2) Task adaptation  
(3) Task training
D. Injury prevention or reduction:  
(1) Injury prevention education during work (job/school/play), community, and leisure integration or reintegration  
(2) Injury prevention education with use of devices and equipment  
(3) Safety awareness training during work (job/school/play), community, and leisure integration or reintegration  
(4) Training for leisure and play activities
6. Manual therapy techniques may include:  
A. Passive range of motion
B. Massage:  
(1) Connective tissue massage  
(2) Therapeutic massage
C. Manual traction*
D. Mobilization/manipulation:  
(1) Soft tissue* (thrust and nonthrust*)  
(2) Spinal and peripheral joints* (thrust and nonthrust*)
7. Prescription, application, and, as appropriate, fabrication of devices and equipment may include*:  
A. Adaptive devices*:
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<th>Skill Category</th>
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<tr>
<td>Interventions (cont.)</td>
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</tr>
<tr>
<td></td>
<td>(1) Hospital beds</td>
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<tr>
<td></td>
<td>(2) Raised toilet seats</td>
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<td>(3) Seating systems – prefabricated</td>
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<td>B. Assistive devices*:</td>
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<tr>
<td></td>
<td>(1) Canes</td>
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<td></td>
<td>(2) Crutches</td>
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<td>(3) Long-handled reachers</td>
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<td>(4) Static and dynamic splints – prefabricated</td>
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<td></td>
<td>(5) Walkers</td>
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<td>(6) Wheelchairs</td>
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<td>C. Orthotic devices*:</td>
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<tr>
<td></td>
<td>(1) Prefabricated braces</td>
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<td></td>
<td>(2) Prefabricated shoe inserts</td>
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<td></td>
<td>(3) Prefabricated splints</td>
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<tr>
<td>D. Prosthetic devices (lower-extremity)*</td>
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<tr>
<td>E. Protective devices*:</td>
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<tr>
<td></td>
<td>(1) Braces</td>
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<td>(2) Cushions</td>
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<td>(3) Helmets</td>
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<td></td>
<td>(4) Protective taping</td>
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<tr>
<td>F. Supportive devices*:</td>
<td></td>
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<tr>
<td></td>
<td>(1) Prefabricated compression garments</td>
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<td>(2) Corsets</td>
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<td>(3) Elastic wraps</td>
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<td>(4) Neck collars</td>
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<td></td>
<td>(5) Slings</td>
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<td>(6) Supplemental oxygen - apply and adjust</td>
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<td></td>
<td>(7) Supportive taping</td>
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<td>8. Airway clearance techniques may include*:</td>
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<tr>
<td>A. Breathing strategies*:</td>
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<tr>
<td></td>
<td>(1) Active cycle of breathing or forced expiratory techniques*</td>
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<td>(2) Assisted cough/huff techniques*</td>
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<td>(3) Paced breathing*</td>
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<td>(4) Pursed lip breathing</td>
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<td>(5) Techniques to maximize ventilation (eg, maximum inspiratory hold, breath stacking, manual hyperinflation)</td>
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<tr>
<td>B. Manual/mechanical techniques*:</td>
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<td></td>
<td>(1) Assistive devices</td>
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<tr>
<td>C. Positioning*:</td>
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<tr>
<td></td>
<td>(1) Positioning to alter work of breathing</td>
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<tr>
<td></td>
<td>(2) Positioning to maximize ventilation and perfusion</td>
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<tr>
<td>9. Integumentary repair and protection techniques may include*:</td>
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<tr>
<td>A. Debridement*—nonselective:</td>
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<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
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</tr>
</tbody>
</table>
| Interventions (continued) | (1) Enzymatic debridement  
(2) Wet dressings  
(3) Wet-to-dry dressings  
(4) Wet-to-moist dressings |
| B. Dressings* | (1) Hydrogels  
(2) Wound coverings |
| C. Topical agents* | (1) Cleansers  
(2) Creams  
(3) Moisturizers  
(4) Ointments  
(5) Sealants |

10. Electrotherapeutic modalities may include:

A. Biofeedback*

B. Electrotherapeutic delivery of medications (eg, iontophoresis)*

C. Electrical stimulation*:
   (1) Electrical muscle stimulation (EMS)*
   (2) Functional electrical stimulation (FES)
   (3) High voltage pulsed current (HVPC)
   (4) Neuromuscular electrical stimulation (NMES)
   (5) Transcutaneous electrical nerve stimulation (TENS)

11. Physical agents and mechanical modalities may include:

   **Physical agents:**

A. Cryotherapy*:
   (1) Cold packs  
   (2) Ice massage  
   (3) Vapocoolant spray

B. Hydrotherapy*:
   (1) Contrast bath  
   (2) Pools  
   (3) Whirlpool tanks*

C. Sound agents*:
   (1) Phonophoresis*  
   (2) Ultrasound*

D. Thermotherapy*:
   (1) Dry heat  
   (2) Hot packs*  
   (3) Paraffin baths*

   **Mechanical modalities:**

A. Compression therapies (prefabricated)*
   (1) Compression garments
<table>
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<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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</thead>
</table>
| **Interventions (continued)** | (2) Vasopneumatic compression devices*  
(3) Taping  
(4) Compression bandaging (excluding lymphedema) |
| B. Gravity-assisted compression devices: | (1) Standing frame*  
(2) Tilt table* |
| C. Mechanical motion devices*: | (1) Continuous passive motion (CPM)* |
| D. Traction devices*: | (1) Intermittent  
(2) Positional  
(3) Sustained |
| **Outcomes Assessment** | 1. Perform chart review/audit with respect to documenting components of patient/client management and facility procedures and regulatory requirements.  
2. Collect relevant evidenced-based outcome measures that relate to patient/client goals and/or prior level of functioning.*  
3. Select outcome measures for levels of impairments in body function and structure, activity limitations, and participation restrictions with respect for psychometric properties of the outcomes.  
4. Aggregate data across patients/clients and analyze results as it relates to the effectiveness of clinical performance (intervention).* |
| **Education**  
- Patients/clients, families, and caregivers  
- Colleagues, other healthcare professionals, and students | **Patient/Client**  
1. Determine patient/client variables that affect learning.*  
2. Educate the patient/client and caregiver about the patient’s/client’s current health condition/examination findings, plan of care and expected outcomes, utilizing their feedback to modify the plan of care and expected outcomes as needed.*  
3. Assess prior levels of learning for patient/client and family/caregiver to ensure clarity of education.  
4. Educate patients/clients and caregivers to recognize normal and abnormal response to interventions that warrant follow-up.*  
5. Provide patient/client and caregiver clear and concise home/independent program instruction at their levels of learning and ensure the patient’s/client’s understanding of home/independent program.*  
6. Educate patient/client and caregiver to enable them to articulate and demonstrate the nature of the impairments in body function and structure, activity limitations, and participation restrictions and how to safely and effectively manage the impairments in body function and structure, activity limitations, and participation restrictions (eg, identify symptoms, alter the program, and contact the therapist).* |
| Colleagues | 1. Identify patient/client related questions and systematically locate and critically appraise evidence that addresses the question.  
2. Educate colleagues and other health care professionals about the role, responsibilities, and academic preparation of the physical therapist and scope |
<table>
<thead>
<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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</thead>
<tbody>
<tr>
<td><strong>Practice Management</strong></td>
<td><strong>Billing/Reimbursement</strong></td>
</tr>
<tr>
<td>• Billing/Reimbursement</td>
<td>1. Describe the legal/ethical ramifications of billing and act accordingly.</td>
</tr>
<tr>
<td>• Documentation</td>
<td>2. Correlate/distinguish between billing and reimbursement.</td>
</tr>
<tr>
<td>• Quality Improvement</td>
<td>3. Include consideration of billing/reimbursement in the plan of care.</td>
</tr>
<tr>
<td>• Direction and Supervision</td>
<td>4. Choose correct and accurate ICD-9 and CPT codes.</td>
</tr>
<tr>
<td>• Marketing and Public Relations</td>
<td>5. Contact insurance company to follow-up on a denial or ask for additional services including Durable Medical Equipment (DME).</td>
</tr>
<tr>
<td><strong>Documentation</strong></td>
<td><strong>Documentation of Care</strong></td>
</tr>
<tr>
<td>1. Document patient/client care in writing that is accurate and complete using institutional processes.*</td>
<td>1. Document patient/client care in writing that is accurate and complete using institutional processes.*</td>
</tr>
<tr>
<td>2. Use appropriate grammar, syntax, spelling, and punctuation in written communication.</td>
<td>2. Use appropriate grammar, syntax, spelling, and punctuation in written communication.</td>
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<tr>
<td>3. Use appropriate terminology and institutionally approved abbreviations.</td>
<td>3. Use appropriate terminology and institutionally approved abbreviations.</td>
</tr>
<tr>
<td>4. Use an organized and logical framework to document care (eg, refer to the Guide to Physical Therapist Practice, Appendix 5).*</td>
<td>4. Use an organized and logical framework to document care (eg, refer to the Guide to Physical Therapist Practice, Appendix 5).*</td>
</tr>
<tr>
<td>5. Conform to documentation requirements of the practice setting and the reimbursement system.</td>
<td>5. Conform to documentation requirements of the practice setting and the reimbursement system.</td>
</tr>
<tr>
<td>6. Accurately interpret documentation from other health care professionals.</td>
<td>6. Accurately interpret documentation from other health care professionals.</td>
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<tr>
<td><strong>Quality Improvement</strong></td>
<td><strong>Quality Improvement</strong></td>
</tr>
<tr>
<td>1. Participate in quality improvement program of self, peers, and setting/institution.</td>
<td>1. Participate in quality improvement program of self, peers, and setting/institution.</td>
</tr>
<tr>
<td>2. Describe the relevance and impact of institutional accreditation (eg, Joint Commission or CARF) on the delivery of physical therapy services.</td>
<td>2. Describe the relevance and impact of institutional accreditation (eg, Joint Commission or CARF) on the delivery of physical therapy services.</td>
</tr>
<tr>
<td><strong>Direction and Supervision of Physical Therapist Assistants (PTAs) and Other Support Personnel</strong></td>
<td><strong>Direction and Supervision of Physical Therapist Assistants (PTAs) and Other Support Personnel</strong></td>
</tr>
<tr>
<td>1. Follow legal and ethical requirements for direction and supervision.</td>
<td>1. Follow legal and ethical requirements for direction and supervision.</td>
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<tr>
<td>2. Supervise the physical therapist assistant and/or other support personnel.</td>
<td>2. Supervise the physical therapist assistant and/or other support personnel.</td>
</tr>
<tr>
<td>3. Select appropriate patients/clients for whom care can be directed to physical therapist assistants based on patient complexity and acuity, reimbursement, PTA knowledge/skill, jurisdictional law, etc.</td>
<td>3. Select appropriate patients/clients for whom care can be directed to physical therapist assistants based on patient complexity and acuity, reimbursement, PTA knowledge/skill, jurisdictional law, etc.</td>
</tr>
<tr>
<td>4. In any practice setting, maintain responsibility for patient/client care by regularly monitoring care and patient progression throughout care provided by PTAs and services provided by other support personnel.</td>
<td>4. In any practice setting, maintain responsibility for patient/client care by regularly monitoring care and patient progression throughout care provided by PTAs and services provided by other support personnel.</td>
</tr>
<tr>
<td><strong>Marketing and Public Relations</strong></td>
<td><strong>Marketing and Public Relations</strong></td>
</tr>
<tr>
<td>1. Present self in a professional manner.</td>
<td>1. Present self in a professional manner.</td>
</tr>
<tr>
<td>2. Promote the profession by discussing the benefits of physical therapy in all interactions, including presentations to the community about physical therapy.</td>
<td>2. Promote the profession by discussing the benefits of physical therapy in all interactions, including presentations to the community about physical therapy.</td>
</tr>
<tr>
<td><strong>Patient Rights, Patient Consent, Confidentiality, and Health Insurance Portability and Accountability Act (HIPAA)</strong></td>
<td><strong>Patient Rights, Patient Consent, Confidentiality, and Health Insurance Portability and Accountability Act (HIPAA)</strong></td>
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<td><strong>Skill Category</strong></td>
<td><strong>Description of Minimum Skills</strong></td>
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</table>
| 1. Obtain consent from patients/clients and/or caregiver for the provision of all components of physical therapy including*:  
   A. treatment-related*  
   B. research*  
   C. fiscal  
2. Comply with HIPAA/FERPA regulations.*  
3. Act in concert with institutional "Patient Rights" statements and advanced directives (eg, Living wills, Do Not Resuscitate (DNR) requests, etc.). | |
| **Informatics** | 1. Use current information technology, including word-processing, spreadsheets, and basic statistical packages. |
| **Risk Management** | 1. Follow institutional/setting procedures regarding risk management.  
2. Identify the need to improve risk management practices. |
| **Productivity** | 1. Analyze personal productivity using the clinical facility's system and implement strategies to improve when necessary. |
| **Professionalism: Core Values** | **Core Values**  
1. Demonstrate all APTA core values associated with professionalism.  
2. Identify resources to develop core values.  
3. Seek mentors and learning opportunities to develop and enhance the degree to which core values are demonstrated.  
4. Promote core values within a practice setting.  
| **Consultation** | 1. Provide consultation within the context of patient/client care with physicians, family and caregivers, insurers, and other health care providers, etc.  
2. Accurately self-assess the boundaries within which consultation outside of the patient/client care context can be provided.  
3. Render advice within the identified boundaries or refer to others. |
| **Evidence-Based Practice** | **Impact of Research on Practice**  
1. Discriminate among the levels of evidence (eg, Sackett).  
2. Access current literature using databases and other resources to answer clinical/practice questions.  
3. Read and critically analyze current literature.  
4. Use current evidence, patient values, and personal experiences in making clinical decisions.*  
5. Prepare a written or verbal case report.  
6. Share expertise related to accessing evidence with colleagues. |
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<tr>
<td><strong>Communication</strong></td>
<td><strong>Interpersonal (including verbal, non-verbal, electronic)</strong></td>
</tr>
<tr>
<td>• Interpersonal</td>
<td>1. Develop rapport with patients/clients and others.</td>
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<tr>
<td>• Verbal</td>
<td>2. Display sensitivity to the needs of others.</td>
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<tr>
<td>• Written</td>
<td>3. Actively listen to others.</td>
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<td>4. Engender confidence of others.</td>
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<td>5. Ask questions in a manner that elicits needed responses.</td>
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<td>6. Modify communication to meet the needs of the audience.</td>
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<td>7. Demonstrate congruence between verbal and non-verbal messages.</td>
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<td>8. Use appropriate grammar, syntax, spelling, and punctuation in written communication.</td>
</tr>
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<td></td>
<td>9. Use appropriate, and where available, standard terminology and abbreviations.</td>
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<td></td>
<td>10. Maintain professional relationships with all persons.</td>
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<td>11. Adapt communication in ways that recognize and respect the knowledge and experiences of colleagues and others.</td>
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<tr>
<td><strong>Conflict Management/Negotiation</strong></td>
<td>1. Recognize potential for conflict.</td>
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<td>2. Implement strategies to prevent and/or resolve conflict.</td>
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<td>3. Seek resources to resolve conflict when necessary,</td>
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<tr>
<td><strong>Cultural Competence</strong></td>
<td>1. Elicit the “patient’s story” to avoid stereotypical assumptions.</td>
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<td>2. Utilize information about health disparities during patient/client care.</td>
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<td>3. Provide care in a non-judgmental manner.</td>
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<td>4. Acknowledge personal biases, via self-assessment or critical assessment of feedback from others.</td>
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<td>5. Recognize individual and cultural differences and adapt behavior accordingly in all aspects of physical therapy care.*</td>
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<tr>
<td><strong>Promotion of Health, Wellness, and Prevention</strong></td>
<td>1. Identify patient/client health risks during the history and physical via the systems review.</td>
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<td>2. Take vital signs of every patient/client during each visit.</td>
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<td>3. Collaborate with the patient/client to develop and implement a plan to address health risks.*</td>
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<td>4. Determine readiness for behavioral change.</td>
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<td>5. Identify available resources in the community to assist in the achievement of the plan.</td>
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<td>6. Identify secondary and tertiary effects of disability.</td>
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<td>7. Demonstrate healthy behaviors.</td>
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<tr>
<td></td>
<td>8. Promote health/wellness in the community.</td>
</tr>
</tbody>
</table>

Relationship to Vision 2020: Doctor of Physical Therapy  
(Academic/Clinical Education Affairs Department, ext 3203)  

[Document updated: 12/14/2009]  

**Explanation of Reference Numbers:**  
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.  
memo

Department of Physical Therapy
University of Central Arkansas

TO: Clinical Instructor
FROM: Stacey Stephens, MS
Administrative Clinical & Services Coordinator
SUBJ: Library Privileges

I would like to offer privileges at UCA’s Torreyson Library for each clinical instructor working with a student during this affiliation. If you are interested then I will ask you to fill out the Request for UCA Library Database Access Form attached. I will collect the completed forms. Once the library processes your information, they will reply to you with the necessary access codes that you will need.

With this privilege, you may utilize all of the on-line services that the UCA Library has to offer including research databases such as Med-Line, Health Reference Center, PsycInfo and full-text databases such as CINAHAL. The card catalog or “Bearcat Online” is completely on-line. If you wish to check out materials (such as books), then you will need to have an ID card made. I will assist you or the library staff will assist you in this case.

The library representative will contact you via email after your log-in is processed. I will communicate with you if you do not have an email account. You will have continuous access so it is not necessary to apply each year.

The Department of Physical Therapy at UCA is pleased to offer this resource to you. Please contact me if you have any questions. I can be reached at staceys@uca.edu or (501) 450-5549. Thank you.
REQUEST FOR UCA LIBRARY DATABASE ACCESS  
(for use by UCA Physical Therapy Clinical Instructors)

<table>
<thead>
<tr>
<th>Date of Request:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name, First Name, Middle Initial:</td>
</tr>
<tr>
<td>Driver’s License Number:</td>
</tr>
<tr>
<td>Phone, Work:</td>
</tr>
<tr>
<td>Phone, Home:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Address, Work:</td>
</tr>
<tr>
<td>Address, Home:</td>
</tr>
</tbody>
</table>

1. To access databases, go to Library.uca.edu

2. Create a Library PIN Number (required for off campus database access):

   1. Go to Library.uca.edu
   2. Follow directions under the link "Create a Library PIN."

3. Are you interested in requesting book checkout privileges? __________

4. Sign and return this form to the UCA Department of Physical Therapy, attention Misty Booth by FAX: (501-450-5822) or email to mbooth@uca.edu.

Required Signatures:

   __________________________________________  Date: ________
   Clinical Instructor

   __________________________________________  Date: ________
   Misty Booth, PT, DPT, PCS, Director of Clinical Education

   __________________________________________  Date: ________
   Art Lichtenstein, Library Director (or designee)

Please allow two weeks from date of request for processing.  
Revised 07/02/2015
The UCA Professional DPT curriculum requires students to complete full-time experiences in acute care, inpatient rehabilitation, outpatient, and specialty settings. Please indicate the number of student slots that you can offer for 20XX rotations below by placing the number under the corresponding type of experience. If your facility offers an experience within Specialty, please describe here: ___________

<table>
<thead>
<tr>
<th>UCA Dates</th>
<th>Rotation</th>
<th>Please Indicate Number of Slots Offered For:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>January X – March X</td>
<td>CE 3, 10 weeks</td>
<td>Acute, Inpatient</td>
<td>Rehab, Inpatient</td>
</tr>
<tr>
<td>March XX – May XX (Wednesday)</td>
<td>CE4, 10 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May XX (Tuesday) – August X</td>
<td>CE5, 10 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>August XX – October X</td>
<td>CE2, 8 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>November XX – December XX</td>
<td>CE1, 5 weeks</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Information: ____________________________________________________________

__________________________________________________________

Please RETURN this form by April 30 if you can or cannot offer slots.
Fax (501) 450-5822 or staceys@uca.edu.
July 27, 2013

Jane Doe, DPT, PT
Center Coordinator Clinical Education
A Plus Physical Therapy
PO Box 123
Anytown, AR 12345

Dear CCCE:

Please review the student assignments below for your facility for the 2013 calendar year. The assignments are based on clinical education slots indicated on your 2013 commitment form – if a student is assigned at this time then their name appears below. We have not completed the DPT Rotation 1 assignments at this time- please continue to hold those slots for us until we complete that process in late September.

<table>
<thead>
<tr>
<th>2013 Date</th>
<th>Rotation</th>
<th>ACUTE CARE</th>
<th>REHAB INPATIENT</th>
<th>OUTPATIENT</th>
<th>SPECIALTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 7 - March 15</td>
<td>Rotation III</td>
<td>10 weeks</td>
<td>No student assigned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 18 – May 22 (Wed)</td>
<td>Rotation IV</td>
<td>10 weeks</td>
<td>Thomas Krane</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 28 (Tues) - August 2</td>
<td>Rotation V</td>
<td>10 weeks</td>
<td>Julie Smithfield</td>
<td></td>
<td></td>
</tr>
<tr>
<td>August 12 – October 4</td>
<td>Rotation II</td>
<td>8 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>November 11 - October 13</td>
<td>Rotation I</td>
<td>5 weeks</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A clinical instructor packet will be mailed 4 to 6 weeks in advance of the beginning date for each student placement. We may contact you regarding future availability of the slots that have not yet been assigned in the event of a cancellation. Thank you for your support of physical therapy clinical education!

Sincerely,

Misty Booth, PT, DPT, PCS
Director of Clinical Education
Phone: 501-450-5543
Email: mbooth@uca.edu

Sample letter sent to sites each July regarding results of student assignments based on commitment form received from CCCE.
UCA DEPARTMENT OF PHYSICAL THERAPY

IMPORTANT REMINDERS AND CONTACT INFORMATION

Misty Booth, PT, DPT, PCS
Director of Clinical Education
Department of Physical Therapy
Office: (501) 450-5543
Cell: (501) 519-4719
Email: mbooth@uca.edu
Address: PT Center, Suite 300
201 Donaghey Ave.
Conway, AR 72035

Twala Maresh, PT, DPT NCS
Assistant Director of Clinical Education
Department of Physical Therapy
Office: (501) 450-5598
Cell: (501) 680-2865
Email: twalam@uca.edu

- **Name Tag:** The student must wear the UCA name-tag at all times during the clinical experience. If the facility provides a name-tag, the student must still wear the UCA name tag for legal purposes unless the facility name tag specifically states “UCA student”.

- **Clinical Instructor:** The primary CI is a licensed physical therapist with at least one year of clinical practice who is assigned by the CCCE to be responsible for the instruction and supervision of the student(s) in the clinical education setting. The CI is to provide a quality learning experience for students in the areas of patient care, administration, and research as determined by availability and the student objectives. The CI provides written and oral evaluation of the student’s performance as requested by the DCE. The student also provides the clinical instructor with an evaluation whereby the student provides feedback regarding instruction and learning experiences received.

- **Performance Evaluation:** Students will be assessed using the CPI Web at [https://cpi2.amsapps.com/](https://cpi2.amsapps.com/) All CI’s and students must complete an online training module to be able to access CPI Web. Students and clinical instructors should complete a midterm and final evaluation and should discuss the student’s performance at both midterm and final in addition to ongoing feedback provided by the CI to optimize clinical performance. Information is provided in the student packet regarding CI access to training and CPI Web.

- **Supervision:** Student physical therapists, when participating as a part of a physical therapist professional curriculum and when acting in accordance with APTA policy and applicable state laws and regulations, are qualified to provide services only under the direction and direct supervision of the physical therapist, who is responsible for patient/client management. Direct supervision means the physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient during each visit that is defined in the Guide to Physical Therapist Practice as all encounters with a patient/client in a 24-hour period. Telecommunication does not meet the requirement of direct supervision. The CI is responsible for ensuring the student is provided with supervision according to any regulations (i.e. Medicare) governing the provision of services in the clinic that may require more strict supervision than the above mentioned requirements.

- **Travel:** Students assigned to clinical sites requiring more than 8 hours travel time between the site and UCA or the next assigned site may be allowed a travel day at the end of the rotation.
• **Attendance:** Students’ attendance during clinical experiences should be handled as if reporting to work. Absences due to illness or emergency should be reported as early as possible to the CCCE or CI. Students should follow the facility work schedule for weekends, holidays, etc. Students are allowed one sick day per rotation, but are not allotted any personal days. The student will work with the CI to arrange for additional time missed by the student to be made up. The DCE should be notified if make-up presents logistical challenges. If a student misses multiple days, the DCE should be notified.

**Inclement weather:** In the event of inclement weather, students are expected to contact the CI prior to the start of the work day if the student will be delayed or unable to attend clinic due to inclement weather. Students are expected to demonstrate reasonable efforts to attend in the event of inclement weather, but are not expected to jeopardize personal safety. If multiple days are missed, arrangements will need to be discussed with the DCE regarding make-up.

• **Library Privileges:** In appreciation for the clinical opportunities provided for students in the UCA DPT program, each CI is eligible for UCA library privileges. A form is included in each student’s packet for CIs to request UCA library privileges. Forms for CIs wishing to request library privileges should be completed and returned to the DCE via mail or fax (501) 450-5822.

• **Assistance:** *Should a problem arise in the clinic, the student and the CI and/or CCCE should first seek to resolve any issues impacting the student’s rotation. The DCE should be informed of any situation for which resolution cannot be attained through discussion between the CI and/or CCCE and the student. If a situation is urgent in nature and the DCE, Dr. Misty Booth cannot be reached in the office or via cell phone, please contact the Assistant DCE, Dr. Twala Maresh.*
Implementing MDS 3.0: Use of Therapy Students

As facilities continue to change their current practices to implement the Minimum Data Set Version 3.0 (better known as MDS 3.0), one of the emerging issues is the manner in which they document and utilize therapy students. Under the new rules, in order to record the minutes as individual therapy when a therapy student is involved in the treatment of a resident, only one resident can be treated by the therapy student and the supervising therapist or assistant (for Medicare Part A and Part B). In addition, the supervising therapist or assistant cannot engage in any other activity or treatment when the resident is receiving treatment under Medicare Part B. However, for those residents whose stay is covered under Medicare Part A, the supervising therapist or assistant cannot be treating or supervising other individuals. Beginning on October 1, 2011, the student and resident no longer need to be within the line-of-sight supervision of the supervising therapist. CMS will allow the supervising therapist to determine the appropriate level of supervision for the student. The student is still treated as an extension of the therapist, and the time the student spends with the patient will continue to be billed as if the supervising therapist alone was providing the services.

Under Medicare Part A, when a therapy student is involved with the treatment, and one of the following occurs, the minutes may be coded as concurrent therapy:

- The therapy student is treating one resident and the supervising therapist or assistant is treating another resident and the therapy student is supervised by the therapist at the appropriate level of supervision as determined by the supervising therapist; or
- The therapy student is treating two residents at the appropriate level of supervision as determined by the supervising therapist and the therapist is not treating any residents and not supervising other individuals; or
- The therapy student is not treating any residents and the supervising therapist or assistant is treating two residents at the same time, regardless of payer source

The student would be precluded from treating the resident and recording the minutes as concurrent therapy under Medicare Part B.

Under Medicare Part A, when a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing the group treatment at the appropriate level of supervision as determined by the supervising therapist and the supervising therapist or assistant is not treating any residents and is not supervising other individuals (students or residents); or
- The supervising therapist/assistant is providing the group treatment and the therapy student is not providing treatment to any resident.

Under Medicare Part B, when a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing group treatment and the supervising therapist or assistant is present and in the room and is not engaged in any other activity or treatment; or
- The supervising therapist or assistant is providing group treatment and the therapy student is not providing treatment to any resident.
Recommended Skilled Nursing Facility Therapy Student Supervision Guidelines
Submitted to CMS by the American Physical Therapy Association (APTA)
During the Comment Period for the FY 2012 SNF PPS Final Rule

Please note: These suggested guidelines would be in addition to the student supervision guidelines outlined in the RAI MDS 3.0 Manual and all relevant Federal Regulations.

- The amount of supervision must be appropriate to the student’s level of knowledge, experience, and competence.
- Students who have been approved by the supervising therapist or assistant to practice independently in selected patient/client situations can perform those selected patient/client services specified by the supervising therapist/assistant.
- The supervising therapist/assistant must be physically present in the facility and immediately available to provide observation, guidance, and feedback as needed when the student is providing services.
- When the supervising therapist/assistant has cleared the student to perform medically necessary patient/client services and the student provides the appropriate level of services, the services will be counted on the MDS as skilled therapy minutes.
- The supervising therapist/assistant is required to review and co-sign all students’ patient/client documentation for all levels of clinical experience and retains full responsibility for the care of the patient/client.
- Therapist assistants can provide instruction and supervision to therapy assistant students so long as the therapist assistant is properly supervised by the therapist.

These changes as well as other changes regarding MDS 3.0 will take effect October 1, 2011. If you have questions regarding this provision or other provisions within MDS 3.0, please contact the APTA at advocacy@apta.org or at 800.999.2782 ext. 8533.
Practice Setting | PT Student | PTA Student
---|---|---
| | Part A | Part B | Part A | Part B

| Physical Therapist in Private Practice | N/A | X¹ | N/A | X¹ |
| Certified Rehabilitation Agency | N/A | X¹ | N/A | X¹ |
| Comprehensive Outpatient Rehabilitation Facility | N/A | X¹ | N/A | X¹ |
| Skilled Nursing Facility | Y¹ | X¹ | Y² | X¹ |
| Hospital | Y³ | X¹ | Y³ | X¹ |
| Home Health Agency | NAR | X¹ | NAR | X¹ |
| Inpatient Rehabilitation Facility | Y⁴ | N/A | Y⁴ | N/A |

Key:
Y: Reimbursable
X: Not Reimbursable
N/A: Not Applicable
NAR: Not Addressed in Regulation. Please defer to state law.

Y¹: Reimbursable: Therapy students are not required to be in line-of-sight of the professional supervising therapist/assistant (Federal Register, August 8, 2011). Within individual facilities, supervising therapists/assistants must make the determination as to whether or not a student is ready to treat patients without line-of-sight supervision. Additionally all state and professional practice guidelines for student supervision must be followed. Time may be coded on the MDS when the therapist provides skilled services and direction to a student who is participating in the provision of therapy. All time that the student spends with patients should be documented.

Medicare Part B—The following criteria must be met in order for services provided by a student to be billed by the long-term care facility:

- The qualified professional is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.
- The practitioner is not engaged in treating another patient or doing other tasks at the same time.
- The qualified professional is the person responsible for the services and, as such, signs all documentation. (A student may, of course, also sign but it is not necessary because the Part B payment is for the clinician’s service, not for the student’s services.)

Individual Therapy:
When a therapy student is involved with the treatment of a resident, the minutes may be coded as individual therapy when only one resident is being treated by the therapy student and supervising therapist/assistant (Medicare A and Medicare B). The supervising therapist/assistant shall not be engaged in any other activity or treatment when the resident is receiving therapy under Medicare B. However, for those residents whose stay is covered under Medicare A, the supervising therapist/assistant shall not be treating or supervising other individuals and he/she is able to immediately intervene/assist the student as needed.

Example: A speech therapy graduate student treats Mr. A for 30 minutes. Mr. A’s therapy is covered under the Medicare Part A benefit. The supervising speech-language pathologist is not treating any patients at this time but is not in the room with the student or Mr. A. Mr. A’s therapy may be coded as 30 minutes of individual therapy on the MDS.

Concurrent Therapy:
When a therapy student is involved with the treatment, and one of the following occurs, the minutes may be coded as concurrent therapy:

- The therapy student is treating one resident and the supervising therapist/assistant is treating another resident, and both residents are in line of sight of the therapist/assistant or student providing their therapy; or
- The therapy student is treating 2 residents, regardless of payer source, both of whom are in line-of-sight of the therapy student, and the therapist is not treating any residents and not supervising other individuals; or
- The therapy student is not treating any residents and the supervising therapist/assistant is treating 2 residents at the same time, regardless of payer source, both of whom are in line-of-sight.

Medicare Part B: The treatment of two or more residents who may or may not be performing the same or similar activity, regardless of payer source, at the same time is documented as group treatment.

Example: An Occupational Therapist provides therapy to Mr. K. for 60 minutes. An occupational therapy graduate student, who is supervised by the occupational therapist, is treating Mr. R. at the same time for the same 60 minutes but Mr. K. and Mr. R. are not doing the same or similar activities. Both Mr. K. and Mr. R’s stays are covered under the Medicare Part A benefit. Based on the information above, the therapist would code each individual’s MDS for this day of treatment as follows:
Mr. K. received concurrent therapy for 60 minutes.
Mr. R. received concurrent therapy for 60 minutes.

Group Therapy:
When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing the group treatment and the supervising therapist/assistant is not treating any residents and is not supervising other individuals (students or residents); or
- The supervising therapist/assistant is providing the group treatment and the therapy student
is not providing treatment to any resident. In this case, the student is simply assisting the supervising therapist.

Medicare Part B: The treatment of 2 or more individuals simultaneously, regardless of payer source, who may or may not be performing the same activity.

When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing group treatment and the supervising therapist/assistant is not engaged in any other activity or treatment; or
- The supervising therapist/assistant is providing group treatment and the therapy student is not providing treatment to any resident.

Documentation: APTA recommends that the physical therapist co-sign the note of the physical therapist student and state the level of supervision that the PT determined was appropriate for the student and how/if the therapist was involved in the patient’s care.

Y²: Reimbursable: The minutes of student services count on the Minimum Data Set. Medicare no longer requires that the PT/PTA provide line-of-sight supervision of physical therapist assistant (PTA) student services. Rather, the supervising PT/PTA now has the authority to determine the appropriate level of supervision for the student, as appropriate within their state scope of practice. See Y¹.

Documentation: APTA recommends that the physical therapist and assistant should co-sign the note of physical therapist assistant student and state the level of appropriate supervision used. Also, the documentation should reflect the requirements as indicated for individual therapy, concurrent therapy, and group therapy in Y¹.

Y³: This is not specifically addressed in the regulations, therefore, please defer to state law and standards of professional practice. Additionally, the Part A hospital diagnosis related group (DRG) payment system is similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student services in the SNF setting.

Documentation: Please refer to documentation guidance provided under Y¹

Y⁴: This is not specifically addressed in the regulations, therefore, please defer to state law and standards of professional practice. Additionally, the inpatient rehabilitation facility payment system is similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student services in the SNF setting.

X¹: B. Therapy Students

1. General

Only the services of the therapist can be billed and paid under Medicare Part B. The services performed by a student are not reimbursed even if provided under "line of sight" supervision of the therapist; however, the presence of the student "in the room" does not make the service unbillable.
**EXAMPLES:**

Therapists may bill and be paid for the provision of services in the following scenarios:

- The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.

  - The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.

  - The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician’s service, not for the student’s services).

**2. Therapy Assistants as Clinical Instructors**

Physical therapist assistants and occupational therapy assistants are not precluded from serving as clinical instructors for therapy students, while providing services within their scope of work and performed under the direction and supervision of a licensed physical or occupational therapist to a Medicare beneficiary.

Documentation: APTA recommends that the physical therapist or physical therapist assistant complete documentation.
This AGREEMENT, made and entered into this day of _______________, 2015, by and between the University of Central Arkansas, through its Program in Physical Therapy of its College of Health and Behavioral Sciences, hereinafter referred to as the "SCHOOL" and ____________________________ hereinafter referred to as the "FACILITY".

FACILITY CONTACT INFORMATION:

Facility Name: __________________________________________
Contact Name: __________________________________________
Mailing Address: _________________________________________
________________________________________________________
Contact Phone/Email: ____________________________________

SCHOOL CONTACT INFORMATION:

University of Central Arkansas, Department of Physical Therapy
Attention: Director of Clinical Education
Physical Therapy Center, Suite 300
201 Donaghey Avenue, Conway, Arkansas 72035
Phone: (501) 450-3611; Fax: (501) 450-5822

SECTION 1: INTRODUCTION

Clinical education is that integral part of physical therapy education which allows application of academic preparation and internalization of the physical therapist's (PT) roles. The SCHOOL and the FACILITY enter into this agreement to provide maximum utilization of community resources, develop excellence in education and research, and promote quality patient care now and in the future by providing quality learning for the physical therapy student, allowing for mastery of available clinical skills.

SECTION 2: OBJECTIVES

Objectives for clinical affiliations include but are not limited to the following:

1. The FACILITY provides an active, stimulating environment for the student and has a staff, which practices ethically and legally, and which is committed to the principle of equal opportunity and
affirmative action.

2. The student accomplishes pre-planned objectives specified by the clinical faculty, the academic faculty and the student.

3. Learning experiences are designed to provide opportunities for enhancing cognitive, psychomotor and affective skills in the areas of patient care, administration, supervision, teaching and research.

4. The student explores areas of special interest in addition to acquiring entry-level skills and determines compatibility with certain areas of practice and in certain practice sites.

5. The FACILITY obtains growth and development through preparation for student learners and through knowledge and skills brought by the students and determines compatibility of certain students with the FACILITY.

SECTION 3: RESPONSIBILITIES OF THE SCHOOL

1. The SCHOOL will have total responsibility for planning and determining the adequacy of the educational experience of students in theoretical training, basic skills, professional ethics, attitude and behavior, and will assign the FACILITY only those students who have satisfactorily completed the prerequisites of the SCHOOL’S educational program before clinical assignment.

2. The SCHOOL will provide medical professional liability protection of $2,000,000/$5,000,000 coverage for its students assigned to the FACILITY. Such protection shall inure to the FACILITY to the extent that a claim or loss results from a student acting without direction or not having accurately followed the directives, orders or instructions of the student's supervisor provided by the FACILITY. The terms of such protection shall be communicated to the FACILITY here within. Thereafter, the SCHOOL will give the FACILITY written notice 30 days prior to the effective date of any changes in the terms of such protection.

3. The SCHOOL will provide relevant information concerning the health of and any physical or mental impairment of students assigned to the FACILITY as requested by the FACILITY and consistent with applicable law.

4. The SCHOOL will appoint one faculty member as Director of Clinical Education (DCE) to serve as liaison between the SCHOOL and the FACILITY; the DCE at the SCHOOL will do the following:
   a) Maintain communication between the SCHOOL and the FACILITY.
   b) Arrange the scheduling of clinical experiences cooperatively with the Center Coordinator of Clinical Education (CCCE) and student.
   c) Furnish necessary information to the CCCE concerning the curriculum, specific clinical education objectives, and student evaluation of the clinical experience.
   d) Conduct meetings of the DCE, CCCE, academic faculty, and clinical faculty, as needed.
   e) Insure the availability of self or a designated faculty member at all times during the clinic experience, should questions or problems arise.
   f) Encourage visits to the facility by academic faculty during student clinical experiences as determined necessary by the DCE. Optimally, site visits to active facilities will be made
at least once every two years.

g) Provide students with information provided by the FACILITY about the clinic site prior to student submission of clinic preferences.

h) Provide in-service education programs for clinical faculty when mutually convenient.

i) Obtain written documentation of information regarding numbers of students the facility is willing to instruct, and services provided by the facility.

j) Provide the facility with a schedule of student assignments at least four weeks before the beginning date of the student's assignment so the FACILITY can plan for the student's educational experiences.

5. The SCHOOL will require students to be current in those routine vaccinations required by the SCHOOL to include a negative TB skin test within one year and evidence of Hepatitis B vaccine or sign a release form waiving the Hepatitis B vaccine.

6. The SCHOOL will instruct students regarding skills, professional ethics, state practice acts, rules and regulations and behaviors pertaining to the clinical experience.

7. The SCHOOL will offer university library privileges for Clinical Instructors that supervise students during a calendar year.

SECTION 4: RESPONSIBILITIES OF THE FACILITY

1. The FACILITY will designate one member of the professional physical therapy staff as the Center Coordinator of Clinical Education (CCCE) and submit in writing the name and credentials of that person. The facility will notify in writing the DCE any changes in the CCCE and/or major changes in the professional physical therapy staff.

2. The FACILITY assures that all Clinical Instructors assigned to evaluate students will have a minimum of one (1) year of clinical experience prior to supervising a physical therapy student.

3. The FACILITY will submit and regularly update facility information as requested by the DCE.

4. The FACILITY will provide additional information in order for students and faculty to appropriately select clinical sites.

5. The FACILITY will provide a student handbook or other document establishing the FACILITY’S policies and procedures for use by the student while at the clinic site, and provide the SCHOOL with a copy. During periods of clinical assignment and while on facility premises, students will also be subject to all standards, rules, regulations, administrative practices and policies of the FACILITY. However, students are to remain subject to the authority, policies and regulations imposed by the SCHOOL.

6. The FACILITY will provide the student with an appropriate orientation to the FACILITY.

7. The FACILITY will provide appropriate supervision for the student. PT students shall perform services for patients only for educational purposes when under the supervision of a registered, licensed, or certified physical therapist. Students shall perform their assignments, participate in ward rounds, clinics, staff meetings and in-service educational programs at the discretion of their supervisors designated by the FACILITY. Students are trainees, not employees, and are not
5/14/2015, Page 4

Department of Physical Therapy  University of Central Arkansas  Conway, AR 72035

to replace FACILITY staff.

8. The FACILITY will make available to assigned students appropriate equipment and supplies in order to provide supervised clinical experience in the program. FACILITY shall also provide quality learning experiences for students in areas of patient care, administration, and/or research as determined by availability and student objectives.

9. The FACILITY will, on reasonable request, permit the inspection of the FACILITY, services available for clinical experiences, and such items pertaining to the FACILITY’S clinical education program by the SCHOOL or agencies, or by both, charged with the responsibility for accreditation of the SCHOOL’S PT curriculum.

10. The FACILITY will provide written and oral evaluation of student performance as requested by the SCHOOL.

11. The FACILITY will use its best efforts in arranging immediate emergency care of students in the event of accidental injury or illness, but will not be responsible for costs involved, follow-up care or hospitalization.

12. The FACILITY will comply with the provisions of the Family Educational Rights And Privacy Act (FERPA) agreeing not to disclose information about the student’s performance or information from the student’s educational records provided by the SCHOOL to a third party without the student’s consent and further agrees to use the information only for the purposes for which it is requested.

13. The FACILITY will be responsible for requesting of the STUDENT any further vaccinations, records or other documentation in addition to a TB skin test, CPR certification and Hepatitis B vaccine or signed waiver refusing the Hepatitis B vaccine, as consistent with applicable law. The FACILITY shall be responsible for obtaining from the STUDENT proof of any other routine vaccinations as requested by the FACILITY.

SECTION 5: MUTUAL RESPONSIBILITIES OF THE SCHOOL AND FACILITY

1. The SCHOOL and the FACILITY shall mutually agree upon and arrange the course of instruction, the periods of assignment for each student, and the number of students eligible to participate concurrently.

2. The DCE, CCCE, or student may request that the student be withdrawn from the clinical education experience, or other action taken, when mutual objectives cannot be met. The request should be initiated through the DCE. If a satisfactory solution cannot be accomplished, the DCE, CCCE or student may request consultation with the SCHOOL’S Physical Therapy Department Chairman and/or FACILITY Department Director.

SECTION 6: CONFIDENTIALITY AND DISCLOSURE OF PATIENT INFORMATION (HIPAA COMPLIANCE)

It is agreed that all parties will comply fully with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as well as any other state, federal, or local laws or regulations governing the subject matter of this agreement. During the time that the SCHOOL students and faculty
are at FACILITY and participating in clinical training involving Protected Health Information regulated by the federal HIPAA Privacy Regulations, these students and faculty will be considered a part of the workforce of FACILITY for clinical teaching purposes. The faculty members and students of the SCHOOL will not use or disclose protected health information except as permitted by the FACILITY’S policy and as permitted by law or regulation. Unauthorized uses or disclosures of protected health information by either a faculty member or a student will be immediately reported to the FACILITY. Faculty members and students will be trained by the SCHOOL regarding the HIPAA standards and agree to comply with the standards and recognize that sanctions will be applied for violations. If at any time during the term of this agreement, any alleged violation of HIPAA or any regulations there under occur, or the law or regulations change, the parties agree to take all steps necessary to ensure compliance with such act and regulations. The students and faculty are subject to any training requirements of FACILITY and will complete FACILITY training concerning HIPAA policies and procedures if required by FACILITY.

SECTION 7: TERMS OF AGREEMENT

1. The term of this Agreement shall be one (1) year beginning on the date of the final signature, and shall be automatically renewed for one (1) year periods thereafter, unless either party to this Agreement shall notify the other in writing of its intention not to renew the Agreement, with notice given at least ninety (90) days prior to the termination date. Notice of termination to the SCHOOL shall be directed to: University of Central Arkansas, Attn: Director of Clinical Education, Physical Therapy Department, PT Center Suite 300, 201 Donaghey Ave., Conway, AR 72035-0001.

2. Both parties reserve the right to terminate the Agreement at any time upon ninety (90) days written notice, provided that any such termination shall not adversely affect the rights of any students already enrolled in the clinical program and making satisfactory progress.

3. It is understood and agreed that the parties may revise or modify this Agreement by written amendment executed by both parties.

4. It is hereby agreed that all parties will comply fully with all applicable State and Federal laws and regulations. It is agreed that the parties will not discriminate against any qualified student because of age, gender, sex, race, color, creed, national origin, ancestry, disability, or any other legally prohibited factor.

SECTION 8: INDEMNIFICATION

Notwithstanding any other provision of clinical agreement, SCHOOL shall never indemnify or hold another party harmless from any damages, liability, claims, demands, causes of action or expenses. However, with respect to any loss, expense, damage, liability, claim or cause of action, either at law or in equity, for actual or alleged injuries to persons or property, arising out of any negligent act or omission by SCHOOL, or its employees or agents, in the performance of this agreement, SCHOOL agrees that:

(a) it will cooperate with FACILITY in the defense of any action or claim brought against FACILITY seeking damages or relief;
(b) it will, in good faith, cooperate with FACILITY should FACILITY present any claims or causes of action of the foregoing nature against SCHOOL to the Arkansas State Claims Commission;

(c) it will not take any action to frustrate or delay the prompt hearing on claims of the foregoing nature by the Arkansas State Claims Commission, and will make reasonable efforts to expedite any hearing thereon.

SCHOOL reserves the right, however, to assert in good faith any and all defenses available to it in any proceedings before the Arkansas State Claims Commission or any other forum.

Nothing herein shall be interpreted or construed to waive the sovereign immunity of SCHOOL.

SECTION 9: SIGNATURES

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed on the day, month and year first written above.

Signatures:

FACILITY

________________________________
Name: __________________________
Center Coordinator of Clinical Education

_______________________________
Name: __________________________
Facility Administrator/Owner

_______________________________
Date

SCHOOL

___________________________________
Melissa Booth, DPT, PT, PCS
Director of Clinical Education

___________________________________
Nancy B. Reese, PhD, PT
Chairperson, Department of Physical Therapy

___________________________________
Jimmy H. Ishee, PhD
Dean, College of Health and Behavioral Sciences

___________________________________
Steven W. Runge, PhD
Executive Vice President and Provost

___________________________________
Date
UCA
Graduate Bulletin 2015-2016
Physical Therapy


The mission of the UCA Department of Physical Therapy is to develop outstanding physical therapy professionals who are practicing autonomously in the global clinical and research communities and to model excellence in education, research, and service.

[2] Professional Degree: Doctor of Physical Therapy (DPT)

[2.1] Program Admission Requirements

Applications to the Professional DPT Program must be submitted using the Physical Therapist Centralized Application Service (PT-CAS) at www.ptcas.org.

In addition to meeting the general requirements of the Graduate School, the applicant must complete a supplemental application and a graduate application.

All applicants to the Professional DPT Program must submit the following:

1. Evidence of a minimum cumulative GPA of 3.00 on a scale of 4.00 and a science GPA of 3.00 on a scale of 4.00 for all biology, chemistry, and physics course work.
2. A score report for the Graduate Record Examinations (GRE).
3. Documentation of 45 hours of PT observations at three different clinical settings (10-20 hours per facility).
4. Any required application fee (if a fee is required, that information will be provided in the on-line application packet available at www.uca.edu/pt).
5. Evidence of completion of the following courses or their equivalents:

<table>
<thead>
<tr>
<th>Area/Course</th>
<th>SCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Psychology (PSYC 1300) and a Psychology elective</td>
<td>6</td>
</tr>
<tr>
<td>Chemistry (CHEM 1402 and 2450 or 1450 and 1451; other courses such as CHEM 2401 and 3411 are available by approval)</td>
<td>8</td>
</tr>
<tr>
<td>Physics (PHYS 1410 and 1420; Physical Science not accepted)</td>
<td>8</td>
</tr>
<tr>
<td>Biology, including the following: 4 hours of Biology 1440 or equivalent, at least 8 hours of Human Anatomy and Physiology, 3 hours of upper division, animal-based biology</td>
<td>15</td>
</tr>
<tr>
<td>Statistics (PSYC 2330, MATH 2311, SOC 2321, QMTH 2330)</td>
<td>3</td>
</tr>
<tr>
<td>Medical Terminology (H SC 3123)</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL HOURS REQUIRED</td>
<td>48</td>
</tr>
</tbody>
</table>

6. Documentation of completion of 22 of the 31 hours of science course work prior to the application deadline.
In addition, students accepted to the DPT program must submit two official transcripts from every college attended, including a transcript showing an earned baccalaureate degree from an accredited institution, to the UCA Graduate School. The degree must be awarded by the August enrollment date. (Students pursuing a baccalaureate degree at UCA may want to consider the BS in Health Sciences with a physical therapy emphasis.)

Students enrolled in the DPT program must perform certain essential functions in order to participate in and complete program requirements. A list of these essential functions and the departmental policy is available at www.uca.edu/pt.

All prospective students should review the document “Essential Functions of the Student in the DPT Program” and the departmental policy prior to applying for admission to the DPT Program.

[2.2] Options for Admission

The professional curriculum in physical therapy has enrollment limitations, and entry is by specific application and competitive admission. Two options exist for application to the professional DPT program.

[2.2.1] Freshman Admission

**Application Deadline:** Selection of this option should be confirmed with the pre-PT advisor by October 15 of the freshman year.

Students who begin study at UCA as a freshman and score at least a 30 on the ACT (from high school) or 1320 on SAT (verbal and math) will be accepted into the Professional DPT program. Specific performance standards must be met in order to maintain the position in the program. Actual enrollment into the professional program will occur after completion of the baccalaureate degree.

To maintain freshman admission:

- Take all coursework at UCA;
- Complete the GRE by DPT application deadline (Oct. 1);
- Attend three Pre-PT Club meetings each year (12 total in 4 years);
- Maintain a 3.70 cumulative GPA and a 3.50 science GPA for all undergraduate work;
- Complete 45 hours of observation at three different physical therapy clinics/facilities by application deadline;
- Be enrolled in 22nd hour of 31 required science hours in fall semester prior to the year of enrollment in the DPT program;
- Complete the baccalaureate degree and all required prerequisites by August of the year of enrollment in the DPT program;

No interview is required of applicants entering the program under Freshman Admission. Contact the UCA Pre-Physical Therapy Advisor for more details regarding Freshman Admission.

[2.2.3] Regular Admission

**Application Deadline: October 1, each year**

Those applicants not using the Freshman Admission must complete an application for Regular Admission.
The deadline for Regular Admission is October 1 of the year prior to planned enrollment.
Applications to the Professional DPT Program must be submitted using the Physical Therapist Centralized Application Service (PT-CAS) at www.ptcas.org.

In addition to meeting the general requirements of UCA’s Graduate School, the applicant must complete the application using the Physical Therapist Centralized Application Service (www.ptcas.org) and a supplemental application (available online at uca.edu/pt/).

To be eligible for Regular Admission, by the application deadline, the applicant must:

- Possess a cumulative GPA of at least a 3.0 based on a 4.0 scale;
- Possess a science GPA of at least 3.00 for all biology, chemistry, and physics course work;
- Have received a score on the Graduate Record Examination (GRE);
- Have completed a minimum of 22 hours of the 31 required hours of science prerequisites by the DPT application deadline;
- Have completed 45 hours of PT observation at 3 different clinical settings (10-20 hours per facility) by the application deadline.

All applications of candidates who meet qualifications for Regular Admission are reviewed by the DPT Admission Committee composed of physical therapy faculty, other departmental faculty, the Graduate Dean, and the Registrar. Applicants are ranked using a composite score derived from the cumulative grade point average (CGPA), the science grade point average (SGPA), points on extra science course work above the first year level, and scores on the GRE. Of the criteria, the SGPA is weighted most heavily. The top applicants are invited to a mandatory interview scheduled for early November. The DPT Admission Committee Chair will inform invited applicants of their interview time. The interview is used to assess such factors as the ability to present oneself professionally, to use verbal and non-verbal communication appropriately, to express knowledge about the profession of physical therapy, to function within the group for the interview, and to express ideas quickly and succinctly.

Applicants accepted for admission are notified of acceptance in late November. A ranked alternate list is also prepared. Individuals may be chosen from this list to replace applicants who decline their appointment at any time, up to the date of August 1. Ranking as an alternate is indicative of the Committee’s high opinion of a candidate’s potential, but does not assure placement in the class or in any future class. If class positions are not filled in the first application process, applications will be received until all class positions are filled or until August 1.

Students who do not meet the stated criteria for admission may appeal to the DPT Admission Committee. Requests for exceptions to the prerequisite course work and policies must be submitted to the DPT Admission Committee by the application deadline. Failure to be admitted does not prevent reapplying for a later year.

Grade Point Averages for recent course work (30 semester hours or 45 quarter hours): The GPA for recent course work may be considered by the DPT Admission Committee as a substitute for the cumulative GPA for admission purposes only. The substitution may be made if the GPA for the last 30 semester hours (45 quarter hour equivalent) is at least 10% higher than the cumulative GPA and includes 15 hours of appropriate science course work. A minimal 3.00 cumulative GPA requirement and a minimal 3.00 science GPA requirement must be met prior to utilizing this option. No more than 8 hours of the science course work may be repeated course work. The total hours for the recent college GPA are obtained by beginning with the last semester or quarter of course work and moving backwards chronologically on the transcript(s) until 30 semester hours or 45 quarter hour equivalents are obtained. All courses are included. No more than one-fourth of the non-science course work included in the recent course work GPA may be repeated course work.
work. All other requirements still apply.

[2.3] Tuition and Fees

In addition to the general registration and other mandatory fees established by the university, a Health Sciences Fee of $14.00 per semester hour and a $5.00 per semester hour lab fee are required for physical therapy course work. Information on general registration and other mandatory fees is available from the Office of Student Accounts. No departmental fee is required during the full-time clinical work. Textbooks cost approximately $2,200 for the DPT curriculum, and other required fees total approximately $200. Fees are subject to change at any time.

[2.4] Simultaneous Admission to Doctor of Philosophy (PhD) Program

Students who are admitted to the Doctor of Physical Therapy program may be eligible for simultaneous admission to the Doctor of Philosophy (PhD) program in physical therapy. Admission to the PhD program requires a separate application process. Simultaneous enrollment in the DPT and PhD programs will allow students wishing to pursue the PhD to get a head start on the doctoral research and will provide an opportunity to complete the PhD degree in less time than if the two degrees were completed sequentially. See section 2.7 for details on which PhD courses will be integrated into the DPT curriculum.

[2.5] Accreditation Status

The Doctor of Physical Therapy (professional degree) is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the APTA. Contact information for CAPTE is

1111 North Fairfax Street
Alexandria, VA 22314

e-mail: accreditation@apta.org
phone: (800) 999-2782 or (703) 706-3245

[2.6] Professional Curriculum (123 hours)

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTHY 5403</td>
<td>Human Physiology</td>
</tr>
<tr>
<td>PTHY 5505</td>
<td>Gross Anatomy</td>
</tr>
<tr>
<td>PTHY 6104</td>
<td>Physical Therapy Research I</td>
</tr>
<tr>
<td>PTHY 6204</td>
<td>Physical Therapy Research II</td>
</tr>
<tr>
<td>PTHY 6250</td>
<td>Pharmacology in Physical Therapy</td>
</tr>
<tr>
<td>PTHY 6303</td>
<td>Patient Management and Documentation</td>
</tr>
<tr>
<td>PTHY 6307</td>
<td>Professional Development I</td>
</tr>
<tr>
<td>PTHY 6314</td>
<td>Neurophysiological Principles of Motor Control</td>
</tr>
<tr>
<td>PTHY 6401</td>
<td>Kinesiology I</td>
</tr>
<tr>
<td>PTHY 6402</td>
<td>Kinesiology II</td>
</tr>
<tr>
<td>PTHY 6403</td>
<td>Pathology</td>
</tr>
<tr>
<td>PTHY 6404</td>
<td>Clinical Foundations in Physical Therapy Practice</td>
</tr>
<tr>
<td>PTHY 6405</td>
<td>Therapeutic Exercise</td>
</tr>
<tr>
<td>PTHY 6424</td>
<td>Clinical Administration and Management</td>
</tr>
<tr>
<td>Course Code</td>
<td>Course Title</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td>PTHY 6501</td>
<td>Neuroscience</td>
</tr>
<tr>
<td>PTHY 7103</td>
<td>Outcomes Assessment in Physical Therapy</td>
</tr>
<tr>
<td>PTHY 7104</td>
<td>Physical Therapy Research III</td>
</tr>
<tr>
<td>PTHY 7106</td>
<td>Educational Roles in Physical Therapy</td>
</tr>
<tr>
<td>PTHY 7204</td>
<td>Physical Therapy Research IV</td>
</tr>
<tr>
<td>PTHY 7209</td>
<td>Complex Patient Management in Physical Therapy</td>
</tr>
<tr>
<td>PTHY 7210</td>
<td>Integumentary System: Principles and Practice</td>
</tr>
<tr>
<td>PTHY 7228-7528</td>
<td>Clinical Education Practicum in Physical Therapy ***</td>
</tr>
<tr>
<td>PTHY 7307</td>
<td>Professional Development II</td>
</tr>
<tr>
<td>PTHY 7403</td>
<td>Physical Agents</td>
</tr>
<tr>
<td>PTHY 7404</td>
<td>Musculoskeletal Physical Therapy I</td>
</tr>
<tr>
<td>PTHY 7405</td>
<td>Musculoskeletal Physical Therapy II</td>
</tr>
<tr>
<td>PTHY 7406</td>
<td>Musculoskeletal Physical Therapy III</td>
</tr>
<tr>
<td>PTHY 7409</td>
<td>Clinical Reasoning and Differential Diagnosis</td>
</tr>
<tr>
<td>PTHY 7411</td>
<td>Physical Rehabilitation</td>
</tr>
<tr>
<td>PTHY 7515</td>
<td>Neurological Rehabilitation in Pediatrics</td>
</tr>
<tr>
<td>PTHY 7516</td>
<td>Adult Neurological Rehabilitation</td>
</tr>
<tr>
<td>PTHY 7520</td>
<td>Cardiopulmonary Principles and Practice</td>
</tr>
<tr>
<td>PTHY 7529</td>
<td>Clinical Education IV</td>
</tr>
<tr>
<td>PTHY 7530</td>
<td>Clinical Education V</td>
</tr>
</tbody>
</table>

### [2.7] Curriculum Substitutions for DPT/Ph.D. Students

For students simultaneously enrolled in DPT and Ph.D. programs, the following substitutions in the DPT curriculum will be made:

* PTHY 6104, 6204, 7104, 7204 will be replaced with PSYC 6330 Advanced Psychological Statistics and PSYC 6331 Research Design.

*** One of the 10 week clinical practica (PTHY 7528, 7529, OR 7530) may occur in a clinical research laboratory related to the student’s doctoral research.

### [3] Doctor of Philosophy (PhD)

#### [3.1] Objectives

The PhD degree program graduate will demonstrate

1. Skill in conducting original research and providing evidence of an understanding of research designs
2. The ability to formulate hypotheses, plan methodologies, gather data (quantitatively and qualitatively), and draw conclusions
3. Effective communication and dissemination of research findings;
4. A commitment to engage in scholarship after graduation and to discover new knowledge and develop theoretical principles that advance the understanding of physical therapy practice;
5. Breadth of knowledge of the discipline and the research literature; and
6. The ability to teach at beginning and advanced levels of instruction; and
[3.2] Application Process

Students wishing to pursue the Doctor of Philosophy (PhD) degree program in physical therapy will be admitted through a process involving a mutual decision between the graduate dean and the Department of Physical Therapy. Applicants must submit the application materials to the Graduate School and should contact the department for further information. The following materials must be submitted:

1. A completed application for admission to the PhD program from the Department of Physical Therapy (online application and resources at uca.edu/pt)
2. An application for admission to the Graduate School at the University of Central Arkansas (online application and resources at uca.edu/graduateschool/admission-process)
3. Scores of the Graduate Record Examination (GRE).
4. Score of the Test of English as a Foreign Language (TOEFL) is also needed for international students. Contact the Graduate Office for the minimum acceptable score.
5. Two letters of reference
6. A brief letter indicating a statement of purpose
7. Verification (transcripts) of completion of a CAPTE accredited physical therapy curriculum or equivalent with a cumulative grade point average of at least a 3.0 (4.0 scale).
8. International students should refer to uca.edu/international/admissions for important additional requirements concerning graduate admissions.

[3.3] Admission Process

[3.3.1] Review by the PhD Admissions Committee

The PhD Admissions Committee for the Department of Physical Therapy consists of five members of the UCA graduate faculty. Four members are faculty in the Department of Physical Therapy, and one member is a graduate faculty member from a department other than Physical Therapy. Upon submission of the application materials, the PhD Admissions Committee will determine whether the applicant meets the criteria for acceptance including academic credential, GPA, scores on the GRE and TOEFL (if required), and appropriate interest area and statement of purpose.

[3.3.2] Interview

Applicants who meet the criteria are invited for an interview. An on-site interview at the University of Central Arkansas is preferred, but a telephone interview may be conducted when extenuating circumstances prevail.

[3.4] Residency Requirements

A minimum of three years of study will be necessary to attain the level of achievement required for completion of the Doctor of Philosophy in Physical Therapy degree. To assist in achieving the required level and to have ample opportunity to be part of the scholarly environment, the student is required to be in residence onsite in the Department of Physical Therapy in the form of two full semesters (Fall/Spring), or three Summer semesters. The minimum time for a Summer semester will be 10 weeks, while the minimum for a Spring/Fall semester will be 15 weeks each semester. During this residency, the student is required to be registered full time (9 credits) or part-time (6 credits) and expected to serve as a research or teaching assistant within the department. Specific requirements of the residency will be negotiated with the research advisor.
[3.5] Program of Study

As graduates of accredited physical therapy educational programs, applicants to the PhD degree program are expected to possess knowledge regarding the profession of physical therapy and its practice environments and culture. The program of study will be individualized for each student based upon current skills in statistics, research design, and a specific interest area. The program includes a major field, independent scholarship (consisting of core and research courses), and elective courses that provide breadth within the student’s interest area.

Apprenticeship to and close association with faculty members allow the student to evaluate pertinent literature, determine issues and problems, apply appropriate principles and procedures, and commit to ethical practices necessary for research. The course of study is individualized for each student based upon recommendations by a faculty advisor and two committee members. A minimum of 60 credits beyond the master’s degree is required. An individual holding the doctor of physical therapy (DPT) degree may be allowed to apply up to 15 hours of course credit from the DPT degree toward the PhD. Minimum credits for master’s degree holders are outlined below.

[3.5.1] Core Courses (27 credits + 12 credits of dissertation)

Through seminars and specific courses, students learn to interpret the implications of research and identify complex questions and possible answers for the profession. The core emphasizes pertinent issues for physical therapy researchers and educators as well as continuous involvement in scholarship.

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Title</th>
<th>SCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTHY 7387</td>
<td>Lifespan Movement Analysis</td>
<td>3</td>
</tr>
<tr>
<td>PTHY 7316</td>
<td>Advanced Biomechanical and Kinesiological Analysis</td>
<td>3</td>
</tr>
<tr>
<td>PTHY 7310</td>
<td>Professional Leadership in Physical Therapy</td>
<td>3</td>
</tr>
<tr>
<td>PTHY 7315</td>
<td>College Teaching in Physical Therapy</td>
<td>3</td>
</tr>
<tr>
<td>PTHY 7324</td>
<td>Theory and Practice of Evidenced Based Physical Therapy</td>
<td>3</td>
</tr>
<tr>
<td>KPED 6316</td>
<td>Data Analysis</td>
<td>3</td>
</tr>
<tr>
<td>CSD 7110</td>
<td>Grant Writing Internship</td>
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<tr>
<td>CSD 7210</td>
<td>Grant Writing Pedagogy</td>
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<tr>
<td>PSYC 6330</td>
<td>Advanced Psychological Statistics</td>
<td>3</td>
</tr>
<tr>
<td>PSYC 6331</td>
<td>Research Design</td>
<td>3</td>
</tr>
<tr>
<td>PTHY 7V02</td>
<td>Dissertation (variable credit 1-9 for total of 12)</td>
<td>12</td>
</tr>
</tbody>
</table>

[3.5.2] Guided Elective Courses (6 credits chosen from the following)

Guided electives provide for more in depth study, allowing students to acquire the tools essential for conducting research and effectively disseminating the findings.

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Title</th>
<th>SCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTHY 7V01</td>
<td>Advanced Research in Physical Therapy (variable credit 1-9)*</td>
<td>1-9</td>
</tr>
<tr>
<td>PSYC 7315</td>
<td>Application of general linear models</td>
<td>3</td>
</tr>
<tr>
<td>PSYC 7320</td>
<td>Regression and multivariate analysis</td>
<td>3</td>
</tr>
<tr>
<td>PTHY 7385</td>
<td>Teaching Practicum</td>
<td>3</td>
</tr>
<tr>
<td>PTHY 7390</td>
<td>Advanced Gross Anatomy</td>
<td>3</td>
</tr>
</tbody>
</table>
*PTHY 7V01 may be repeated as needed. The student will learn to use the research tools necessary for the dissertation and professional scholarship.

[3.5.3] Elective Courses (Interest Area) (15 credits chosen from the following)

The elective courses foster development of breadth in the student’s area of clinical interest. These courses are typically taken by those entering with a Master’s degree in order to fulfill the 60 credit hour requirement. The student’s committee will approve specific courses to complement the research focus. Students may not repeat for credit any course equivalent to one taken for a previous degree.

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Title</th>
<th>SCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTHY 6250</td>
<td>Pharmacology in Physical Therapy</td>
<td>2</td>
</tr>
<tr>
<td>PTHY 6330</td>
<td>Transdisciplinary Assessment of Young Children</td>
<td>3</td>
</tr>
<tr>
<td>PTHY 6335</td>
<td>Advanced Spinal Cord Injury Management</td>
<td>3</td>
</tr>
<tr>
<td>PTHY 6354</td>
<td>Transdisciplinary Intervention of Young Children</td>
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</tr>
<tr>
<td>PTHY 7211</td>
<td>Diagnostic Imaging</td>
<td>2</td>
</tr>
<tr>
<td>PTHY 7212</td>
<td>Advanced Spinal Manual Therapy</td>
<td>2</td>
</tr>
<tr>
<td>PTHY 7220</td>
<td>Wellness and Advanced Health Management</td>
<td>2</td>
</tr>
<tr>
<td>PTHY 7304</td>
<td>Foundations in Sports Physical Therapy</td>
<td>3</td>
</tr>
<tr>
<td>PTHY 7306</td>
<td>Sports Physical Therapy: The Lower Extremity</td>
<td>3</td>
</tr>
<tr>
<td>PTHY 7308</td>
<td>Evaluation and Treatment of the Cervical Spine</td>
<td>3</td>
</tr>
<tr>
<td>PTHY 7309</td>
<td>Lumbopelvic Dysfunction</td>
<td>3</td>
</tr>
<tr>
<td>PTHY 7311</td>
<td>Developmental Anatomy</td>
<td>3</td>
</tr>
<tr>
<td>PTHY 7312</td>
<td>Sports Physical Therapy: The Upper Extremity</td>
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<tr>
<td>PTHY 7329</td>
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<td>PTHY 7314</td>
<td>Applied Histology and Physiology</td>
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<td>PTHY 7333</td>
<td>Occupational Health and Work Injury Management</td>
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<td>PTHY 7334</td>
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<td>PTHY 7337</td>
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<td>PTHY 7350</td>
<td>Clinical Assessment of peripheral nervous system compromises for the sports, orthopedic, and industrial therapist</td>
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<td>Advanced Examination and Evaluation in Pediatrics I</td>
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<td>PTHY 7365</td>
<td>Differential Diagnosis in Physical Therapy</td>
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<td>PTHY 7380</td>
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<td>PTHY 7390</td>
<td>Advanced Gross Anatomy</td>
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<tr>
<td>PTHY 6V38</td>
<td>Directed Graduate Study (variable credit 1-3)*</td>
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<tr>
<td>PTHY 6V01</td>
<td>Special Problems in Physical Therapy (variable credit 1-3)*</td>
<td>1-3</td>
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*PTHY 6V01 and 6V38 may be repeated.

[4] Graduate Courses in Physical Therapy (PTHY)

Follow this link for Physical Therapy course descriptions: course link.

UCA dedicates itself to academic vitality, integrity, and diversity.
Code of Ethics for the Physical Therapist

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.

Principles

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

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

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

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.
2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.
2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

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

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.
3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.
3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.
**Principle #5: Physical therapists shall fulfill their legal and professional obligations.**
(Core Values: Professional Duty, Accountability)

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.

5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

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

6A. Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.

6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.

6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

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

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.

7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.

7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.

7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.

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

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.

8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.

8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.
APTA Guide for Professional Conduct

Purpose

This Guide for Professional Conduct (Guide) is intended to serve physical therapists in interpreting the Code of Ethics for the Physical Therapist (Code) of the American Physical Therapy Association (APTA) in matters of professional conduct. The APTA House of Delegates in June of 2009 adopted a revised Code, which became effective on July 1, 2010.

The Guide provides a framework by which physical therapists may determine the propriety of their conduct. It is also intended to guide the professional development of physical therapist students. The Code and the Guide apply to all physical therapists. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public.

Interpreting Ethical Principles

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee (EJC). The interpretations are set forth according to topic. These interpretations are intended to assist a physical therapist in applying general ethical principles to specific situations. They address some but not all topics addressed in the Principles and should not be considered inclusive of all situations that could evolve.

This Guide is subject to change, and the Ethics and Judicial Committee will monitor and timely revise the Guide to address additional topics and Principles when necessary and as needed.

Preamble to the Code

The Preamble states as follows:

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.

**Interpretation:** Upon the Code of Ethics for the Physical Therapist being amended effective July 1, 2010, all the lettered principles in the Code contain the word “shall” and are mandatory ethical obligations. The language contained in the Code is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Code. Although various words have changed, many of the obligations are the same. Consequently, the addition of the word “shall” serves to reinforce and clarify existing ethical obligations. A significant reason that the Code was revised was to provide physical therapists with a document that was clear enough such that they can read it standing alone without the need to seek extensive additional interpretation.
The Preamble states that “[n]o Code of Ethics is exhaustive nor can it address every situation.” The Preamble also states that physical therapists “are encouraged to seek additional advice or consultation in instances in which the guidance of the Code may not be definitive.” Potential sources for advice and counsel include third parties and the myriad resources available on the APTA Web site. Inherent in a physical therapist’s ethical decision-making process is the examination of his or her unique set of facts relative to the Code.

**Topics**

Respect

**Principle 1A states as follows:**

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

**Interpretation:** Principle 1A addresses the display of respect toward others. Unfortunately, there is no universal consensus about what respect looks like in every situation. For example, direct eye contact is viewed as respectful and courteous in some cultures and inappropriate in others. It is up to the individual to assess the appropriateness of behavior in various situations.

Altruism

**Principle 2A states as follows:**

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

**Interpretation:** Principle 2A reminds physical therapists to adhere to the profession’s core values and act in the best interest of patients/clients over the interests of the physical therapist. Often this is done without thought, but sometimes, especially at the end of the day when the physical therapist is fatigued and ready to go home, it is a conscious decision. For example, the physical therapist may need to make a decision between leaving on time and staying at work longer to see a patient who was 15 minutes late for an appointment.
Patient Autonomy

**Principle 2C states as follows:**

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

**Interpretation:** The underlying purpose of Principle 2C is to require a physical therapist to respect patient autonomy. In order to do so, a physical therapist shall communicate to the patient/client the findings of his/her examination, evaluation, diagnosis, and prognosis. A physical therapist shall use sound professional judgment in informing the patient/client of any substantial risks of the recommended examination and intervention and shall collaborate with the patient/client to establish the goals of treatment and the plan of care. Ultimately, a physical therapist shall respect the patient’s/client’s right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.

Professional Judgment

**Principles 3, 3A, and 3B state as follows:**

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

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient’s/client’s best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

**Interpretation:** Principles 3, 3A, and 3B state that it is the physical therapist’s obligation to exercise sound professional judgment, based upon his/her knowledge, skill, training, and experience. Principle 3B further describes the physical therapist’s judgment as being informed by three elements of evidence-based practice.

With regard to the patient/client management role, once a physical therapist accepts an individual for physical therapy services he/she shall be responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; re-examination and modification of the plan of care; and the maintenance of adequate records, including progress reports. A physical therapist shall establish the plan of care and shall provide and/or supervise and direct the appropriate interventions. Regardless of practice setting, a physical therapist has primary responsibility for the physical therapy care of a patient and shall make independent judgments regarding that care consistent with accepted professional standards.
If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise or that indicate the need for care outside the scope of physical therapy, the physical therapist shall so inform the patient/client and shall refer the patient/client to an appropriate practitioner.

A physical therapist shall determine when a patient/client will no longer benefit from physical therapy services. When a physical therapist's judgment is that a patient will receive negligible benefit from physical therapy services, the physical therapist shall not provide or continue to provide such services if the primary reason for doing so is to further the financial self-interest of the physical therapist or his/her employer. A physical therapist shall avoid overutilization of physical therapy services. See Principle 8C.

**Supervision**

*Principle 3E states as follows:*

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

**Interpretation:** Principle 3E describes an additional circumstance in which sound professional judgment is required; namely, through the appropriate direction of and communication with physical therapist assistants and support personnel. Further information on supervision via applicable local, state, and federal laws and regulations (including state practice acts and administrative codes) is available. Information on supervision via APTA policies and resources is also available on the APTA Web site. See Principles 5A and 5B.

**Integrity in Relationships**

*Principle 4 states as follows:*

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)

**Interpretation:** Principle 4 addresses the need for integrity in relationships. This is not limited to relationships with patients/clients, but includes everyone physical therapists come into contact with professionally. For example, demonstrating integrity could encompass working collaboratively with the health care team and taking responsibility for one’s role as a member of that team.
Reporting

Principle 4C states as follows:

4C. Physical therapists shall discourage misconduct by healthcare professionals and report illegal or unethical acts to the relevant authority, when appropriate.

Interpretation: When considering the application of “when appropriate” under Principle 4C, keep in mind that not all allegedly illegal or unethical acts should be reported immediately to an agency/authority. The determination of when to do so depends upon each situation’s unique set of facts, applicable laws, regulations, and policies.

Depending upon those facts, it might be appropriate to communicate with the individuals involved. Consider whether the action has been corrected, and in that case, not reporting may be the most appropriate action. Note, however, that when an agency/authority does examine a potential ethical issue, fact finding will be its first step. The determination of ethicality requires an understanding of all of the relevant facts, but may still be subject to interpretation.

The EJC Opinion titled: Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.

Exploitation

Principle 4E states as follows:

4E. Physical therapists shall not engage in any sexual relationship with any of their patient/clients, supervisees or students.

Interpretation: The statement is fairly clear – sexual relationships with their patients/clients, supervisees or students are prohibited. This component of Principle 4 is consistent with Principle 4B, which states:

Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g. patients/clients, students, supervisees, research participants, or employees).

Next, consider this excerpt from the EJC Opinion titled Topic: Sexual Relationships With Patients/Former Patients:

A physical therapist stands in a relationship of trust to each patient and has an ethical obligation to act in the patient's best interest and to avoid any exploitation or abuse of the patient. Thus, if a physical therapist has natural feelings of attraction toward a patient, he/she must sublimate those feelings in order to avoid sexual exploitation of the patient.
One’s ethical decision making process should focus on whether the patient/client, supervisee or student is being exploited. In this context, questions have been asked about whether one can have a sexual relationship once the patient/client relationship ends. To this question, the EJC has opined as follows:

The Committee does not believe it feasible to establish any bright-line rule for when, if ever, initiation of a romantic/sexual relationship with a former patient would be ethically permissible.

…..

The Committee imagines that in some cases a romantic/sexual relationship would not offend ... if initiated with a former patient soon after the termination of treatment, while in others such a relationship might never be appropriate.

**Colleague Impairment**

**Principle 5D and 5E state as follows:**

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report the information to the appropriate authority.

**Interpretation:** The central tenet of Principles 5D and 5E is that inaction is not an option for a physical therapist when faced with the circumstances described. Principle 5D states that a physical therapist shall encourage colleagues to seek assistance or counsel while Principle 5E addresses reporting information to the appropriate authority.

5D and 5E both require a factual determination on your part. This may be challenging in the sense that you might not know or it might be difficult for you to determine whether someone in fact has a physical, psychological, or substance-related impairment. In addition, it might be difficult to determine whether such impairment may be adversely affecting his or her professional responsibilities.

Moreover, once you do make these determinations, the obligation under 5D centers not on reporting, but on encouraging the colleague to seek assistance. However, the obligation under 5E does focus on reporting. But note that 5E discusses reporting when a
colleague is unable to perform, whereas 5D discusses encouraging colleagues to seek assistance when the impairment may adversely affect his or her professional responsibilities. So, 5D discusses something that may be affecting performance, whereas 5E addresses a situation in which someone is clearly unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom you report; it gives you discretion to determine the appropriate authority.

The EJC Opinion titled: Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.

**Professional Competence**

**Principle 6A states as follows:**

6A. Physical therapists shall achieve and maintain professional competence.

**Interpretation:** 6A requires a physical therapist to maintain professional competence within one’s scope of practice throughout one’s career. Maintaining competence is an ongoing process of self-assessment, identification of strengths and weaknesses, acquisition of knowledge and skills based on that assessment, and reflection on and reassessment of performance, knowledge and skills. Numerous factors including practice setting, types of patients/clients, personal interests and the addition of new evidence to practice will influence the depth and breadth of professional competence in a given area of practice. Additional resources on Continuing Competence are available on the APTA Web site.

**Professional Growth**

**Principle 6D states as follows:**

6D. Physical therapists shall cultivate practice environments that support professional development, life-long learning, and excellence.

**Interpretation:** 6D elaborates on the physical therapist’s obligations to foster an environment conducive to professional growth, even when not supported by the organization. The essential idea is that this is the physical therapist’s responsibility, whether or not the employer provides support.

**Charges and Coding**

**Principle 7E states as follows:**

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.
**Interpretation:** Principle 7E provides that the physical therapist must make sure that the process of documentation and coding accurately captures the charges for services performed. In this context, where charges cannot be determined because of payment methodology, physical therapists may review the House of Delegates policy titled Professional Fees for Physical Therapy Services. Additional resources on documentation and coding include the House of Delegates policy titled Documentation Authority for Physical Therapy Services and the documentation and Coding and Billing information on the APTA Web site.

**Pro Bono Services**

**Principle 8A states as follows:**

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

**Interpretation:** The key word in Principle 8A is “or”. If a physical therapist is unable to provide pro bono services he or she can fulfill ethical obligations by supporting organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured. In addition, physical therapists may review the House of Delegates guidelines titled Guidelines: Pro Bono Physical Therapy Services. Additional resources on pro bono physical therapy services are available on the APTA Web site.

8A also addresses supporting organizations to meet health needs. In terms of supporting organizations, the principle does not specify the type of support that is required. Physical therapists may express support through volunteerism, financial contributions, advocacy, education, or simply promoting their work in conversations with colleagues.

Issued by the Ethics and Judicial Committee
American Physical Therapy Association
October 1981
Last Amended November 2010

Last Updated: 9/4/13
Contact: ejc@apta.org
**Professional Behaviors**

for the 21st Century: 2009-2010

**Definitions of Behavioral Criteria Levels**

**Beginning Level** – behaviors consistent with a learner in the beginning of the professional phase of physical therapy education and before the first significant internship

**Intermediate Level** – behaviors consistent with a learner after the first significant internship

**Entry Level** – behaviors consistent with a learner who has completed all didactic work and is able to independently manage a caseload with consultation as needed from clinical instructors, co-workers and other health care professionals

**Post-Entry Level** – behaviors consistent with an autonomous practitioner beyond entry level

**Background Information**

In 1991 the faculty of the University of Wisconsin-Madison, Physical Therapy Educational Program identified the original Physical Therapy - Specific Generic Abilities. Since that time these abilities have been used by academic programs to facilitate the development, measurement and assessment of professional behaviors of students during both the didactic and clinical phases of the programs of study.

Since the initial study was conducted, the profession of Physical Therapy and the curricula of the educational programs have undergone significant changes that mirror the changes in healthcare and the academy. These changes include managed care, expansion in the scope of physical therapist practice, increased patient direct access to physical therapists, evidenced-based practice, clinical specialization in physical therapy and the American Physical Therapy Association’s Vision 2020 supporting doctors of physical therapy.

Today’s physical therapy practitioner functions on a more autonomous level in the delivery of patient care which places a higher demand for professional development on the new graduates of the physical therapy educational programs. Most recently (2008-2009), the research team of Warren May, PT, MPH, Laurie Kontney PT, DPT, MS and Z. Annette Iglarsh, PT, PhD, MBA completed a research project that built on the work of other researchers to analyze the PT-Specific Generic Abilities in relation to the changing landscape of physical therapist practice and in relation to generational differences of the “Millennial” or “Y” Generation (born 1980-2000). These are the graduates of the classes of 2004 and beyond who will shape clinical practice in the 21st century.

The research project was twofold and consisted of 1) a research survey which identified and rank ordered professional behaviors expected of the newly licensed physical therapist upon employment (2008); and 2) 10 small work groups that took the 10 identified behaviors (statistically determined) and wrote/revised behavior definitions, behavioral criteria and placement within developmental levels (Beginning, Intermediate, Entry Level and Post Entry Level) (2009). Interestingly the 10 statistically significant behaviors identified were identical to the original 10 Generic Abilities, however, the rank orders of the behaviors changed. Participants in the research survey included Center Coordinators of Clinical Education (CCCE’s) and Clinical Instructors.
(CI’s) from all regions of the United States. Participants in the small work groups included Directors of Clinical Education (DCE’s), Academic Faculty, CCCE’s and CI’s from all regions of the United States.

This resulting document, *Professional Behaviors*, is the culmination of this research project. The definitions of each professional behavior have been revised along with the behavioral criteria for each developmental level. The ‘developing level’ was changed to the ‘intermediate level’ and the title of the document has been changed from *Generic Abilities* to *Professional Behaviors*. The title of this important document was changed to differentiate it from the original *Generic Abilities* and to better reflect the intent of assessing professional behaviors deemed critical for professional growth and development in physical therapy education and practice.

**Preamble**

In addition to a core of cognitive knowledge and psychomotor skills, it has been recognized by educators and practicing professionals that a repertoire of behaviors is required for success in any given profession (Alverno College Faculty, Assessment at Alverno, 1979). The identified repertoire of behaviors that constitute professional behavior reflect the values of any given profession and, at the same time, cross disciplinary lines (May et. al., 1991). Visualizing cognitive knowledge, psychomotor skills and a repertoire of behaviors as the legs of a three-legged stool serves to emphasize the importance of each. Remove one leg and the stool loses its stability and makes it very difficult to support professional growth, development, and ultimately, professional success. (May et. al., *Opportunity Favors the Prepared: A Guide to Facilitating the Development of Professional Behavior*, 2002)

The intent of the *Professional Behaviors* Assessment Tool is to identify and describe the repertoire of professional behaviors deemed necessary for success in the practice of physical therapy. This *Professional Behaviors* Assessment Tool is intended to represent and be applied to student growth and development in the classroom and the clinic. It also contains behavioral criteria for the practicing clinician. Each *Professional Behavior* is defined and then broken down into developmental levels with each level containing behavioral criteria that describe behaviors that represent possession of the *Professional Behavior* they represent. Each developmental level builds on the previous level such that the tool represents growth over time in physical therapy education and practice.

It is critical that students, academic and clinical faculty utilize the *Professional Behaviors* Assessment Tool in the context of physical therapy and not life experiences. For example, a learner may possess strong communication skills in the context of student life and work situations, however, may be in the process of developing their physical therapy communication skills, those necessary to be successful as a professional in a greater health care context. One does not necessarily translate to the other, and thus must be used in the appropriate context to be effective.

Opportunities to reflect on each *Professional Behavior* through self assessment, and through peer and instructor assessment is critical for progress toward entry level performance in the classroom and clinic. A learner does not need to possess each behavioral criteria identified at each level within the tool, however, should demonstrate, and be able to provide examples of the majority in order to move from one level to the next. Likewise, the behavioral criteria are examples of behaviors one might demonstrate, however are not exhaustive. Academic and clinical facilities may decide to add or delete behavioral criteria based on the needs of their specific setting. Formal opportunities to reflect and discuss with an academic and/or clinical instructor is key to the tool’s use, and ultimately professional growth of the learner. The *Professional*
Behaviors Assessment Tool allows the learner to build and strengthen their third leg with skills in the affective domain to augment the cognitive and psychomotor domains.

Professional Behaviors

1. **CRITICAL THINKING** - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

**Beginning Level:**
- Raises relevant questions
- Considers all available information
- Articulates ideas
- Understands the scientific method
- States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)
- Recognizes holes in knowledge base
- Demonstrates acceptance of limited knowledge and experience

**Intermediate Level:**
- Feels challenged to examine ideas
- Critically analyzes the literature and applies it to patient management
- Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas
- Seeks alternative ideas
- Formulates alternative hypotheses
- Critiques hypotheses and ideas at a level consistent with knowledge base
- Acknowledges presence of contradictions

**Entry Level:**
- Distinguishes relevant from irrelevant patient data
- Readily formulates and critiques alternative hypotheses and ideas
- Infers applicability of information across populations
- Exhibits openness to contradictory ideas
- Identifies appropriate measures and determines effectiveness of applied solutions efficiently
- Justifies solutions selected

**Post-Entry Level:**
- Develops new knowledge through research, professional writing and/or professional presentations
- Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process
- Weighs information value based on source and level of evidence
- Identifies complex patterns of associations
- Distinguishes when to think intuitively vs. analytically
- Recognizes own biases and suspends judgmental thinking
- Challenges others to think critically
2. **COMMUNICATION** - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

**Beginning Level:**
- Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting
- Recognizes impact of non-verbal communication in self and others
- Recognizes the verbal and non-verbal characteristics that portray confidence
- Utilizes electronic communication appropriately

**Intermediate Level:**
- Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences
- Restates, reflects and clarifies message(s)
- Communicates collaboratively with both individuals and groups
- Collects necessary information from all pertinent individuals in the patient/client management process
- Provides effective education (verbal, non-verbal, written and electronic)

**Entry Level:**
- Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups
- Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing
- Maintains open and constructive communication
- Utilizes communication technology effectively and efficiently

**Post Entry Level:**
- Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning
- Effectively delivers messages capable of influencing patients, the community and society
- Provides education locally, regionally and/or nationally
- Mediates conflict

3. **PROBLEM SOLVING** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

**Beginning Level:**
- Recognizes problems
- States problems clearly
- Describes known solutions to problems
- Identifies resources needed to develop solutions
- Uses technology to search for and locate resources
- Identifies possible solutions and probable outcomes

**Intermediate Level:**
- Prioritizes problems
Identifies contributors to problems
Consults with others to clarify problems
Appropriately seeks input or guidance
Prioritizes resources (analysis and critique of resources)
Considers consequences of possible solutions

**Entry Level:**
- Independently locates, prioritizes and uses resources to solve problems
- Accepts responsibility for implementing solutions
- Implements solutions
- Reassesses solutions
- Evaluates outcomes
- Modifies solutions based on the outcome and current evidence
- Evaluates generalizability of current evidence to a particular problem

**Post Entry Level:**
- Weighs advantages and disadvantages of a solution to a problem
- Participates in outcome studies
- Participates in formal quality assessment in work environment
- Seeks solutions to community health-related problems
- Considers second and third order effects of solutions chosen

4. **INTERPERSONAL SKILLS** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

**Beginning Level:**
- Maintains professional demeanor in all interactions
- Demonstrates interest in patients as individuals
- Communicates with others in a respectful and confident manner
- Respects differences in personality, lifestyle and learning styles during interactions with all persons
- Maintains confidentiality in all interactions
- Recognizes the emotions and bias that one brings to all professional interactions

**Intermediate Level:**
- Recognizes the non-verbal communication and emotions that others bring to professional interactions
- Establishes trust
- Seeks to gain input from others
- Respects role of others
- Accommodates differences in learning styles as appropriate

**Entry Level:**
- Demonstrates active listening skills and reflects back to original concern to determine course of action
- Responds effectively to unexpected situations
- Demonstrates ability to build partnerships
- Applies conflict management strategies when dealing with challenging interactions
Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them

**Post Entry Level:**
- Establishes mentor relationships
- Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction

5. **Responsibility** – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

**Beginning Level:**
- Demonstrates punctuality
- Provides a safe and secure environment for patients
- Assumes responsibility for actions
- Follows through on commitments
- Articulates limitations and readiness to learn
- Abides by all policies of academic program and clinical facility

**Intermediate Level:**
- Displays awareness of and sensitivity to diverse populations
- Completes projects without prompting
- Delegates tasks as needed
- Collaborates with team members, patients and families
- Provides evidence-based patient care

**Entry Level:**
- Educates patients as consumers of health care services
- Encourages patient accountability
- Directs patients to other health care professionals as needed
- Acts as a patient advocate
- Promotes evidence-based practice in health care settings
- Accepts responsibility for implementing solutions
- Demonstrates accountability for all decisions and behaviors in academic and clinical settings

**Post Entry Level:**
- Recognizes role as a leader
- Encourages and displays leadership
- Facilitates program development and modification
- Promotes clinical training for students and coworkers
- Monitors and adapts to changes in the health care system
- Promotes service to the community

6. **Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.
**Beginning Level:**
- Abides by all aspects of the academic program honor code and the APTA Code of Ethics
- Demonstrates awareness of state licensure regulations
- Projects professional image
- Attends professional meetings
- Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers

**Intermediate Level:**
- Identifies positive professional role models within the academic and clinical settings
- Acts on moral commitment during all academic and clinical activities
- Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making
- Discusses societal expectations of the profession

**Entry Level:**
- Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary
- Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity
- Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development
- Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices
- Discusses role of physical therapy within the healthcare system and in population health
- Demonstrates leadership in collaboration with both individuals and groups

**Post Entry Level:**
- Actively promotes and advocates for the profession
- Pursues leadership roles
- Supports research
- Participates in program development
- Participates in education of the community
- Demonstrates the ability to practice effectively in multiple settings
- Acts as a clinical instructor
- Advocates for the patient, the community and society

7. **USE OF CONSTRUCTIVE FEEDBACK** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

**Beginning Level:**
- Demonstrates active listening skills
- Assesses own performance
- Actively seeks feedback from appropriate sources
- Demonstrates receptive behavior and positive attitude toward feedback
- Incorporates specific feedback into behaviors
- Maintains two-way communication without defensiveness
Intermediate Level:
- Critiques own performance accurately
- Responds effectively to constructive feedback
- Utilizes feedback when establishing professional and patient related goals
- Develops and implements a plan of action in response to feedback
- Provides constructive and timely feedback

Entry Level:
- Independently engages in a continual process of self evaluation of skills, knowledge and abilities
- Seeks feedback from patients/clients and peers/mentors
- Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities
- Uses multiple approaches when responding to feedback
- Reconciles differences with sensitivity
- Modifies feedback given to patients/clients according to their learning styles

Post Entry Level:
- Engages in non-judgmental, constructive problem-solving discussions
- Acts as conduit for feedback between multiple sources
- Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients
- Utilizes feedback when analyzing and updating professional goals

8. EFFECTIVE USE OF TIME AND RESOURCES – The ability to manage time and resources effectively to obtain the maximum possible benefit.

Beginning Level:
- Comes prepared for the day’s activities/responsibilities
- Identifies resource limitations (i.e. information, time, experience)
- Determines when and how much help/assistance is needed
- Accesses current evidence in a timely manner
- Verbalizes productivity standards and identifies barriers to meeting productivity standards
- Self-identifies and initiates learning opportunities during unscheduled time

Intermediate Level:
- Utilizes effective methods of searching for evidence for practice decisions
- Recognizes own resource contributions
- Shares knowledge and collaborates with staff to utilize best current evidence
- Discusses and implements strategies for meeting productivity standards
- Identifies need for and seeks referrals to other disciplines

Entry Level:
- Uses current best evidence
- Collaborates with members of the team to maximize the impact of treatment available
- Has the ability to set boundaries, negotiate, compromise, and set realistic expectations
- Gathers data and effectively interprets and assimilates the data to determine plan of care
- Utilizes community resources in discharge planning
Adjusts plans, schedule etc. as patient needs and circumstances dictate
Meets productivity standards of facility while providing quality care and completing non-productive work activities

**Post Entry Level:**
- Advances profession by contributing to the body of knowledge (outcomes, case studies, etc)
- Applies best evidence considering available resources and constraints
- Organizes and prioritizes effectively
- Prioritizes multiple demands and situations that arise on a given day
- Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care

9. **STRESS MANAGEMENT** – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

**Beginning Level:**
- Recognizes own stressors
- Recognizes distress or problems in others
- Seeks assistance as needed
- Maintains professional demeanor in all situations

**Intermediate Level:**
- Actively employs stress management techniques
- Reconciles inconsistencies in the educational process
- Maintains balance between professional and personal life
- Accepts constructive feedback and clarifies expectations
- Establishes outlets to cope with stressors

**Entry Level:**
- Demonstrates appropriate affective responses in all situations
- Responds calmly to urgent situations with reflection and debriefing as needed
- Prioritizes multiple commitments
- Reconciles inconsistencies within professional, personal and work/life environments
- Demonstrates ability to defuse potential stressors with self and others

**Post Entry Level:**
- Recognizes when problems are unsolvable
- Assists others in recognizing and managing stressors
- Demonstrates preventative approach to stress management
- Establishes support networks for self and others
- Offers solutions to the reduction of stress
- Models work/life balance through health/wellness behaviors in professional and personal life

10. **COMMITMENT TO LEARNING** – The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

**Beginning Level:**
- Prioritizes information needs
- Analyzes and subdivides large questions into components
- Identifies own learning needs based on previous experiences
- Welcomes and/or seeks new learning opportunities
- Seeks out professional literature
- Plans and presents an in-service, research or cases studies

**Intermediate Level:**
- Researches and studies areas where own knowledge base is lacking in order to augment learning and practice
- Applies new information and re-evaluates performance
- Accepts that there may be more than one answer to a problem
- Recognizes the need to and is able to verify solutions to problems
- Reads articles critically and understands limits of application to professional practice

**Entry Level:**
- Respectfully questions conventional wisdom
- Formulates and re-evaluates position based on available evidence
- Demonstrates confidence in sharing new knowledge with all staff levels
- Modifies programs and treatments based on newly-learned skills and considerations
- Consults with other health professionals and physical therapists for treatment ideas

**Post Entry Level:**
- Acts as a mentor not only to other PT’s, but to other health professionals
- Utilizes mentors who have knowledge available to them
- Continues to seek and review relevant literature
- Works towards clinical specialty certifications
- Seeks specialty training
- Is committed to understanding the PT’s role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)
- Pursues participation in clinical education as an educational opportunity
UCA Department of Physical Therapy
Professional Behavior Reporting Form

Student’s Name __________________________ Date __________

Observer _____________________________________________

Positive / Negative (circle one)

Setting

Student Action or Behavior

Evaluator Action
UCA DEPARTMENT OF PHYSICAL THERAPY

IMPORTANT REMINDERS AND CONTACT INFORMATION

Misty Booth, PT, DPT, PCS  
Director of Clinical Education  
Department of Physical Therapy  
Office: (501) 450-5543  
Cell: (501) 519-4719  
Email: mbooth@uca.edu  
Address: PT Center, Suite 300  
201 Donaghey Ave.  
Conway, AR 72035

Twala Maresh, PT, DPT NCS  
Assistant Director of Clinical Education  
Department of Physical Therapy  
Office: (501) 450-5598  
Cell: (501) 680-2865  
Email: twalam@uca.edu  
Department Phone: (501) 450-3611  
Department FAX: (501) 450-5822  
Little Rock Line: 682-6822, ext. 3611

• **Name Tag:** The student must wear the UCA name-tag at all times during the clinical experience. If the facility provides a name-tag, the student must still wear the UCA name tag for legal purposes unless the facility name tag specifically states “UCA student”.

• **Clinical Instructor:** The primary CI is a licensed physical therapist with at least one year of clinical practice who is assigned by the CCCE to be responsible for the instruction and supervision of the student(s) in the clinical education setting. The CI is to provide a quality learning experience for students in the areas of patient care, administration, and research as determined by availability and the student objectives. The CI provides written and oral evaluation of the student’s performance as requested by the DCE. The student also provides the clinical instructor with an evaluation whereby the student provides feedback regarding instruction and learning experiences received.

• **Performance Evaluation:** Students will be assessed using the CPI Web at [https://cpi2.amsapps.com/](https://cpi2.amsapps.com/) All CI’s and students must complete an online training module to be able to access CPI Web. Students and clinical instructors should complete a midterm and final evaluation and should discuss the student’s performance at both midterm and final in addition to ongoing feedback provided by the CI to optimize clinical performance. Information is provided in the student packet regarding CI access to training and CPI Web.

• **Supervision:** Student physical therapists, when participating as a part of a physical therapist professional curriculum and when acting in accordance with APTA policy and applicable state laws and regulations, are qualified to provide services only under the direction and direct supervision of the physical therapist, who is responsible for patient/client management. Direct supervision means the physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient during each visit that is defined in the Guide to Physical Therapist Practice as all encounters with a patient/client in a 24-hour period. Telecommunication does not meet the requirement of direct supervision. The CI is responsible for ensuring the student is provided with supervision according to any regulations (i.e. Medicare) governing the provision of services in the clinic that may require more strict supervision than the above mentioned requirements.

• **Travel:** Students assigned to clinical sites requiring more than 8 hours travel time between the site and UCA or the next assigned site may be allowed a travel day at the end of the rotation.
• **Attendance:** Students’ attendance during clinical experiences should be handled as if reporting to work. Absences due to illness or emergency should be reported as early as possible to the CCCE or CI. Students should follow the facility work schedule for weekends, holidays, etc. Students are allowed one sick day per rotation, but are not allotted any personal days. The student will work with the CI to arrange for additional time missed by the student to be made up. The DCE should be notified if make-up presents logistical challenges. If a student misses multiple days, the DCE should be notified.

  **Inclement weather:** In the event of inclement weather, students are expected to contact the CI prior to the start of the work day if the student will be delayed or unable to attend clinic due to inclement weather. Students are expected to demonstrate reasonable efforts to attend in the event of inclement weather, but are not expected to jeopardize personal safety. If multiple days are missed, arrangements will need to be discussed with the DCE regarding make-up.

• **Library Privileges:** In appreciation for the clinical opportunities provided for students in the UCA DPT program, each CI is eligible for UCA library privileges. A form is included in each student’s packet for CIs to request UCA library privileges. Forms for CIs wishing to request library privileges should be completed and returned to the DCE via mail or fax (501) 450-5822.

• **Assistance:** Should a problem arise in the clinic, the student and the CI and/or CCCE should first seek to resolve any issues impacting the student’s rotation. The DCE should be informed of any situation for which resolution cannot be attained through discussion between the CI and/or CCCE and the student. If a situation is urgent in nature and the DCE, Dr. Misty Booth cannot be reached in the office or via cell phone, please contact the Assistant DCE, Dr. Twala Maresh.
LOAN OF UNIVERSITY EQUIPMENT REQUEST AGREEMENT FORM

Please complete the information below:

Responsible Party: _____________________________________________________

Department/Clinic Name: ______________________________________________

Address: _____________________________________________________________

Telephone: ____________________          Fax: ____________________________

Email address: __________________________

Date TO Pick up:  _______________          Date PICKED UP:  _________________

Date TO BE Returned:  ___________          Date RETURNED:  _________________

Type of Equipment               Used For:          UCA Tag #          Serial #             .

I agree that I will maintain possession and control of the equipment until it is returned to the University and I will not make any repairs or modifications to the equipment. In the event that the equipment is damaged beyond normal wear and tear, lost, and/or stolen, I will immediately contact UCA Department of Physical Therapy, and I agree to be responsible for the replacement or repair costs incurred in repairing or replacement of the loaned equipment mentioned above.

________________________________________               ____________________
Signature of Borrower                                                               Date

________________________________________               ____________________
Signature of UCA Faculty / Staff Member                                   Date

UCA Board Policy 413 (11/01) University Equipment

Appendix 6:  Loan of University Equipment Form

Department of Physical Therapy
University of Central Arkansas
Physical Therapy Center, Suite 300
201 Donaghey Avenue
Conway, AR  72035
Office:  501-450-5548, Fax:  501-450-5822
Email:  pt@uca.edu, Web address:  http://www.uca.edu/pt
Physical Therapy Center Emergency Procedures Summary

**General Information**
- In the event of an alarm or official notice to evacuate the building, use the nearest exit and stairway.
- Do not use elevators.
- Take keys and cell phone if possible.
- Secure offices if possible.
- Evacuate the building to the faculty parking lot west of Estes Stadium.
- Follow directions by UCA PD, Conway Fire Department, or other emergency responders.
- If possible, assist persons with disabilities or special needs. If you are unable to assist, notify emergency responders of the location and number of disabled or special needs persons in the building.
- Do not return to the building until authorized by UCA PD; cessation of alarm does not mean it is safe to re-enter the building.

**Active Shooter**
- Take shelter in a room that can be locked. Close and lock all windows and doors. Turn off lights. Exit the building only if safe to do so.
- Get down on the floor and ensure no one is visible from outside the room.
- Call 911. Advise the dispatcher of the events, your location, remain in place until authorized by UCAPD.
- If an active shooter enters your office or classroom, remain calm; call 911 and leave the line open.
- If the shooter leaves the area, proceed immediately to a safe place and do not touch anything.

**Earthquake | Tornado | Severe Weather**
- Move to a designated shelter area.
- Stay away from windows.
- Fire doors in hallways should be closed.
- Remain in a safe area until authorized to leave.
- Evacuate when authorized and stay clear of any damaged areas, fallen debris, or downed power lines.

**Power Outage**
- Turn off and unplug computers.
- Use the lighted emergency exits to move to a safe area.

**Bomb Threat**
- Evacuate the building to the faculty parking lot west of Estes Stadium.
- Do not use cell phones or radios.
- Report unusual objects to UCA PD, but do not touch.
- Do not return to the building until authorized by UCAPD. Cessation of alarm does not mean it is safe to re-enter the building.

**Fire**
- Activate the nearest fire alarm pull station and call 911 or the Conway Fire Department @ 450-6147.
- Evacuate the building to the faculty parking lot west of Estes Stadium.
- Do not return to the building until authorized by UCAPD. Cessation of alarm does not mean it is safe to re-enter the building.

**Suspicious Person**
- Do not physical or verbally confront the person.
- Do not let the person into the room or building.
- If the person is inside, do not block their access to an exit.
- Call 911 and give the dispatcher information about the person and direction of travel.

**Suspicious Object**
- Be aware of normal surroundings.
- Do not touch or disturb object.
- Call 911.
- Notify faculty or staff immediately.
- Be prepared to evacuate.

FACULTY AND STAFF SHOULD KEEP A PHONE WITH THEM AT ALL TIMES TO RECEIVE UCA ALERTS.
The Physical Therapy Center Emergency Assembly Area (EAA) is located south of Bruce Street in the faculty parking lot west of Estes Stadium (at the star on the map above).

Individuals evacuating the facility are requested to congregate in this area to receive any additional information regarding the evacuation.
Student Name ______ _______ Faculty Advisor ______ _______ Date _________

Directions:

1) Read the description of each Professional Behavior and become familiar with the behavioral criteria described in each of the levels.
2) Self assess your performance continually, relative to the Professional Behaviors, using the behavioral criteria.
   
   a. Using a highlighter pen, highlight all criteria that describes behaviors you demonstrate in *Beginning* (column 1), *
   Intermediate* (column 2), *Entry Level* (column 3) or *Post-Entry Level* Professional Behaviors.
   
   b. Identify the level within which you predominately function (at this point).
3) Document specific examples of when you demonstrated behaviors from the highest level highlighted.
4) List the areas in which you wish to improve for each Professional Behavior.
5) Prepare a Professional Development Plan based on your self-assessment (see page 12).
6) Share your self assessment with your faculty advisor and discuss your professional development plan, specifically seeking his/her feedback.
7) Have your faculty advisor sign that they have read and discussed your self assessment and professional development plan.
8) Sign and return to the course instructor.

**Professional Behaviors were developed by Warren May, Laurie Kontney and Annette Iglarsh (2010) as an update to the Generic Abilities.**
1. **Critical Thinking**

The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

<table>
<thead>
<tr>
<th><strong>Beginning Level:</strong></th>
<th><strong>Intermediate Level:</strong></th>
<th><strong>Entry Level:</strong></th>
<th><strong>Post-Entry Level:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Raises relevant questions</td>
<td>Feels challenged to examine ideas</td>
<td>Distinguishes relevant from irrelevant patient data</td>
<td>Develops new knowledge through research, professional writing and/or professional presentations</td>
</tr>
<tr>
<td>Considers all available information</td>
<td>Critically analyzes the literature and applies it to patient management</td>
<td>Readily formulates and critiques alternative hypotheses and ideas</td>
<td>Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process</td>
</tr>
<tr>
<td>Articulates ideas</td>
<td>Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas</td>
<td>Infers applicability of information across populations</td>
<td>Weighs information value based on source and level of evidence</td>
</tr>
<tr>
<td>Understands the scientific method</td>
<td>Seeks alternative ideas</td>
<td>Exhibits openness to contradictory ideas</td>
<td>Identifies complex patterns of associations</td>
</tr>
<tr>
<td>States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)</td>
<td>Formulates alternative hypotheses</td>
<td>Identifies appropriate measures and determines effectiveness of applied solutions efficiently</td>
<td>Distinguishes when to think intuitively vs. analytically</td>
</tr>
<tr>
<td>Recognizes holes in knowledge base</td>
<td>Critiques hypotheses and ideas at a level consistent with knowledge base</td>
<td>Justifies solutions selected</td>
<td>Recognizes own biases and suspends judgmental thinking</td>
</tr>
<tr>
<td>Demonstrates acceptance of limited knowledge and experience in knowledge base</td>
<td>Acknowledges presence of contradictions</td>
<td></td>
<td>Challenges others to think critically</td>
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</tbody>
</table>
2. **Communication**
   The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

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<td>▪ Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting</td>
<td>▪ Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences</td>
<td>▪ Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups</td>
<td>▪ Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning</td>
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<tr>
<td>▪ Recognizes impact of non-verbal communication in self and others</td>
<td>▪ Restates, reflects and clarifies message(s)</td>
<td>▪ Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing</td>
<td>▪ Effectively delivers messages capable of influencing patients, the community and society</td>
</tr>
<tr>
<td>▪ Recognizes the verbal and non-verbal characteristics that portray confidence</td>
<td>▪ Communicates collaboratively with both individuals and groups</td>
<td>▪ Maintains open and constructive communication</td>
<td>▪ Provides education locally, regionally and/or nationally</td>
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<tr>
<td>▪ Utilizes electronic communication appropriately</td>
<td>▪ Collects necessary information from all pertinent individuals in the patient/client management process</td>
<td>▪ Utilizes communication technology effectively and efficiently</td>
<td>▪ Mediates conflict</td>
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### Problem Solving
The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

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<td>▪ Recognizes problems</td>
<td>▪ Prioritizes problems</td>
<td>▪ Independently locates, prioritizes and uses resources to solve problems</td>
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<td>▪ States problems clearly</td>
<td>▪ Identifies contributors to problems</td>
<td>▪ Accepts responsibility for implementing solutions</td>
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<td>▪ Describes known solutions to problems</td>
<td>▪ Consults with others to clarify problems</td>
<td>▪ Implements solutions</td>
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<td>▪ Identifies resources needed to develop solutions</td>
<td>▪ Appropriately seeks input or guidance</td>
<td>▪ Reassesses solutions</td>
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</tr>
<tr>
<td>▪ Uses technology to search for and locate resources</td>
<td>▪ Prioritizes resources (analysis and critique of resources)</td>
<td>▪ Evaluates outcomes</td>
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<tr>
<td>▪ Identifies possible solutions and probable outcomes</td>
<td>▪ Considers consequences of possible solutions</td>
<td>▪ Modifies solutions based on the outcome and current evidence</td>
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<td>▪ Evaluates generalizability of current evidence to a particular problem</td>
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<td>▪ Weighs advantages and disadvantages of a solution to a problem</td>
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4. **Interpersonal Skills**
   The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

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<tbody>
<tr>
<td>▪ Maintains professional demeanor in all interactions</td>
<td>▪ Recognizes the non-verbal communication and emotions that others bring to professional interactions</td>
<td>▪ Demonstrates active listening skills and reflects back to original concern to determine course of action</td>
<td>▪ Establishes mentor relationships</td>
</tr>
<tr>
<td>▪ Demonstrates interest in patients as individuals</td>
<td>▪ Establishes trust</td>
<td>▪ Responds effectively to unexpected situations</td>
<td>▪ Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction</td>
</tr>
<tr>
<td>▪ Communicates with others in a respectful and confident manner</td>
<td>▪ Seeks to gain input from others</td>
<td>▪ Demonstrates ability to build partnerships</td>
<td></td>
</tr>
<tr>
<td>▪ Respects differences in personality, lifestyle and learning styles during interactions with all persons</td>
<td>▪ Respects role of others</td>
<td>▪ Applies conflict management strategies when dealing with challenging interactions</td>
<td></td>
</tr>
<tr>
<td>▪ Maintains confidentiality in all interactions</td>
<td>▪ Accommodates differences in learning styles as appropriate</td>
<td>▪ Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them</td>
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</tr>
<tr>
<td>▪ Recognizes the emotions and bias that one brings to all professional interactions</td>
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5. **Responsibility**

The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

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<tbody>
<tr>
<td>▪ Demonstrates punctuality</td>
<td>▪ Displays awareness of and sensitivity to diverse populations</td>
<td>▪ Educates patients as consumers of health care services</td>
<td>▪ Recognizes role as a leader</td>
</tr>
<tr>
<td>▪ Provides a safe and secure environment for patients</td>
<td>▪ Completes projects without prompting</td>
<td>▪ Encourages patient accountability</td>
<td>▪ Encourages and displays leadership</td>
</tr>
<tr>
<td>▪ Assumes responsibility for actions</td>
<td>▪ Delegates tasks as needed</td>
<td>▪ Directs patients to other health care professionals as needed</td>
<td>▪ Facilitates program development and modification</td>
</tr>
<tr>
<td>▪ Follows through on commitments</td>
<td>▪ Collaborates with team members, patients and families</td>
<td>▪ Acts as a patient advocate</td>
<td>▪ Promotes clinical training for students and coworkers</td>
</tr>
<tr>
<td>▪ Articulates limitations and readiness to learn</td>
<td>▪ Provides evidence-based patient care</td>
<td>▪ Promotes evidence-based practice in health care settings</td>
<td>▪ Monitors and adapts to changes in the health care system</td>
</tr>
<tr>
<td>▪ Abides by all policies of academic program and clinical facility</td>
<td></td>
<td>▪ Accepts responsibility for implementing solutions</td>
<td>▪ Promotes service to the community</td>
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</table>
6. **Professionalism**

The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

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<tr>
<td>Abides by all aspects of the academic program honor code and the APTA Code of Ethics</td>
<td>Identifies positive professional role models within the academic and clinical settings</td>
<td>Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary</td>
<td>Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity</td>
</tr>
<tr>
<td>Demonstrates awareness of state licensure regulations</td>
<td>Acts on moral commitment during all academic and clinical activities</td>
<td>Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development</td>
<td>Discusses role of physical therapy within the healthcare system and in population health</td>
</tr>
<tr>
<td>Projects professional image</td>
<td>Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making</td>
<td>Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices</td>
<td>Demonstrates leadership in collaboration with both individuals and groups</td>
</tr>
<tr>
<td>Attends professional meetings</td>
<td>Discusses societal expectations of the profession</td>
<td>Discussed role of physical therapy within the healthcare system and in population health</td>
<td>Actively promotes and advocates for the profession</td>
</tr>
<tr>
<td>Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers</td>
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<td>Pursues leadership roles</td>
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<td>Supports research</td>
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<td>Participates in program development</td>
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<td>Participates in education of the community</td>
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<td></td>
<td>Demonstrates the ability to practice effectively in multiple settings</td>
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<td></td>
<td>Acts as a clinical instructor</td>
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<td>Advocates for the patient, the community and society</td>
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7. **Use of Constructive Feedback**  
The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

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| ▪ Demonstrates active listening skills  
▪ Assesses own performance  
▪ Actively seeks feedback from appropriate sources  
▪ Demonstrates receptive behavior and positive attitude toward feedback  
▪ Incorporates specific feedback into behaviors  
▪ Maintains two-way communication without defensiveness | ▪ Critiques own performance accurately  
▪ Responds effectively to constructive feedback  
▪ Utilizes feedback when establishing professional and patient related goals  
▪ Develops and implements a plan of action in response to feedback  
▪ Provides constructive and timely feedback | ▪ Independently engages in a continual process of self evaluation of skills, knowledge and abilities  
▪ Seeks feedback from patients/clients and peers/mentors  
▪ Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities  
▪ Uses multiple approaches when responding to feedback  
▪ Reconciles differences with sensitivity  
▪ Modifies feedback given to patients/clients according to their learning styles | ▪ Engages in non-judgmental, constructive problem-solving discussions  
▪ Acts as conduit for feedback between multiple sources  
▪ Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients  
▪ Utilizes feedback when analyzing and updating professional goals |
8. Effective Use of Time and Resources
The ability to manage time and resources effectively to obtain the maximum possible benefit.

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<tr>
<td>▪ Comes prepared for the day’s activities/responsibilities</td>
<td>▪ Utilizes effective methods of searching for evidence for practice decisions</td>
<td>▪ Uses current best evidence</td>
<td>▪ Advances profession by contributing to the body of knowledge (outcomes, case studies, etc)</td>
</tr>
<tr>
<td>▪ Identifies resource limitations (i.e. information, time, experience)</td>
<td>▪ Recognizes own resource contributions</td>
<td>▪ Collaborates with members of the team to maximize the impact of treatment available</td>
<td>▪ Applies best evidence considering available resources and constraints</td>
</tr>
<tr>
<td>▪ Determines when and how much help/assistance is needed</td>
<td>▪ Shares knowledge and collaborates with staff to utilize best current evidence</td>
<td>▪ Has the ability to set boundaries, negotiate, compromise, and set realistic expectations</td>
<td>▪ Organizes and prioritizes effectively</td>
</tr>
<tr>
<td>▪ Accesses current evidence in a timely manner</td>
<td>▪ Discusses and implements strategies for meeting productivity standards</td>
<td>▪ Gathers data and effectively interprets and assimilates the data to determine plan of care</td>
<td>▪ Prioritizes multiple demands and situations that arise on a given day</td>
</tr>
<tr>
<td>▪ Verbalizes productivity standards and identifies barriers to meeting productivity standards</td>
<td>▪ Identifies need for and seeks referrals to other disciplines</td>
<td>▪ Utilizes community resources in discharge planning</td>
<td>▪ Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care</td>
</tr>
<tr>
<td>▪ Self-identifies and initiates learning opportunities during unscheduled time</td>
<td></td>
<td>▪ Adjusts plans, schedule etc. as patient needs and circumstances dictate</td>
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<tr>
<td></td>
<td></td>
<td>▪ Meets productivity standards of facility while providing quality care and completing non-productive work activities</td>
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9. **Stress Management**

The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

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<tr>
<td>▪ Recognizes own stressors</td>
<td>▪ Actively employs stress management techniques</td>
<td>▪ Demonstrates appropriate affective responses in all situations</td>
<td>▪ Recognizes when problems are unsolvable</td>
</tr>
<tr>
<td>▪ Recognizes distress or problems in others</td>
<td>▪ Reconciles inconsistencies in the educational process</td>
<td>▪ Responds calmly to urgent situations with reflection and debriefing as needed</td>
<td>▪ Assists others in recognizing and managing stressors</td>
</tr>
<tr>
<td>▪ Seeks assistance as needed</td>
<td>▪ Maintains balance between professional and personal life</td>
<td>▪ Prioritizes multiple commitments</td>
<td>▪ Demonstrates preventative approach to stress management</td>
</tr>
<tr>
<td>▪ Maintains professional demeanor in all situations</td>
<td>▪ Accepts constructive feedback and clarifies expectations</td>
<td>▪ Reconciles inconsistencies within professional, personal and work/life environments</td>
<td>▪ Establishes support networks for self and others</td>
</tr>
<tr>
<td>▪ Establishes outlets to cope with stressors</td>
<td>▪ Demonstrates ability to defuse potential stressors with self and others</td>
<td>▪ Demonstrates ability to defuse potential stressors with self and others</td>
<td>▪ Offers solutions to the reduction of stress</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Models work/life balance through health/wellness behaviors in professional and personal life</td>
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10. **Commitment to Learning**

   The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

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<tbody>
<tr>
<td>● Prioritizes information needs</td>
<td>● Researches and studies areas where own knowledge base is lacking in order to augment learning and practice</td>
<td>● Respectfully questions conventional wisdom</td>
<td>● Acts as a mentor not only to other PT’s, but to other health professionals</td>
</tr>
<tr>
<td>● Analyzes and subdivides large questions into components</td>
<td>● Applies new information and re-evaluates performance</td>
<td>● Formulates and re-evaluates position based on available evidence</td>
<td>● Utilizes mentors who have knowledge available to them</td>
</tr>
<tr>
<td>● Identifies own learning needs based on previous experiences</td>
<td>● Accepts that there may be more than one answer to a problem</td>
<td>● Demonstrates confidence in sharing new knowledge with all staff levels</td>
<td>● Continues to seek and review relevant literature</td>
</tr>
<tr>
<td>● Welcomes and/or seeks new learning opportunities</td>
<td>● Recognizes the need to and is able to verify solutions to problems</td>
<td>● Modifies programs and treatments based on newly-learned skills and considerations</td>
<td>● Works towards clinical specialty certifications</td>
</tr>
<tr>
<td>● Seeks out professional literature</td>
<td>● Reads articles critically and understands limits of application to professional practice</td>
<td>● Consults with other health professionals and physical therapists for treatment ideas</td>
<td>● Seeks specialty training</td>
</tr>
<tr>
<td>● Plans and presents an in-service, research or cases studies</td>
<td></td>
<td>● Is committed to understanding the PT’s role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)</td>
<td>● Pursues participation in clinical education as an educational opportunity</td>
</tr>
</tbody>
</table>
Professional Development Plan:

Based on my self assessment of my Professional Behaviors and the areas I have identified for improvement, I am setting the following goals:

To accomplish these goals, I will take the following specific actions:

By my signature below, I indicate that I have completed this self assessment and sought feedback from my faculty advisor regarding my self assessment.

Student Signature: ____________________________ Date: __________________________

Faculty Advisor feedback/suggestions.

Faculty Advisor Signature: ____________________________ Date: __________________________
Students enrolled in the University of Central Arkansas Doctor of Physical Therapy program must perform certain essential functions in order to participate in and complete program requirements. The following essential functions define the minimal physical, cognitive, and behavioral abilities required for successful program completion as well as entry-level physical therapy practice.

The practice of physical therapy includes the examination, diagnosis, and treatment of individuals with physical disabilities, movement dysfunction, and pain. The demands of physical therapy practice require that the student is able to perform certain essential functions. Physical therapists must be prepared to conduct components of clinical practice in a timely manner. These components include performance of a relevant patient examination, evaluation of the results of the examination, synthesis of data to establish an accurate diagnosis, prognosis and plan of care, implementation of interventions and utilization of re-examination to assess patient outcomes. Physical therapists must also possess the skills necessary to determine when referral of the patient/client to another health care professional is appropriate. Physical therapists must provide evidence that the care they provide is effective, often through the conduct of clinically based research.

The Commission on Accreditation of Physical Therapy Education (CAPTE) accredits professional physical therapy programs and requires that graduates of these programs are able to deliver entry-level clinical services. Graduates of entry-level programs are required to possess a broad base of knowledge and skills requisite for the practice of physical therapy. Physical therapists must possess the intellectual, communication, behavioral – social, observational, and motor abilities to meet the standard of practice.

All applicants are questioned regarding their ability to complete these essential functions, with or without reasonable accommodation. Reasonable accommodation refers to ways in which the university can assist students with disabilities to accomplish tasks. For example, provide support services to significantly decrease or eliminate physical and educational barriers caused by disability. Reasonable accommodation does not mean that students with disabilities will be exempt from certain tasks.

Prospective DPT students who can complete these tasks with or without reasonable accommodation are not required to disclose their disability prior to an admission decision. Prospective DPT students who cannot complete these tasks with or without reasonable accommodation are ineligible for consideration for admission. If admitted, a student with a disability, who requires reasonable accommodation must register with UCA Disability Support Services Center. An offer of admission may be withdrawn or a student may be dismissed from the program if it becomes apparent that the student cannot complete essential tasks, or that fulfilling functions would create a significant risk of harm to the health or safety of others.

The demands of physical therapy practice require the student to perform certain essential functions. The following is a list of the essential functions required of the prospective DPT student in order to participate in academic and clinical components of the curriculum.
1. Intellectual Abilities

*Intellectual skills include the ability to recall and comprehend large amounts of information and to apply this information to the patient’s complex problems.*

The DPT student has the ability to:

a) Recognize and define problems, develop and implement solutions, and evaluate outcomes.
b) Demonstrate critical thinking skills and appropriate clinical decision making with ability to differentiate relevant vs. irrelevant information.
c) Memorize, analyze, synthesize and apply large volumes of information.

2. Communication Abilities

*Effective communication skills enable the physical therapist to obtain appropriate information from patients and to effectively explain treatment procedures to patients and other professionals.*

The DPT student has the ability to:

a) Effectively process and comprehend written and verbal communications, in the English language, in any form of media at a level consistent with full participation in academic and clinical coursework.
b) Utilize appropriate and effective verbal, written and non-verbal communication.
c) In all situations, respond appropriately verbally and in writing, in the English language, when communicating with any personnel.
d) Respond to situations that indicate an individual’s need for assistance.
e) Participate in group and individual discussions, present oral and written reports and provide constructive feedback in the English language.

3. Observational Abilities

*Observation is one of the key tools that a physical therapist possesses. These skills are essential in order for the PT to gather data regarding the patient and the patient’s condition. The DPT student has the ability to:*

a) Observe and recognize abnormalities/ changes in a patient’s position, posture, movements, skin condition, and appearance.
b) Recognize potential safety hazards.
c) Read equipment dials, graphs, patient’s charts, professional literature, and notes from patients, physicians and other health professionals.

4. Behavioral – Social Abilities

The physical therapist must demonstrate the ability to practice in a professional and ethical manner and possess the emotional stability to practice in a stressful work environment. The DPT student has the ability to:

a) Appropriately handle the physical, emotional and mental challenges of a rigorous curriculum and varied clinical environments.
b) Demonstrate flexibility and willingness to adapt to changing environments.
c) Demonstrate empathy, compassion, integrity, honesty, and concern for others of all cultures.
d) Demonstrate the ability to respond appropriately to unpredictable or stressful situations.
e) Demonstrate behaviors and attitudes that protect the safety and well being of others especially patients and classmates.
f) Demonstrate professional, ethical and legal behavior in academic and clinical environments.
5. **Motor Abilities**

The practice of physical therapy requires that the practitioner possess the ability to perform basic evaluation and therapy procedures that require specific physical skills and stamina. A therapist must also use vision and somatic sensation in the evaluation and treatment of patients. The DPT student has the ability to:

a) Attend classes 30 or more hours per week during each academic semester. Classes consist of a combination of lecture, discussion, laboratory, and clinical activities.
b) Participate in clinical rotations 40 or more hours per week on a schedule that corresponds to the operating hours of the clinic.
c) Sit for two to 10 hours daily, stand for one to four hours daily, and walk or travel for two to four hours daily.
d) Relocate outside the Conway area to complete one or more clinical rotations of five to 10 weeks duration each.
e) Lift a minimum weight of 10 pounds overhead and be able to move a 150 lb dependent person from one surface to another.
f) Carry in your arms (as opposed to in a box, backpack, on your head or shoulders) up to 25 pounds while walking up to a minimum of 50 feet.
g) Exert 75 pounds of push/pull forces up to 50 feet and sometimes exert 150 pounds of push/pull forces from a standing or seated position.
h) Twist, bend, stoop, squat, crawl, climb onto equipment, reach above shoulder level, and kneel.
i) Move from place to place and position to position at a speed that permits safe handling of classmates and patients.
j) Stand and walk while providing support to a classmate simulating a disability or while supporting a patient with a disability.
k) Climb stairs and negotiate uneven terrain with good balance. (ex: without stumbling or falling and without holding on to rails or other objects)
l) Administer CPR – upon successful completion of CPR training with the American Heart Association.
m) Use hands to manipulate very small equipment, palpate body structures, handle injured body parts without causing injury to the subject, and safely guide a patient’s movement.
n) Perform physical tasks while maintaining awareness of external factors; including patient response, monitor displays, equipment function and/or surroundings.