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NOTICE OF COMPLIANCE

With regard to employment, student admission, and other functions and operations, the University of Central Arkansas adheres to a policy of nondiscrimination and complies with the Federal regulations and requirements as set forth in Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act.

Persons having questions or seeking information regarding the University's compliance with and implementation of the aforementioned regulations should contact and/or consult:

**Director of Affirmative Action**
Torreyson Library West, Room 332
University of Central Arkansas
201 Donaghey Avenue
Conway, Arkansas 72035-0001
501-450-3185

**Office of Disability Support Services**
Student Health, Suite 212
University of Central Arkansas
201 Donaghey Avenue
Conway, Arkansas 72035-0001
501-450-3613

**Department of Physical Therapy**
Physical Therapy Center, Suite 300
201 Donaghey Avenue
University of Central Arkansas
Conway, Arkansas 72035-0003
501-450-3611

**UCA Student Handbook**
The Professional DPT Student Handbook serves to acquaint the physical therapy student with the curriculum, services, rules and regulations, extracurricular activities and faculty of the Department of Physical Therapy. An additional purpose is to disseminate clear statements and guidelines for decision making. These statements provide each student with knowledge of the intent and expectations of the Department. This Handbook is not intended to replace the University Undergraduate or Graduate Bulletins or the UCA Student Handbook, nor is it designed to substitute for your academic advisor.

Students should be able to produce this Handbook whenever requested.
**Acknowledgement of Acceptance**

Print your name: ________________________________

I acknowledge that I have received a copy of the *Professional DPT Student Handbook* and that I have received the orientation to this handbook. I understand the contents and agree to the terms and conditions outlined in this handbook.

______________________________________________
Signature of the Student

______________________________________________
Date
I. DPT PROGRAM
A. The Professional Doctor of Physical Therapy program prepares individuals to become licensed physical therapists. Following a selective admission process, a new class of 56 students is invited each fall semester to begin study in the three-year Professional DPT Program. The curriculum includes 123 credits (graduate level) where students progress from foundational sciences and skills to application to patient care concluding with full-time clinical internship rotations at clinical education facilities in and out of the state. The DPT Curriculum Sequence outlines professional program courses for each semester; a description of those courses can be viewed in the UCA Graduate Bulletin (see Physical Therapy course description).

B. ACCREDITATION STATUS
The UCA Doctor of Physical Therapy (DPT) program is accredited through the Commission on Accreditation in Physical Therapy Education (CAPTE). CAPTE can be contacted at accreditation@apta.org, www.capteonline.org or 1111 North Fairfax St., Alexandria, VA 22314. FILING A COMPLAINT WITH CAPTE: Students are encouraged to contact CAPTE for questions about the department’s accreditation status or to express a concern about accreditation.

C. STUDENT OUTCOMES
Performance of UCA DPT graduates over the past two years is as follows:
1. Graduation Rate: 98%
2. 1st Time Pass Rate on National Physical Therapy Examination (NPTE): 88.6%
3. Ultimate Pass Rate on NPTE: 96.2%
4. Employment Rate: 100% (of students passing the NPTE)

D. ADMISSION REQUIREMENTS
The UCA DPT Program Brochure (http://uca.edu/go/934245) provides a complete description of program requirements. The professional DPT program requires a Baccalaureate degree as well as specific prerequisite coursework. Other requirements for admission to the program include a minimum overall GPA of 3.00 and GPA of 3.00 in sciences. At the time of application a minimum of 22 of 31 hours of required prerequisite sciences must be successfully completed (before the application deadline). The Graduate Record Exam (GRE) must also be completed as well as 45 hours of observation of a physical therapist at three different physical therapy clinics or facilities where students must use the clinical observation form (see below) for documentation. 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 provided at http://uca.edu/go/336233.

II. DEPARTMENT OF PHYSICAL THERAPY
Administratively, the Department of Physical Therapy is a member of the College of Health and Behavioral Sciences. The department’s main office is located in the Physical Therapy Center, Suite 300.
III. ORGANIZATIONAL CHART

Provost and Vice President for Academic Affairs

Dean
College of Health and Behavioral Sciences

Chairperson
Department of Physical Therapy

PrePT Advisor

Faculty

Secretarial Staff

Director of Clinical Education (Faculty)

Assistant Director of Clinical Education (Faculty)

Coordinator PhD Program and Director of Research (Faculty)

Coordinator Professional DPT Program (Faculty)
IV. DEPARTMENT OF PHYSICAL THERAPY FACULTY

Nancy B. Reese, PhD, PT
Professor
Department Chairperson
Physical Therapy Center, Room 303

William D. Bandy, PhD, PT, SCS, ATC
Professor
Coordinator of Professional DPT Program
Physical Therapy Center, Room 324

Misty Booth, DPT, PT, PCS
Clinical Instructor II
Director of Clinical Education
Physical Therapy Center, Room 308

Janet Cathcart, PT, DPT, WCS, CLT
Clinical Instructor I
Physical Therapy Center, Room 328

Sherrye Craig, MD
Visiting Assistant Professor
Physical Therapy Center, Room 314

James Fletcher, PhD, PT, ATC
Associate Professor
Physical Therapy Center, Room 306

Steven Forbush, PhD, PT, OCS
Assistant Professor
Physical Therapy Center, Room 327

Kevin Garrison, PhD, PT
Associate Professor
Physical Therapy Center, Room 329

Tiffany Huitt, PhD
Assistant Professor
Physical Therapy Center, Room 304

Chad Lairamore, PhD, PT, NCS
Assistant Professor
Physical Therapy Center, Room 313

Mark Mennemeier, PhD
Adjunct Faculty Member
Coordinator PhD Program & Director of Research
Physical Therapy Center, Room 320

Twala Maresh, DPT, PT, NCS, ATP
Senior Clinical Instructor
Assistant Director of Clinical Education
PT Club Faculty Advisor
Physical Therapy Center, Room 309

Margaret McGee, PhD, PT, PCS
Associate Professor
Physical Therapy Center, Room 315

Stacey Stephens, MS
Clinical Instructor II
Administrative Clinical & Services Coordinator
Physical Therapy Center, Room 312

David Taylor, PhD, PT, CSCS
Associate Professor
Physical Therapy Center, Room 319

Charlotte Yates, PhD, PT, PCS
Associate Professor
Physical Therapy Center, Room 321

V. DEPARTMENT OF PHYSICAL THERAPY STAFF

Nancy Bond
Administrative Specialist II
Administrative Assistant to the Chairperson
Physical Therapy Center, Room 301

Charlotte Fant, MS, CHES
Counselor II
Pre-PT Advisor
Physical Therapy Center, Room 305

Pamela Salkeld
Administrative Specialist II
Office Manager
Physical Therapy Center, Room 301

Cathryn Swartzwelder
Administrative Specialist I
Receptionist
Physical Therapy Center, Room 300
# VI. DEPARTMENT OF PHYSICAL THERAPY CONTACT INFORMATION

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<th>Department Faculty</th>
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<th>Office</th>
<th>E-mail Address</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Dr. Nancy Reese</td>
<td>Professor and Department Chairperson</td>
<td>PTC 303</td>
<td><a href="mailto:nancyr@uca.edu">nancyr@uca.edu</a></td>
<td>450-3611</td>
</tr>
<tr>
<td>Dr. Bill Bandy</td>
<td>Professor Coordinator Professional DPT Program</td>
<td>PTC 324</td>
<td><a href="mailto:billb@uca.edu">billb@uca.edu</a></td>
<td>450-5547</td>
</tr>
<tr>
<td>Dr. Misty Booth</td>
<td>Clinical Instructor II</td>
<td>PTC 308</td>
<td><a href="mailto:mbooth@uca.edu">mbooth@uca.edu</a></td>
<td>450-5543</td>
</tr>
<tr>
<td>Dr. James Fletcher</td>
<td>Associate Professor</td>
<td>PTC 306</td>
<td><a href="mailto:fletcher@uca.edu">fletcher@uca.edu</a></td>
<td>450-5556</td>
</tr>
<tr>
<td>Dr. Darla Cathcart</td>
<td>Clinical Instructor I</td>
<td>PTC 328</td>
<td><a href="mailto:dcathcart@uca.edu">dcathcart@uca.edu</a></td>
<td>450-3422</td>
</tr>
<tr>
<td>Dr. Sherrye Craig</td>
<td>Visiting Assistant Professor</td>
<td>PTC 314</td>
<td><a href="mailto:thuitt@uca.edu">thuitt@uca.edu</a></td>
<td>450-5552</td>
</tr>
<tr>
<td>Dr. Chad Lairamore</td>
<td>Assistant Professor</td>
<td>PTC 313</td>
<td><a href="mailto:chadl@uca.edu">chadl@uca.edu</a></td>
<td>450-5597</td>
</tr>
<tr>
<td>Dr. Twala Maresh</td>
<td>Senior Clinical Instructor Asst. Director of Clinical Education</td>
<td>PTC 309</td>
<td><a href="mailto:twalam@uca.edu">twalam@uca.edu</a></td>
<td>450-5598</td>
</tr>
<tr>
<td>Dr. Mark Mennemeier</td>
<td>Adjunct Faculty Member Coord. PhD Program/ Director of Research</td>
<td>PTC 320</td>
<td><a href="mailto:mmennemeier@uca.edu">mmennemeier@uca.edu</a></td>
<td>450-5557</td>
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<tr>
<td>Dr. Margaret McGee</td>
<td>Associate Professor</td>
<td>PTC 315</td>
<td><a href="mailto:mmcgee@uca.edu">mmcgee@uca.edu</a></td>
<td>450-5553</td>
</tr>
<tr>
<td>Ms. Stacey Stephens</td>
<td>Clinical Instructor II</td>
<td>PTC 312</td>
<td><a href="mailto:staceys@uca.edu">staceys@uca.edu</a></td>
<td>450-5549</td>
</tr>
<tr>
<td>Dr. David Taylor</td>
<td>Associate Professor</td>
<td>PTC 319</td>
<td><a href="mailto:dtaylor@uca.edu">dtaylor@uca.edu</a></td>
<td>450-5545</td>
</tr>
<tr>
<td>Dr. Charlotte Yates</td>
<td>Associate Professor</td>
<td>PTC 321</td>
<td><a href="mailto:cyates@uca.edu">cyates@uca.edu</a></td>
<td>450-5542</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Department Staff</th>
<th>Title</th>
<th>Office</th>
<th>E-mail Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Charlotte Fant</td>
<td>Program Advisor, Coordinator Pre-PT Club</td>
<td>PTC 305</td>
<td><a href="mailto:cfant@uca.edu">cfant@uca.edu</a></td>
<td>450-5541</td>
</tr>
<tr>
<td>Ms. Nancy Bond</td>
<td>Assistant to the Chairperson, Department Registrar</td>
<td>PTC 301</td>
<td><a href="mailto:nbond@uca.edu">nbond@uca.edu</a></td>
<td>450-5548</td>
</tr>
<tr>
<td>Ms. Pamela Salkeld</td>
<td>Office Manager, Secretary to Admissions Committee</td>
<td>PTC 301</td>
<td><a href="mailto:salkeldp@uca.edu">salkeldp@uca.edu</a></td>
<td>450-5550</td>
</tr>
<tr>
<td>Ms. Cathryn Swartzwelder</td>
<td>Department Receptionist</td>
<td>PTC 300</td>
<td><a href="mailto:cswartzwelder@uca.edu">cswartzwelder@uca.edu</a></td>
<td>450-3611</td>
</tr>
</tbody>
</table>

**Department mailing address**: PT Center Suite 300; 201 Donaghey Avenue; Conway, AR 72035

**Email**: pt@uca.edu **Phone**: 501-450-3611 **Fax**: 501-450-5822
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  

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.

---


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

Graduates of the professional curriculum will:

1. Demonstrate the moral, ethical, and legal standards of the profession when engaging in all components of autonomous physical therapy practice.

2. Evaluate existing research (scientific studies) and participate in collaborative research and scholarly activities to improve the knowledge-base of the profession.

3. 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. 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. Demonstrate the 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 Professional DPT Student Handbook during new student orientation. In the DPT Handbook, Section F: The 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 and then updated as needed and includes supplemental materials to benefit clinical faculty such as important reminders, contact information, professional behavior policy, forms, and program mission and objectives.

4. The Professional 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. 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. Residents will have focused learning experiences in a variety of pediatric settings.

B. All residents are required to participate in both clinical and didactic instructional opportunities. Residents are provided with clinical instruction on an ongoing basis through clinical practice with clinical time apportioned between independent practice and mentored practice. Residents enter the residency at the beginning of the fall academic semester.

C. Program goals:
   1. Train physical therapists who wish to develop advanced pediatric clinical practice skills in multiple settings.
   2. Facilitate the ability of program graduates to integrate theory into evidence-based practice.
   3. Provide the resident with opportunities to participate as the primary physical therapist in interdisciplinary health care teams providing care for pediatric patients with complex conditions.
4. Prepare residents to contribute to the profession through scholarship and teaching.

D. Sequencing for didactic components as well as clinical components may vary according to specific course offerings and patient population available. Didactic courses have been selected to optimize skills in interdisciplinary clinical practice, research and teaching. Consideration in course assignment is given to previous coursework and clinical experiences.

E. Didactic coursework and related assignments are established to correlate with and enhance learning from the clinical opportunities available through the residency. Learning modules for clinical focus areas introduce concepts related to advanced pediatric practice which are then progressively implemented in the clinic.

F. Sequencing for the program components is illustrated in Attachment 4: Curriculum Plan for Residency in Pediatric Physical Therapy.

G. Courses include:
   - PTHY 7340  Interdisciplinary Training and Interagency Collaboration in Families I
   - PTHY 6338  Directed Graduate Study
   - PTHY 7315  College Teaching in Physical Therapy

VII. CURRICULUM PLAN FOR PHD IN PHYSICAL THERAPY DEGREE (see Attachment 5)

VIII. CURRICULUM PLAN FOR THE POST-PROFESSIONAL DPT PROGRAM
   The post-professional DPT program official status is “suspended enrollment” as of Fall 2008.
Attachment 1: Visual Schematic of the DPT Program

A. Organization of Primary Curricular Disciplines

Clinical Education Practica

Clinical Sciences

Foundational Sciences

B. Integrated Structure of Primary Disciplines

1. Neuromuscular System
2. Musculoskeletal System
3. Cardiopulmonary System
4. Integumentary System
5. Other Systems

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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.

- PTHY 6303 Patient Management and Documentation
- PTHY 6307 Professional Development I
- PTHY 7103 Outcomes Assessment in Physical Therapy
- PTHY 7404 Musculoskeletal Physical Therapy I
- PTHY 7405 Musculoskeletal Physical Therapy II
- PTHY 7406 Musculoskeletal Physical Therapy III
- PTHY 7307 Professional Development II
- 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 Principles and Practice
- PTHY 7209 Complex Patient Management
- PTHY 7409 Clinical Reasoning and Differential Diagnosis

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.

- PTHY 6303 Patient Management and Documentation
- PTHY 6307 Professional Development I
- PTHY 6424 Clinical Administration and Management
- PTHY 7307 Professional Development II

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.

- PTHY 6104 Physical Therapy Research I
- PTHY 6204 Physical Therapy Research II
- PTHY 6307 Professional Development I
- PTHY 7104 Physical Therapy Research III
- PTHY 7106 Educational Roles in PT
- PTHY 7204 Physical Therapy Research IV
- PTHY 7307 Professional Development II
- PTHY 7409 Clinical Reasoning and Differential Diagnosis
## Attachment 3: Course Sequence for the DPT Curriculum Beginning Fall 2012

### YEAR ONE

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<thead>
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<th>Term</th>
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<td>PTHY 5505 Gross Anatomy</td>
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<tr>
<td></td>
<td>PTHY 5403 Human Physiology</td>
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<td></td>
<td>PTHY 6404 Clinical Foundations in Physical Therapy Practice</td>
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<td>PTHY 6307 Professional Development I</td>
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<td>PTHY 6104 Physical Therapy Research I</td>
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<td><strong>Semester Total</strong></td>
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<td>Spring</td>
<td>PTHY 6501 Neuroscience</td>
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<td></td>
<td>PTHY 6403 Pathology</td>
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<tr>
<td></td>
<td>PTHY 6401 Kinesiology I</td>
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</tr>
<tr>
<td></td>
<td>PTHY 6303 Patient Management &amp; Documentation</td>
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<td>PTHY 6204 Physical Therapy Research II</td>
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<td><strong>Semester Total</strong></td>
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<td>Summer</td>
<td>PTHY 6402 Kinesiology II</td>
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<td></td>
<td>PTHY 6250 Pharmacology in Physical Therapy</td>
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<td>PTHY 6405 Therapeutic Exercise</td>
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<td>PTHY 6314 Neurophysiological Principles of Motor Control</td>
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<td>PTHY 7104 Physical Therapy Research III</td>
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### YEAR TWO

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<td>PTHY 7403 Physical Agents</td>
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<td>PTHY 7515 Neurological Rehabilitation in Pediatrics</td>
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<td>PTHY 7404 Musculoskeletal Physical Therapy I</td>
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<td>PTHY 7204 Physical Therapy Research IV</td>
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<td></td>
<td>PTHY 7228 Clinical Education Practicum I (5 weeks)</td>
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<td>Spring</td>
<td>PTHY 7516 Adult Neurological Rehabilitation</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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<td>PTHY 7307 Professional Development II</td>
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<td>PTHY 7106 Educational Roles in Physical Therapy</td>
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### YEAR THREE

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<td>PTHY 6424 Clinical Administration &amp; Management</td>
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<td></td>
<td>PTHY 7409 Clinical Reasoning &amp; Differential Diagnosis</td>
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<td>PTHY 7209 Complex Patient Management in Physical Therapy</td>
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<td>PTHY 7328 Clinical Education Practicum II (8 weeks)</td>
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<td></td>
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<tr>
<td>Summer</td>
<td>PTHY 7530 Clinical Education Practicum V (10 weeks)</td>
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<td>PTHY 7103 Outcomes Assessment in Physical Therapy</td>
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<td><strong>Semester Total</strong></td>
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**Total Required = 123**

**Total Weeks in Clinical Education = 43**

Electives are optional.

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: Curriculum Plan for Residency in Pediatric Physical Therapy

<table>
<thead>
<tr>
<th>Term</th>
<th>Dates</th>
<th>Rotation Area/ Clinical Component</th>
<th>UCA Course</th>
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<td><strong>Fall Semester</strong></td>
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<tr>
<td></td>
<td>August (mid-Aug)</td>
<td>Mid-August to Early October = Orientation phase: Primary employment facility</td>
<td>LEND program assignments begin following orientation</td>
<td>(Fall term)</td>
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<tr>
<td></td>
<td>September</td>
<td></td>
<td></td>
<td>Case Study—Lit Review</td>
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<tr>
<td></td>
<td>October</td>
<td>October – Mid February = Clinical Practice and Mentoring hours at Primary employment facility</td>
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<td>monthly meetings with residency director</td>
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<tr>
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<td>November</td>
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<tr>
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<td><strong>Spring Semester</strong></td>
<td>January</td>
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<td>February (Mid-Feb = Transition)</td>
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<tr>
<td></td>
<td>March</td>
<td>Mid-February through August = Clinical Practice at Primary employment facility (approx. 28 hours/week) and Mentoring hours at non-primary facility</td>
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<td>April</td>
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<td><strong>Summer Semester</strong></td>
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Attachment 5: 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: The department may disclose, without consent, "directory" type information as defined in the following paragraph. The student who does not wish the department to disclose such information will be given the opportunity to notify the department within 10 days of the first official day of class and may notify the Office of the Registrar in writing within 10 days as outlined in the UCA Student Handbook at http://uca.edu/student/student-handbook/ (University Records). Federal law requires the release of some 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.

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 comment sheets are read by the Chairperson before being provided to the faculty member. Students are expected to provide feedback in a professional and constructive manner. Inappropriate or unprofessional remarks about faculty members will be discarded and will not be seen by the individual faculty member.
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 of this handbook.

II. **ACCREDITATION STATUS**

The UCA Doctor of Physical Therapy (DPT) program is accredited through the Commission on Accreditation in Physical Therapy Education (CAPTE). CAPTE can be contacted at [www.capteonline.org](http://www.capteonline.org) or 1111 North Fairfax St., Alexandria, VA 22314. Students are encouraged to contact CAPTE for questions about the department's accreditation status or to express a concern about accreditation.

III. **AMERICAN PHYSICAL THERAPY ASSOCIATION**

A. **MEMBERSHIP IN APTA:** The American Physical Therapy Association (APTA) is the 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 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. Additional information may be obtained at [www.apta.org](http://www.apta.org). Class officers and PT Club Officers are required to hold membership in the APTA.

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 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 in such a way as 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. A schedule can be seen at [www.apta.org](http://www.apta.org) click 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 according to the organizational structure of the department. Input can be given 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, page 6 of this handbook.

B. CLASS OFFICERS: The Department acknowledges the students' rights 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 student class in the first fall semester no later than mid-term. Officers remain in position during the three year PT program. All elected officers must be in good academic standing and maintain APTA membership throughout the PT 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 including the refrigerator on the second floor, (3) planning with the Department of Physical Therapy for convocation services at graduation, (4) serving the class as a liaison for alumni activities after graduation, (5) and completing 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. These officers include a President, Vice President, Secretary, Treasurer and a 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 2012) 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 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, 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 or expulsion; (3) reviewing and approving plans for remediation following 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 the UCA Student Handbook found at http://uca.edu/student/student-handbook/ and outlined in this handbook in Section C, pages 5-6.

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. The current chairperson of the Academic Progress Committee is Dr. Twala Maresh. 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 will also 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 also serves on the committee. If the student’s faculty advisor is a current member of the committee, then the advisor will serve as the student advisor and not as a voting member of the committee. The Department Chair may appoint another
faculty member for the meeting as necessary. The faculty advisor and the DCE will not be voting members of the committee. 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 student(s) involved of the committee recommendations. Meeting Schedule is 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 who are all 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 will discuss clinical education issues and make recommendations to the DCE who will then in turn take 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 should never 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 UCA Student Handbook (University Records) at 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 record is maintained in the Department. Information contained may be released to university officials and teachers 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. Generic Abilities 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 Generic Abilities Assessments,
   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 licensure and 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 (located in Burdick Hall). Records of complaints are kept in the office of the Department Chairperson when the complaint is brought in writing from class officers, the Student Advisory Committee or an individual. Generally, complaints would go to the Dean when the Department Chairperson was a part of the complaint. Such complaints are kept in the Dean’s office. The UCA Doctor of Physical Therapy (DPT) program is accredited through the Commission on Accreditation in Physical Therapy Education (CAPTE). CAPTE can be contacted at [www.capteonline.org](http://www.capteonline.org) or 1111 North Fairfax St., Alexandria, VA 22314. Filing a complaint with CAPTE: If you have a question about the department's accreditation status or wish to express a concern about accreditation, you are encouraged to contact 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 page 6 of 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 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.

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 internship. 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 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 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 department and universities expectations.
6. Review of the student’s Professional Portfolio (see Section C).

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. The faculty may request additional meetings throughout the semester as needed. And, students may request a meeting with their advisor at any time throughout the semester.

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 2: 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.
1. At the middle and end of each academic semester, all faculty members are required to report grades to the Department Chairperson. Mid-term grade reports are compiled and distributed to each student. Final grades are posted in secure student accounts online by the university.

2. Also at the middle and end of each academic semester, the department sends a letter to each student who is not meeting the expectations of academic performance. (as indicated in the DPT Student Handbook) This letter requires the student to meet with their academic advisor to discuss academic performance and devise a written plan for improving the student’s performance.

3. The written plan for improvement must be approved by the student’s advisor and the Department Chairperson. For students who are placed on academic probation, the written plan for improvement must also be approved by the Academic Progress Committee.

4. Refer to the DPT Student Handbook for additional description of how the program monitors student academic progress through the curriculum and deals with academic probation issues.

II. MINIMUM ACADEMIC PERFORMANCE LEVEL
In addition to completion of required courses, the student must meet established scholarship standards for the Department of Physical Therapy in order to complete the professional program successfully. Refer to the UCA Student Handbook (Academic Policies) at http://uca.edu/student/student-handbook/ for information regarding the university's policy on academic probation and expulsion. At the middle and end of each academic semester, all faculty members are required to report grades to the Chairperson. Mid-term grade reports are compiled and distributed to each student. Final grades are posted in secure student accounts online by the university. At the middle and end of each semester, the department sends a letter to each student who is not meeting departmental expectations of academic performance.

A. DEPARTMENTAL ACADEMIC WARNING: Notice oral or written that the student’s academic performance is unacceptable to the point that without intervention (such as tutoring) the most likely result is more serious academic action (i.e. probation or expulsion). The notice serves as an official warning that continued unacceptable academic performance will result in more serious action by the Department of Physical Therapy. The student should meet with their faculty advisor to discuss the implications of this warning.

B. DEPARTMENTAL ACADEMIC PROBATION: Students in the DPT program are required to maintain a GPA of 3.0 for each semester and a cumulative GPA of no less than 3.0 for courses in the DPT curriculum. The program allows for only one probationary semester. A student with a semester grade point average less than 3.0 will be placed on academic probation for the next semester. The student will be notified of probationary status by the Department Chair. The student has the responsibility for reporting probationary status to an advisor regardless of notification by the Graduate Dean or Chairperson. A student on academic probation must first meet with the assigned department academic advisor within the first week of the probationary semester to discuss
academic performance and devise a written plan for improvement. Next, the student on academic probation will meet with their advisor and the Academic Progress Committee to discuss their written plan for improvement by the second week of the semester in which the student is placed on academic probation. Approval of this plan must be obtained by the Academic Progress Committee and the Department Chair. By the end of the probationary semester, the student must achieve a minimum semester and cumulative GPA of 3.0. If the cumulative GPA is not 3.0, then the student is ineligible to continue graduate studies in the DPT program at UCA. The Academic Progress Committee may call the student to meet with the committee as often as necessary to ensure that the student is adhering to the approved plan. The department chair will notify the student of their status after final grades are reported.

C. FIRST YEAR “D” POLICY: In addition to maintaining a 3.0 GPA for each semester and a cumulative 3.0 GPA, the student must make at least a C in all classes. If the student receives a D in any course in the first fall, first spring or first summer semesters, the student will be required to repeat the entire first year in order to continue in the DPT program. Readmission in the next incoming fall class will not be automatic. The student must apply to the Academic Progress Committee for readmission to the next incoming fall class of the DPT program with a plan for improvement if granted readmission to the program. The student will present their plan for improvement to the Academic Progress Committee at the end of semester meeting. At the meeting, the Academic Progress Committee will examine the student’s academic history, professional behaviors and plan for improvement and will subsequently make a recommendation to the Department Chair regarding readmission. The Department Chair will notify the student if readmission is approved. The student will then have 5 days to notify the department chair of acceptance or declination of the position in the upcoming fall class. Once the student has been notified of and accepted readmission, the student will be added to the roster for the upcoming fall class.

If a student is granted a position in the next incoming fall class, the GPA from all previous DPT coursework will carry forward and the 1st fall semester of the second admission will be the final probationary semester. If a student is unable to meet the 3.0 semester and cumulative GPA requirement by the end of the final probationary semester, or if the student receives a D in any course or falls below the 3.0 semester or cumulative GPA during the second admission, the student will not be eligible for a third admission and will not be able to continue in the DPT program at UCA.

* Plan of improvement guidelines:
  The student must work with their Department Academic Advisor to develop a plan for success if allowed readmission. The plan must include (but is not limited to) steps the student will take to prepare for the returning semester, study habits planned for the second admission and GPA required to continue in the program.

** Schedule for Academic Progress Meeting:
  Friday of finals week in the Fall Semester
  Friday of finals week in the Spring Semester
  Friday of finals week in the Summer Semester
D. FIRST YEAR “2nd PROBATIONARY PERIOD” POLICY: In addition to maintaining a 3.0 GPA each semester and a cumulative 3.0 GPA, the student must make at least a C in all classes. If the student makes below a 3.0 GPA, the student will be on probation for the next semester. If the student does not make at least a 3.0 semester and cumulative 3.0 GPA at the end of the probationary semester, the student will be required to repeat the entire first year in order to continue in the DPT program. This policy will only apply to the first fall and first spring semesters of the DPT program. Readmission in the next incoming fall class will not be automatic. The student must apply to the Academic Progress Committee for readmission to the next incoming fall class of the DPT program with a plan for improvement if granted readmission to the program. The student will present their plan for improvement to the Academic Progress Committee at the end of semester meeting. At the meeting, the Academic Progress Committee will examine the student’s academic history, professional behaviors and plan for improvement and will subsequently make a recommendation to the Department Chair regarding readmission. The Department Chair will notify the student in writing if readmission is approved. The student will then have 5 days to notify the department chair of acceptance or declination of the position in the upcoming fall class. Once the student has been notified of and accepted readmission, the student will be added to the roster for the upcoming fall class.

If a student is granted a position in the next incoming fall class, the GPA from all previous DPT coursework will carry forward, and the first fall semester of the second admission will be the final probationary semester. If the student is unable to meet the 3.0 semester and cumulative GPA requirement by the end of the final probationary semester, or if the student receives a D in any course or falls below the 3.0 semester or cumulative GPA during the second admission, the student will not be eligible for a third admission and will not be able to continue in the DPT program at UCA.

* Plan of improvement guidelines:
   The student must work with their Department Academic Advisor to develop a plan for success if allowed readmission. The plan must include (but is not limited to) steps the student will take to prepare for the returning semester, study habits planned for the second admission and GPA required to continue in the program.

** Schedule for Academic Progress Meeting:
   Friday of finals week in the Fall Semester
   Friday of finals week in the Spring Semester
   Friday of finals week in the Summer Semester

E. DEPARTMENTAL ACADEMIC EXPULSION: A student will be expelled from the curriculum based on the following conditions:

1. If a grade of D (after the 1st year or during second admission into DPT program) or F is received in any course.
2. If a grade of NC (no-credit) is received for more than one assigned clinical experience. (Refer to the DPT Student Handbook, Section F, Clinical Education Practicum Grading Policy)
3. If a student does not achieve a 3.0 cumulative GPA at the end of the final probationary semester.
4. If a student recovers from a probationary period (restores the cumulative GPA to above a 3.0) and the semester GPA falls below 3.0 for a second time.

5. If a student is found guilty of academic or professional misconduct.

F. GRADUATION: Graduate students must have a 3.0 grade point average in graduate course work to graduate from the university.

G. CLINICAL EDUCATION PRACTICUM: A DPT student must have a cumulative and semester grade point average of 3.0 or greater for all required course work within the DPT curriculum to be eligible for enrollment in the clinical education practicum courses. Students may be enrolled simultaneously in several clinical courses or in academic and clinical courses where grades are submitted to the Registrar (at the end of the semester). However, the final grade is determined by the Director of Clinical Education at the end of the clinical experience. Refer to the Clinical Education Practicum Grading Policy in Section F: Clinical Education of this handbook.

H. CLINICAL EDUCATION DURING ACADEMIC PROBATION: See Section F of the DPT Student Handbook, Clinical Education for information regarding academic probation occurring where timing of probation would limit opportunities to improve grade point prior to clinical rotations.

III. 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 system. 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.

IV. 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), the UCA Graduate Bulletin at http://uca.edu/gbulletin/ and the university publication Student Judicial Handbook (available in the Chairperson’s office). 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. STUDENT PETITION: 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.

V. 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 competitive process provided the following conditions are met:

A. "In good standing" is interpreted to include 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. A written request for a class leave of absence needs to be submitted by the student petitioner 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. 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. If the Chairperson and the Academic Progress Committee approve the leave of absence, then the petitioner must accept a position in the program’s next incoming class prior to the actual leave of absence.
E. 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.

VI. 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.

A. 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 instructor;

d. demonstrating disrespect for a student, faculty member, or patient;

e. violating the departmental policy concerning illicit drugs.

B. DPT PROFESSIONAL PORTFOLIO: The Portfolio was discontinued for the class of 2014 forward.

VII. 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 course. 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 utilized 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’s 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. Revisions of the professional development plan should be based on faculty feedback and self-assessment. 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 of this handbook.

G. DOCUMENTING GOOD BEHAVIOR: A student may be acknowledged for helping other students and for positive contributions to the class or community. Fellow students and faculty may document good behavior by writing a letter to that student’s file, with a copy for the student. When the time comes for writing recommendations to potential employers, the faculty will have a record of academic and non-academic performance.

H. DOCUMENTING PROBLEMATIC 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: A faculty member 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. **Student Filing:** A student observing inappropriate behavior that is of sufficient severity to warrant the filing of a professional behavior report should detail the behavior on the reporting form. This report will be submitted to the Chairperson, who will then forward it to the student and the student’s faculty 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, and 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.

4. **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.
5. **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.

6. **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. As with any course in the curriculum, failure to pass a Clinical Education Practicum due to unprofessional behavior will necessitate immediate dismissal from the program. 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.

7. **Student Appeals**: Students have an opportunity to appeal decisions made by the faculty to the Dean of the College. 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*).

VIII. **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 excellence of each award are detailed.

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 by the Publications and Public Relations Committee 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.

IX. **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 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

Date: __________________________
Student: __________________________

Faculty Team

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

Specific incident(s)/concern(s):

____________________________________________________________
____________________________________________________________
____________________________________________________________
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____________________________________________________________
____________________________________________________________
____________________________________________________________

Faculty Team Recommendations:

____________________________________________________________
____________________________________________________________
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_________________________  __________________________
Team Leader                  Date

_________________________  __________________________
Department Chair             Date

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

_________________________  __________________________
Faculty Advisor                  Date
Attachment 2: Safety Remediation Plan (Form)

SAFETY REMEDIATION PLAN

Date: __________________________
Student: ________________________

Faculty Team

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

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 2: 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 material 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 Organizations 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 the Departmental Code of Conduct and Behavioral Expectations (see Section C) for information regarding the following departmental rules and regulations; Departmental Code of Conduct and Behavioral Expectations, Professional Behavior Policy, Departmental Policies Concerning Documentation of Exceptional Behavior.

A. ATTENDANCE AND TARDINESS POLICY: Tardiness and 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 equals to being absent for at least a portion of class/lab time. Students arriving late to class/lab may be asked to leave the room and be treated as though they were absent, at the discretion of the instructor. 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 can be 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 their syllabus).
3. **Excused Absence**: The following would normally 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>1 unexcused absence in a course</th>
<th>WARNING</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 unexcused absences in the same course</td>
<td>CLASS POINTS DEDUCTED</td>
</tr>
<tr>
<td>3 unexcused absences in the same course</td>
<td>INCIDENT REPORT + POINTS DEDUCTED</td>
</tr>
<tr>
<td>4 unexcused absences in the same course</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. Beepers, telephones, 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. Audible pagers and telephones 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 internships 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 Chapter 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 where 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 is 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) Student as Researcher/Data Collector:
   2) 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.
   3) Fabrication of data for any reason including difficulty with obtaining subjects to participate in a research study, missing or lost data, etc.
4) 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).

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.
SECTION D: RULES AND REGULATIONS

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. 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 students to 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, lab, 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 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:** University regulations prohibit consumption of intoxicating beverages and drugs on University controlled property. Firearms are not permitted on University property. Refer to Section F: Clinical Education, for additional information concerning probable drug testing at clinical affiliation sites. Also, refer to the [UCA Student Handbook](http://uca.edu/student/student-handbook/) (*Standards of Student Conduct*) for further information.

5. **Smoking:** UCA is a tobacco free campus. Tobacco use is not permitted in the PT Center nor on the university campus. The tobacco ban 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 at the east end of the building and at other buildings nearby.

**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.

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 departmental 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. The PT laboratories and the Gross Anatomy and Neuroscience Laboratory are available for night study as scheduled. During all hours, access to the building is by personal UCA ID only. Students may be asked to identify themselves to the University Police and so should carry proper identification at all times. The student is expected to follow the hours established by the University.

6. **Gross Anatomy and Neuroscience Laboratory**: This new facility (located across from the Laney Chemistry building and connected to the west end of Doyne Health Sciences Center) will be used for instruction of Gross Anatomy and Neuroscience courses. Access to the laboratory will be discussed by the course instructor in class and announcements made regarding evening open lab hours and the use of ID card entry for security of the lab.

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 7:30 am to 5:00 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. 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).

Q. 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 internships) 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.

R. JOURNAL ARTICLES: The Torreyson Library has a large holding of physical therapy materials. 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.

5. 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/ ). Torreyson Library has a large computer lab on the first floor. The campus and PT Center are equipped with wireless internet service and selected 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.
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
- Career Services Center
- Disability Support Service
- Torreyson Library
- Financial Aid
- Recreational Opportunities
- Health Services
- Computer Labs
- 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 (McCastlain 001; 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. During Classes: The UCA Department of Student Health Services is located in the Student Health Center located south of the Christian Cafeteria (phone 450-3136 or wesite at http://uca.edu/studenthealth/). The Center's hours are 8:00 a.m. to 4:15 p.m., Monday through Friday; closed from 12 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 your 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/.

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/ 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 sickness, 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/

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/

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/. 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; walking/running track; fitness center (aerobic equipment); weight room; and men’s and women’s locker rooms with showers. (450-5712 or http://uca.edu/campusrecreation/)
2. **Farris Center Pool**: Indoor, heated pool; offers aqua aerobics and lap and recreational swimming. Call 450-5712 for hours or more information.

3. **Farris Center Racquetball Courts**: Two regulation racquetball courts. Call 450-5712 for information about reserving courts.

4. **Tennis Complex**: Tennis courts are located on northern end of campus. Call 450-5712 for more information.

5. **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 including: 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. **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, Tier A would be inclusive of most PT students and Tier B is selective based on a variety of criteria. The appropriate contact is listed in each description. Deadline for application is **March** of each year. A new brochure and the application will be available on the UCA Foundation website listed above.

   A. **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 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. TIER A (Inclusive of most PT students)

1. **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.

2. **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.

3. **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.

4. **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.

5. **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.

6. **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.

7. **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.

8. **Gladys Chasey Leadership Scholarship:** For full-time students with demonstrated financial need and leadership skills. Minimum GPA of 2.75 required. Contact the UCA Foundation, 450-5859.
9. **James H. and Bobbye Brewer Scholarship**: For full-time students who are a single parent. Selection based on academic performance (2.75 or above GPA) and financial need.


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

12. **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.

13. **Tom Burnett Leadership Scholarship**: For full-time students. Selection based on leadership, academic performance (GPA of 2.75 or above) and financial need.

14. **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.

15. **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.

C. **TIER B (Selective based on various criteria)**

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. **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.

3. **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.

4. 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.

5. 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.

6. 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.

7. 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.


9. 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.

10. 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.

11. University Women’s Book Scholarship: For non-traditional female students. Selection based upon financial need. Contact the University Women’s representative, 450-3633.
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 internships take place at affiliating clinical education sites with the help of clinical educators who volunteer their time. Internships occur during and upon conclusion of the academic 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>Length</th>
<th>Semester</th>
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<tbody>
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<td>I</td>
<td>5 weeks</td>
<td>2nd Fall Semester</td>
</tr>
<tr>
<td>II</td>
<td>8 weeks</td>
<td>3rd Fall Semester</td>
</tr>
<tr>
<td>III</td>
<td>10 weeks</td>
<td>3rd Spring Semester</td>
</tr>
<tr>
<td>IV</td>
<td>10 weeks</td>
<td>3rd Spring Semester</td>
</tr>
<tr>
<td>V</td>
<td>10 weeks</td>
<td>3rd Summer Semester</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-state and out-of-state. 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 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 will assist 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 is also responsible for assigning each student a Clinical Instructor(s) (CI) and assures 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., serve as a resource for the student, mediate between the CI and student if an occasion arises, and provide information for students to the school 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, the PT Department Student Manual, 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 Clinical Coordinator and three or 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 will then in turn take 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>Student Clearances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background check</td>
<td>Completed by student prior to CE1; additional checks if required by clinical facility</td>
</tr>
<tr>
<td>Blood borne Pathogens Training</td>
<td>Years 1 and 2</td>
</tr>
<tr>
<td>Child or Adult Abuse Registry Check</td>
<td>Completed by student if required by clinical facility</td>
</tr>
<tr>
<td>CPR Certification, Healthcare Provider</td>
<td>Current during Years 2 and 3</td>
</tr>
<tr>
<td>Drug Screen</td>
<td>Completed by student if required by clinical facility</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>Hepatitis B Vaccine</td>
<td>Waiver required in lieu</td>
</tr>
<tr>
<td>HIPAA Training</td>
<td>Year 1</td>
</tr>
<tr>
<td>Immunizations</td>
<td>MMR (2 dose); remainder as required by clinical facility</td>
</tr>
<tr>
<td>OSHA Training</td>
<td>Years 1 and 2</td>
</tr>
<tr>
<td>Professional Liability Insurance</td>
<td>Provided by School, renewed July 1 each year</td>
</tr>
<tr>
<td>Personal Health Insurance</td>
<td>Current upon entrance through graduation</td>
</tr>
<tr>
<td>TB Skin Test, 12 month</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 above items are kept in the Director of Clinical Education office. 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 Center.
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 Manager. 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 will 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 Manager 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 in order to meet facility requirements. Students will abide by facility policies to prepare for an internship. 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 internship.

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 Manager.

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 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.

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 will also 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. In the case 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 above 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 (varicella) immunization, measles, or other health issues 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 prior to CE II.

   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 are responsible for renewing certification prior to expiration. A copy of certification will be kept in the clinical education files office. 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 internships. Students for whom CPR certification will expire while on a clinical rotation should make arrangements to update CPR certification prior to beginning the clinical rotation.
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](http://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 can be 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. 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.

   d. **Clinical Agreement Review:** Each clinical agreement must follow University Board Policy 416 ([http://uca.edu/board/files/2010/11/416.pdf](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 of changes. The CCCE ensures each CI has had one year clinical experience prior to serving as a CI. The CCCE will provide regularly updated information about the facility. The CI will formally evaluate the student’s performance at mid-term and final. The CCCE will provide a student handbook for policies and procedures of the clinical site. The CCCE or CI will 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. The CI/CCCE will provide quality learning experiences in the areas of patient care, research, and administration. The CCCE/CI will request any additional student records other than TB skin test, Hepatitis B vaccine, (such as MMR, physical exam, etc.,) from the student or DCE.

   a. **Clinical Site Information Form (CSIF):** The Center Coordinator of Clinical Education provides a 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, as well as 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.

   b. **CSIF Web:** UCA is utilizing CSIF Web 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. Once the CSIF is completed, then all schools that have purchased CSIF Web will have access to your CSIF and can pick it up on their own. See Attachment 2: CSIF Web Invitation for further instructions.

   c. **Commitment Form:** 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.

   d. **Family Educational Rights And Privacy Act (FERPA):** The Clinical Site will comply with the provisions of the Family Educational Rights and Privacy Act (FERPA) 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 and further agrees to use the 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 or 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 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 principle 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 in 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 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, then 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. The request should be initiated by the student through the DCE if a student is requesting to be withdrawn. 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, such as contracting infectious diseases, as well as possible injury to one-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 will also 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 may also have specific protocols for students during clinical internships regarding communicable diseases that they may have or contract during the internship. 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 internships 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. PTSECECI: The Physical Therapy Student Evaluation of Clinical Education and Clinical Instruction (PTSECECI) is an evaluation tool prepared by the American Physical Therapy Association (APTA). Each student is required to evaluate each clinical experience both at midterm and final utilizing this tool. Information obtained from the PTSECECI is entered into the clinical education database for use in program, facility and clinical instructor assessment and development. A copy of the instrument is provided in Attachment 6: PTSECECI (APTA).

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 internships 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 DCE will also provide instructions on the due date for these objectives for each clinical rotation. Students will write objectives prior to attending the clinical experience and will update these objectives at midterm of the clinical experience. Students will also self-assess and identify clinical opportunities to practice skills during clinical experiences utilizing Attachment 7: 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) Not contact 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
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 the UCA PT Department and the Facility a written evaluation of the clinical experience.

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 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 more strict dress code, then the student should abide by it during clinical internships. Clinical sites will normally inform students of the dress code of the facility. Students should follow the facility’s dress code if one is indicated and maintain professional appearance. 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: Should a student not be able to fulfill (begin or complete) a clinical internship within the allotted time, postponement will be at the discretion of the Physical Therapy Department and DCE. Failure to successfully complete an internship for reasons based on the student’s evaluation (i.e. grade) will be treated the same as for any other course in the curriculum.

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 8: 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
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 will be provided by the DCE. Of the final four rotations students will complete 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 9: Sample Commitment Form and Letters to Sites RE Students Assigned 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 internship (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 internship 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. In the event a student does not match with a preference list selection, the DCE will assign an alternative with input from the student.

Students have the privilege and responsibility of researching potential clinical education sites for internships and providing their preferences to the DCE for assignment. Students should utilize information provided in site e-files available on MyUCA Groups, 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 meet with the DCE and 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. Some 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. **Master Site List** - The DCE will determine if a clinical site is available for student assignment prior to each site selection or at the time of a student’s inquiry. A clinical site is removed from the Master Site List if the clinical agreement is canceled by the SCHOOL or the FACILITY. If a site is not on the master list, then we do not affiliate or no longer affiliate with that site, or are not currently affiliating with that site for other
circumstances as determined by the DCE.

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 are required to read the CSIF prior to 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 they may indicate if a student internship slot is available for a particular date. These forms can be found in a Commitment Forms e-file on MyUCA Groups with each site’s form filed A-Z as well as filed individually in the particular site’s e-file. Each commitment form also provides important notes from the facility. Students are responsible for reading and adhering to any requirements listed on the commitment form. The DCE will 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 that UCA currently does not contract with and 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, a few policies below govern the process:
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. It is important to submit all requests 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 assignments. 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. Direct or indirect (through friends or family members) contact with clinical sites to discuss the possibility of a rotation 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 you are interested in 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 the correspondence between the DCE and Administrative Clinical Manager 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.

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 internship. Clinical inquiries 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 one rotation each in acute care, rehabilitation, and out-patient settings on Clinical II, III, IV, or V. Students should also select sites based on variety 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. 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 determined by the DCE.

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. A Special Request concerning clinical education assignments 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, 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 exist to warrant a change, a student wishing 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 Minimum Academic Performance for the Professional Curriculum policy is outlined in the DPT Student Handbook concerning academic probation and suspension. A DPT student must maintain a semester grade point average of 3.0 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 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 suspended from the program. Each student must achieve grades for all coursework in the second fall semester (prior to Clinical Practicum I) that equates 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.

ii. Clinical education experiences will occur as follows:

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Duration</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>CE I</td>
<td>5 weeks</td>
<td>Second fall semester</td>
</tr>
<tr>
<td>CE II</td>
<td>8 weeks</td>
<td>Third fall semester</td>
</tr>
<tr>
<td>CE III</td>
<td>10 weeks</td>
<td>Third spring semester</td>
</tr>
<tr>
<td>CE IV</td>
<td>10 weeks</td>
<td>Third spring semester</td>
</tr>
<tr>
<td>CE V</td>
<td>10 weeks</td>
<td>Third summer semester</td>
</tr>
</tbody>
</table>

iii. These students will continue in the curriculum with the exception of participation in CEI as long as their GPA meets program requirements.
iv. 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).

v. In order to provide directed opportunities for continued clinical and academic development during the first 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.

vi. 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 prior to and at mid-term of clinical rotations. Students can then utilize the information when preparing written learning objectives for specific clinical education opportunities. The DCE will instruct students regarding the use of the Minimum Skills document as a part of the course requirement for each clinical rotation in the course syllabus. A copy of the document is available in Attachment 7: Minimum Required Skills of Physical Therapist Graduates at Entry-level (APTA).

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 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 housing available. 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 Manager 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, then 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 the student originally planned to provide his/her own housing.

Housing Problems: If the student feels that the conditions of the housing provided 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 is to 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 three 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 can 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 10: 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.

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 that 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 11: Implementing MDS 3.0 for PT Students (APTA) and Attachment 12: 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 to be made.

F. CONFIDENTIALITY: Students are required to uphold patient and facility confidentiality at all times during and after any clinical experience. Confidentiality must be upheld for all written assignments such as a case report, presentation, etc., as well. 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 internship, 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 internships during some times that the university is closed. Internships 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 clinical internship dates for the following calendar year by midterm of the Spring Semester. (For example, by midterm of 2013 students will be given the clinical education dates for the year 2014).

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 internships 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 internships at various clinical education affiliations 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. As such a professional curriculum, the PT Department may need to plan both didactic and clinical experiences that exceed the usual requirements. The student will be given a schedule each semester, which may reflect the hours required for that 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 rotation 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 practica 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: In circumstances where the student’s performance has been determined by the DCE to be such that a limited extension of time (no greater than 2 weeks) within an assigned experience will provide opportunity for the student to meet performance expectations, the DCE may arrange for an extension of the clinical experience within the assigned setting or at an alternate facility if deemed necessary. Students previously receiving a grade of NC in a clinical practicum will not be eligible for extension of a clinical experience. If the student is not able to meet objectives within the time extension designated by the DCE in conjunction with input from clinical faculty,
the student will be required to repeat the clinical practicum in its entirety. In the event that repeat of the rotation is necessary, guidelines for Repeat of a Clinical Practicum 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. It will be submitted electronically at final of the first clinical rotation and at mid-terms 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 with the CPI by the clinical instructor 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 an internship. More information will be provided in the corresponding course syllabus for each affiliation.

**D. OTHER ASSIGNMENTS DURING CLINICAL INTERNSHIPS**: Clinical Education may also 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 complete an evaluation of the clinical experience using the Physical Therapy Student Evaluation of Clinical Education and Clinical Instruction (PTSECECI) as a part of the course grade. A copy of the instrument is provided in Attachment 6: **PTSECECI (APTA)**. The information will provide feedback for the DCE, school, facility, clinical instructor, and other students regarding the affiliation. This information will be read and taken into consideration during planning and during development of clinical education experiences.
The whole evaluation will be returned to the clinical instructor to provide feedback regarding instruction. Part of the evaluation will be placed in the Facility E-file and should be read by students during the site selection research process. Students will also be asked to evaluate the overall clinical education program and experiences during and at the conclusion of the DPT program.

F. FAILURE TO SUCCESSFULLY COMPLETE AN INTERNSHIP: A Clinical Practicum or Clinical Internship is treated just as any other course in the PT curriculum. Clinical internships must be completed in their entirety (i.e. 10 weeks). Course of action for failure to successfully complete a clinical education course is defined in Section D of the PT Student Manual and course syllabi. Although the Clinical Instructor assesses a student’s performance, the DCE ultimately assigns the student’s grade based on the documentation received from the CI, their comments, and the grading system. A formal evaluation of the student is requested at mid-term and at final of each clinical education course via the CPI.
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:

- Students receive direct monitoring/supervision from a CI
- CIs adhere to Medicare supervision guidelines for students where applicable
- A variety of learning opportunities are available
- CIs have a minimum of one year of experience
- 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

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.

Clinical/Teaching Elements

- Credentialed CI’s on staff
- APTA membership among staff
- Students are required to use evidence to substantiate examinations and plans of care.
- Certified clinical specialists are on staff (APTA or other recognized specialization).
- The facility measures individual patient outcomes using established outcome measures.
- The facility measures group outcomes using established outcome measures.
- The facility measures patient satisfaction.
- Students are provided with progressive learning opportunities.
- The site and CI’s have defined expectations for entry level practice (including caseload).
- The facility has an established mechanism for peer review.
- The facility has alternative learning opportunities available for the student in the event the patient load is low.

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
2/5/2013

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](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](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](mailto:csifwebsupport@academicsoftwareplus.com).

Thank you,

Stacey Stephens
Administrative Clinical & Services Coordinator
[staceys@uca.edu](mailto: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.
   - 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.

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.
CLINICAL EDUCATION ACTION PLAN

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:
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Student plan to complete objectives:
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Student Signature __________________________________________________________________________ CI Signature __________________________________________________________________________
PHYSICAL THERAPIST STUDENT EVALUATION:

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

June 10, 2003

American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314
PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators’ requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist student assessment of the clinical experience and Section 2-Physical therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions
- The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement
We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA’s Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude goes out to all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O’Loughlin, PT, MA

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name ________________________________________________________________

Academic Institution __________________________________________________________

Name of Clinical Education Site ______________________________________________

Address __________________________________________ City __________________ State ______

Clinical Experience Number ___________ Clinical Experience Dates ______________

Signatures

I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements. I understand that my personal information will not be available to students in the academic program files.

Student Name (Provide signature) __________________________ Date ______

Primary Clinical Instructor Name (Print name) ___________________ Date ______

Primary Clinical Instructor Name (Provide signature) ________________

Entry-level PT degree earned __________________________ Degree area __________

Highest degree earned __________ Degree area ______________

Years experience as a CI __________

Years experience as a clinician __________

Areas of expertise ________________

Clinical Certification, specify area __________________________

APTA Credentialed CI _______ Yes _______ No

Other CI Credential _______ State _______ Yes _______ No

Professional organization memberships _______ APTA _______ Other _________

Additional Clinical Instructor Name (Print name) ___________________ Date ______

Additional Clinical Instructor Name (Provide signature) ________________

Entry-level PT degree earned __________________________ Degree area __________

Highest degree earned __________ Degree area ______________

Years experience as a CI __________

Years experience as a clinician __________

Areas of expertise ________________

Clinical Certification, specify area __________________________

APTA Credentialed CI _______ Yes _______ No

Other CI Credential _______ State _______ Yes _______ No

Professional organization memberships _______ APTA _______ Other _________
SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility.

1. Name of Clinical Education Site

Address ________________ City ___________________ State ______

2. Clinical Experience Number ________________

3. Specify the number of weeks for each applicable clinical experience/rotation.

   ___ Acute Care/Inpatient Hospital Facility ___ Private Practice
   ___ Ambulatory Care/Outpatient ___ Rehabilitation/Sub-acute Rehabilitation
   ___ ECF/Nursing Home/SNF ___ School/Preschool Program
   ___ Federal/State/County Health ___ Wellness/Prevention/Fitness Program
   ___ Industrial/Occupational Health Facility ___ Other _______________________

Orientation

4. Did you receive information from the clinical facility prior to your arrival?  ____ Yes _____No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience?  ____ Yes _____No

6. What else could have been provided during the orientation? ____________________________________________________________
__________________________________________________________
__________________________________________________________

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:
1 = Never  2 = Rarely  3 = Occasionally  4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

<table>
<thead>
<tr>
<th>Diversity Of Case Mix</th>
<th>Rating</th>
<th>Patient Lifespan</th>
<th>Rating</th>
<th>Continuum Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculoskeletal</td>
<td>0-12 years</td>
<td>Critical care, ICU, Acute</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuromuscular</td>
<td>13-21 years</td>
<td>SNF/ECF/Sub-acute</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiopulmonary</td>
<td>22-65 years</td>
<td>Rehabilitation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integumentary</td>
<td>over 65 years</td>
<td>Ambulatory/Outpatient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (GI, GU, Renal, Metabolic, Endocrine)</td>
<td></td>
<td>Home Health/Hospice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wellness/Fitness/Industry</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the Guide to Physical Therapist Practice. Rate all items in the shaded columns using the above 4-point scale.

<table>
<thead>
<tr>
<th>Components Of Care</th>
<th>Rating</th>
<th>Components Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td></td>
<td>Diagnosis</td>
<td></td>
</tr>
<tr>
<td>• Screening</td>
<td></td>
<td>Prognosis</td>
<td></td>
</tr>
<tr>
<td>• History taking</td>
<td></td>
<td>Plan of Care</td>
<td></td>
</tr>
<tr>
<td>• Systems review</td>
<td></td>
<td>Interventions</td>
<td></td>
</tr>
<tr>
<td>• Tests and measures</td>
<td></td>
<td>Outcomes Assessment</td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

<table>
<thead>
<tr>
<th>Environment</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing a helpful and supportive attitude for your role as a PT student.</td>
<td></td>
</tr>
<tr>
<td>Providing effective role models for problem solving, communication, and teamwork.</td>
<td></td>
</tr>
<tr>
<td>Demonstrating high morale and harmonious working relationships.</td>
<td></td>
</tr>
<tr>
<td>Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).</td>
<td></td>
</tr>
<tr>
<td>Being sensitive to individual differences (ie, race, age, ethnicity, etc).</td>
<td></td>
</tr>
<tr>
<td>Using evidence to support clinical practice.</td>
<td></td>
</tr>
<tr>
<td>Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).</td>
<td></td>
</tr>
<tr>
<td>Being involved in district, state, regional, and/or national professional activities.</td>
<td></td>
</tr>
</tbody>
</table>

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth? __________________________________________________________________________
________________________________________________________________________

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

   _____ Physical therapist students
   _____ Physical therapist assistant students
   _____ Students from other disciplines or service departments (Please specify _________)

12. Identify the ratio of students to CIs for your clinical experience:

   _____ 1 student to 1 CI
   _____ 1 student to greater than 1 CI
   _____ 1 CI to greater than1 student; Describe ____________________________

13. How did the clinical supervision ratio in Question #12 influence your learning experience? ______
________________________________________________________________________
________________________________________________________________________

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

   ___ Attended in-services/educational programs
   ___ Presented an in-service
   ___ Attended special clinics
   ___ Attended team meetings/conferences/grand rounds
   ___ Directed and supervised physical therapist assistants and other support personnel
   ___ Observed surgery
   ___ Participated in administrative and business practice management
   ___ Participated in collaborative treatment with other disciplines to provide patient/client care
   (please specify disciplines)________________________________________________
   ___ Participated in opportunities to provide consultation
   ___ Participated in service learning
   ___ Participated in wellness/health promotion/screening programs
   ___ Performed systematic data collection as part of an investigative study
   ___ Other; Please specify ________________________________________________
15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc.

16. Overall, how would you assess this clinical experience? (Check only one)

_____ Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.

_____ Time well spent; would recommend this clinical education site to another student.

_____ Some good learning experiences; student program needs further development.

_____ Student clinical education program is not adequately developed at this time.

17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?

18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed.

19. What suggestions would you offer to future physical therapist students to improve this clinical education experience?

20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for this clinical experience?

21. What curricular suggestions do you have that would have prepared you better for this clinical experience?
SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in Section 2 is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=Strongly Disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly Agree

<table>
<thead>
<tr>
<th>Provision of Clinical Instruction</th>
<th>Midterm</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>The clinical instructor (CI) was familiar with the academic program’s objectives and expectations for this experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical education site had written objectives for this learning experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical education site’s objectives for this learning experience were clearly communicated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There was an opportunity for student input into the objectives for this learning experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided constructive feedback on student performance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided timely feedback on student performance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI demonstrated skill in active listening.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided clear and concise communication.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI communicated in an open and non-threatening manner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI taught in an interactive manner that encouraged problem solving.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There was a clear understanding to whom you were directly responsible and accountable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The supervising CI was accessible when needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI clearly explained your student responsibilities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI provided responsibilities that were within your scope of knowledge and skills.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI facilitated patient-therapist and therapist-student relationships.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time was available with the CI to discuss patient/client management.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI served as a positive role model in physical therapy practice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI skillfully used the clinical environment for planned and unplanned learning experiences.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI integrated knowledge of various learning styles into student clinical teaching.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI made the formal evaluation process constructive.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CI encouraged the student to self-assess.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23. Was your CI’(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation   _____Yes _____No   Final Evaluation   _____Yes _____No
24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation

Final Evaluation

25. What did your CI(s) do well to contribute to your learning?

Midterm Comments

Final Comments

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Midterm Comments

Final Comments

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.
MINIMUM REQUIRED SKILLS OF PHYSICAL THERAPIST GRADUATES AT ENTRY-LEVEL
BOD G11-05-20-49 [Guideline]

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>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
<td>1. Perform review of systems to determine the need for referral or for physical therapy services.</td>
</tr>
<tr>
<td></td>
<td>2. Systems review screening includes the following:</td>
</tr>
<tr>
<td></td>
<td>A. General Health Condition (GHC)</td>
</tr>
<tr>
<td></td>
<td>(1) Fatigue</td>
</tr>
<tr>
<td></td>
<td>(2) Malaise</td>
</tr>
<tr>
<td></td>
<td>(3) Fever/chills/sweats</td>
</tr>
<tr>
<td></td>
<td>(4) Nausea/vomiting</td>
</tr>
<tr>
<td></td>
<td>(5) Dizziness/lightheadedness</td>
</tr>
<tr>
<td></td>
<td>(6) Unexplained weight change</td>
</tr>
<tr>
<td></td>
<td>(7) Numbness/Paresthesia</td>
</tr>
<tr>
<td></td>
<td>(8) Weakness</td>
</tr>
<tr>
<td></td>
<td>(9) Mentation/cognition</td>
</tr>
<tr>
<td></td>
<td>B. Cardiovascular System (CVS)*</td>
</tr>
<tr>
<td></td>
<td>(1) Dyspnea</td>
</tr>
<tr>
<td></td>
<td>(2) Orthopnea</td>
</tr>
<tr>
<td></td>
<td>(3) Palpitations</td>
</tr>
<tr>
<td></td>
<td>(4) Pain/sweats</td>
</tr>
<tr>
<td></td>
<td>(5) Syncope</td>
</tr>
<tr>
<td></td>
<td>(6) Peripheral edema</td>
</tr>
<tr>
<td></td>
<td>(7) Cough</td>
</tr>
<tr>
<td></td>
<td>C. Pulmonary System (PS)*</td>
</tr>
<tr>
<td></td>
<td>(1) Dyspnea</td>
</tr>
<tr>
<td></td>
<td>(2) Onset of cough</td>
</tr>
<tr>
<td></td>
<td>(3) Change in cough</td>
</tr>
<tr>
<td></td>
<td>(4) Sputum</td>
</tr>
<tr>
<td></td>
<td>(5) Hemoptysis</td>
</tr>
<tr>
<td></td>
<td>(6) Clubbing of nails</td>
</tr>
<tr>
<td></td>
<td>(7) Stridor</td>
</tr>
<tr>
<td></td>
<td>(8) Wheezing</td>
</tr>
<tr>
<td></td>
<td>D. Gastrointestinal System (GIS)</td>
</tr>
<tr>
<td></td>
<td>(1) Difficulty with swallowing</td>
</tr>
<tr>
<td></td>
<td>(2) Heartburn, indigestion</td>
</tr>
<tr>
<td></td>
<td>(3) Change in appetite</td>
</tr>
<tr>
<td></td>
<td>(4) Change in bowel function</td>
</tr>
<tr>
<td></td>
<td>E. Urinary System (US)</td>
</tr>
<tr>
<td></td>
<td>(1) Frequency</td>
</tr>
<tr>
<td></td>
<td>(2) Urgency</td>
</tr>
<tr>
<td></td>
<td>(3) Incontinence</td>
</tr>
<tr>
<td></td>
<td>F. Genital Reproductive System (GRS)</td>
</tr>
<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>(1) Describe any sexual dysfunction, difficulties, or concerns</td>
</tr>
<tr>
<td></td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td>(1) Describe any sexual or menstrual dysfunction, difficulties, or problems</td>
</tr>
<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td><strong>Screening</strong> (cont.)</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>4. Consult additional resources, as needed, including other physical therapists, evidence-based literature, other health care professionals, and community resources.</td>
</tr>
<tr>
<td></td>
<td>5. Screen for physical, sexual, and psychological abuse.</td>
</tr>
<tr>
<td><strong>Cardiovascular and Pulmonary Systems</strong></td>
<td>1. Conduct a systems review for screening of the cardiovascular and pulmonary system (heart rate and rhythm, respiratory rate, blood pressure, edema).</td>
</tr>
<tr>
<td></td>
<td>2. Read a single lead EKG.</td>
</tr>
<tr>
<td><strong>Integumentary System</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Musculoskeletal System</strong></td>
<td>1. Conduct a systems review for screening of musculoskeletal system, the assessment of gross symmetry, gross range of motion, gross strength, height and weight.</td>
</tr>
<tr>
<td><strong>Neurological System</strong></td>
<td>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).</td>
</tr>
</tbody>
</table>

<p>| Examination/Reexamination | 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.* |</p>
<table>
<thead>
<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination/Reexamination</td>
<td>4. Perform gait, locomotion and balance tests including quantitative and qualitative measures such as*:</td>
</tr>
<tr>
<td>(cont.)</td>
<td>A. Balance during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment</td>
</tr>
<tr>
<td></td>
<td>B. Balance (dynamic and static) with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment</td>
</tr>
<tr>
<td></td>
<td>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:</td>
</tr>
<tr>
<td></td>
<td>(1) Bed mobility</td>
</tr>
<tr>
<td></td>
<td>(2) Transfers (level surfaces and floor)*</td>
</tr>
<tr>
<td></td>
<td>(3) Wheelchair management</td>
</tr>
<tr>
<td></td>
<td>(4) Uneven surfaces</td>
</tr>
<tr>
<td></td>
<td>(5) Safety during gait, locomotion, and balance</td>
</tr>
<tr>
<td></td>
<td>D. Perform gait assessment including step length, speed, characteristics of gait, and abnormal gait patterns.</td>
</tr>
<tr>
<td></td>
<td>5. Characterize or quantify body mechanics during self-care, home management, work, community, tasks, or leisure activities.</td>
</tr>
<tr>
<td></td>
<td>6. Characterize or quantify ergonomic performance during work (job/school/play)*:</td>
</tr>
<tr>
<td></td>
<td>A. Dexterity and coordination during work</td>
</tr>
<tr>
<td></td>
<td>B. Safety in work environment</td>
</tr>
<tr>
<td></td>
<td>C. Specific work conditions or activities</td>
</tr>
<tr>
<td></td>
<td>D. Tools, devices, equipment, and workstations related to work actions, tasks, or activities</td>
</tr>
<tr>
<td></td>
<td>7. Characterize or quantify environmental home and work (job/school/play) barriers:</td>
</tr>
<tr>
<td></td>
<td>A. Current and potential barriers</td>
</tr>
<tr>
<td></td>
<td>B. Physical space and environment</td>
</tr>
<tr>
<td></td>
<td>C. Community access</td>
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<td></td>
<td>8. Observe self-care and home management (including ADL and IADL)*</td>
</tr>
<tr>
<td></td>
<td>9. Measure and characterize pain* to include:</td>
</tr>
<tr>
<td></td>
<td>A. Pain, soreness, and nocioception</td>
</tr>
<tr>
<td></td>
<td>B. Specific body parts</td>
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<tr>
<td></td>
<td>10. Recognize and characterize signs and symptoms of inflammation.</td>
</tr>
<tr>
<td></td>
<td>Cardiovascular and Pulmonary Systems</td>
</tr>
<tr>
<td></td>
<td>1. Perform cardiovascular/pulmonary tests and measures including:</td>
</tr>
<tr>
<td></td>
<td>A. Heart rate</td>
</tr>
<tr>
<td></td>
<td>B. Respiratory rate, pattern and quality*</td>
</tr>
<tr>
<td></td>
<td>C. Blood pressure</td>
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<tr>
<td></td>
<td>D. Aerobic capacity test* (functional or standardized) such as the 6-minute walk test</td>
</tr>
<tr>
<td></td>
<td>E. Pulse Oximetry</td>
</tr>
<tr>
<td></td>
<td>F. Breath sounds – normal/abnormal</td>
</tr>
<tr>
<td></td>
<td>G. Response to exercise (RPE)</td>
</tr>
<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
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<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Examination/Reexamination</td>
<td>H. Signs and symptoms of hypoxia</td>
</tr>
<tr>
<td>(cont.)</td>
<td>I. Peripheral circulation (deep vein thrombosis, pulse, venous stasis, lymphedema)*</td>
</tr>
<tr>
<td><em>Integumentary System</em></td>
<td>1. Perform integumentary integrity tests and measures including*:</td>
</tr>
<tr>
<td></td>
<td>A. Activities, positioning, and postures that produce or relieve trauma to the skin.</td>
</tr>
<tr>
<td></td>
<td>B. Assistive, adaptive, orthotic, protective, supportive, or prosthetic devices and equipment that may produce or relieve trauma to the skin.</td>
</tr>
<tr>
<td></td>
<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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<tr>
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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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<tr>
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<td>E. Signs of infection.</td>
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<tr>
<td></td>
<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><em>Musculoskeletal System</em></td>
<td>1. Perform musculoskeletal system tests and measures including:</td>
</tr>
<tr>
<td></td>
<td>A. Accessory movement tests</td>
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<tr>
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<td>B. Anthropometrics</td>
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<tr>
<td></td>
<td>(1) Limb length</td>
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<td>(2) Limb girth</td>
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<td>(3) Body composition</td>
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<tr>
<td></td>
<td>C. Functional strength testing</td>
</tr>
<tr>
<td></td>
<td>D. Joint integrity*</td>
</tr>
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<td></td>
<td>E. Joint mobility*</td>
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<tr>
<td></td>
<td>F. Ligament laxity tests</td>
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<tr>
<td></td>
<td>G. Muscle length*</td>
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<tr>
<td></td>
<td>H. Muscle strength* including manual muscle testing, dynamometry, one repetition max</td>
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<tr>
<td></td>
<td>I. Palpation</td>
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<tr>
<td></td>
<td>J. Range of motion* including goniometric measurements</td>
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<td>2. Perform orthotic tests and measures including*:</td>
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<tr>
<td></td>
<td>A. Components, alignment, fit, and ability to care for orthotic, protective, and supportive devices and equipment.</td>
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<tr>
<td></td>
<td>B. Evaluate the need for orthotic, protective, and supportive devices used during functional activities.</td>
</tr>
<tr>
<td></td>
<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></td>
<td>D. Residual limb or adjacent segment, including edema, range of motion, skin integrity and strength.</td>
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<tr>
<td></td>
<td>E. Safety during use of orthotic, protective, and supportive device.</td>
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<td>3. Perform prosthetic tests and measures including*:</td>
</tr>
<tr>
<td></td>
<td>A. Alignment, fit, and ability to care for prosthetic device.</td>
</tr>
<tr>
<td></td>
<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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<tr>
<td>Examination/Reexamination (cont.)</td>
<td>C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions, with use of prosthetic device.</td>
</tr>
<tr>
<td></td>
<td>D. Evaluation of residual limb or adjacent segment, including edema, range of motion, skin integrity, and strength.</td>
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<tr>
<td></td>
<td>E. Safety during use of the prosthetic device.</td>
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<tr>
<td></td>
<td>4. Perform tests and measures for assistive and adaptive devices including*:</td>
</tr>
<tr>
<td></td>
<td>A. Assistive or adaptive devices and equipment use during functional activities.</td>
</tr>
<tr>
<td></td>
<td>B. Components, alignment, fit, and ability to care for the assistive or adaptive devices and equipment.</td>
</tr>
<tr>
<td></td>
<td>C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions with use of assistive or adaptive devices and equipment.</td>
</tr>
<tr>
<td></td>
<td>D. Safety during use of assistive or adaptive equipment.</td>
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</table>

**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 (e.g., muscle tests, observations)
   - B. Motor distribution of the peripheral nerves (e.g., 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 (e.g., 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 (e.g., 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
<table>
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<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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<tbody>
<tr>
<td>Examination/Reexamination</td>
<td>F. Resistance to velocity dependent movement</td>
</tr>
<tr>
<td>(cont.)</td>
<td>6. Perform sensory integrity tests and measures that characterize or quantify including*:</td>
</tr>
<tr>
<td></td>
<td>A. Light touch</td>
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<td>B. Sharp/dull</td>
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<tr>
<td></td>
<td>C. Temperature</td>
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<td></td>
<td>D. Deep pressure</td>
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<td>E. Localization</td>
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<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>Evaluation</td>
<td>1. Synthesize available data on a patient/client expressed in terms of the International Classification of Function, Disability and Health (ICF) model to include body functions and structures, activities, and participation.</td>
</tr>
<tr>
<td></td>
<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></td>
<td>4. Cite the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support a clinical decision.</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>1. Integrate the examination findings to classify the patient/client problem in terms of body functions and structures, and activities and participation (ie, practice patterns in the Guide)</td>
</tr>
<tr>
<td></td>
<td>2. Identify and prioritize impairments in body functions and structures, and activity limitations and participation restrictions to determine specific body function and structure, and activities and participation towards which the intervention will be directed.*</td>
</tr>
<tr>
<td>Prognosis</td>
<td>1. Determine the predicted level of optimal functioning and the amount of time required to achieve that level.*</td>
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<tr>
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<td>2. Recognize barriers that may impact the achievement of optimal functioning within a predicted time frame including*:</td>
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<tr>
<td></td>
<td>A. Age</td>
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<td>B. Medication(s)</td>
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<tr>
<td></td>
<td>C. Socioeconomic status</td>
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<td></td>
<td>D. Co-morbidities</td>
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<td>E. Cognitive status</td>
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<td></td>
<td>F. Nutrition</td>
</tr>
<tr>
<td></td>
<td>G. Social Support</td>
</tr>
<tr>
<td></td>
<td>H. Environment</td>
</tr>
<tr>
<td>Plan of Care</td>
<td><strong>Design a Plan of Care</strong></td>
</tr>
<tr>
<td></td>
<td>1. Write measurable functional goals (short-term and long-term) that are time referenced with expected outcomes.</td>
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<tr>
<td></td>
<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 sources).*</td>
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<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
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</table>
| Plan of care (cont.)      | 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.*                                                                 |
| **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.                                                                                                                                            |
<table>
<thead>
<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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</table>
| Interventions  | **Safety, Cardiopulmonary Resuscitation Emergency Care, 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).*  
|                | **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.*  
|                | **Interventions**  
|                | 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  
|                | Categories of Interventions (See NPTE List and Guide)
<table>
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<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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</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* |
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<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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<tr>
<td>Interventions (continued)</td>
<td>D. Flexibility exercises:&lt;br&gt; (1) Muscle lengthening*&lt;br&gt; (2) Range of motion*&lt;br&gt; (3) Stretching*</td>
</tr>
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<td></td>
<td>E. Gait and locomotion training*:&lt;br&gt; (1) Developmental activities training*&lt;br&gt; (2) Gait training*&lt;br&gt; (3) Device training*&lt;br&gt; (4) Perceptual training*&lt;br&gt; (5) Basic wheelchair training*</td>
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<td>F. Neuromotor development training:&lt;br&gt; (1) Developmental activities training*&lt;br&gt; (2) Motor training&lt;br&gt; (3) Movement pattern training&lt;br&gt; (4) Neuromuscular education or reeducation*</td>
</tr>
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<td>G. Relaxation:&lt;br&gt; (1) Breathing strategies*&lt;br&gt; (2) Movement strategies&lt;br&gt; (3) Relaxation techniques</td>
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<td>H. Strength, power, and endurance training for head, neck, limb, and trunk*:&lt;br&gt; (1) Active assistive, active, and resistive exercises (including concentric, dynamic/isotonic, eccentric, isokinetic, isometric, and plyometric exercises)&lt;br&gt; (2) Aquatic programs*&lt;br&gt; (3) Task-specific performance training</td>
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<tr>
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<td>I. Strength, power, and endurance training for pelvic floor:&lt;br&gt; (1) Active (Kegel)</td>
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<td>J. Strength, power, and endurance training for ventilatory muscles:&lt;br&gt; (1) Active and resistive</td>
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<td>4. Functional training in self-care and home management may include*:&lt;br&gt; A. Activities of daily living (ADL) training:&lt;br&gt; (1) Bed mobility and transfer training*&lt;br&gt; (2) Age appropriate functional skills&lt;br&gt; B. Barrier accommodations or modifications*&lt;br&gt; C. Device and equipment use and training:&lt;br&gt; (1) Assistive and adaptive device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing)<em>&lt;br&gt; (2) Orthotic, protective, or supportive device or equipment training during self-care and home management</em>&lt;br&gt; (3) Prosthetic device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing)*</td>
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<td>Skill Category (cont.)</td>
<td>Description of Minimum Skills</td>
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<tr>
<td>D. Functional training programs*:</td>
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<tr>
<td>(1) Simulated environments and tasks*</td>
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<tr>
<td>(2) Task adaptation</td>
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<tr>
<td>E. Injury prevention or reduction:</td>
<td></td>
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<tr>
<td>(1) Safety awareness training during self-care and home management*</td>
<td></td>
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<tr>
<td>(2) Injury prevention education during self-care and home management</td>
<td></td>
</tr>
<tr>
<td>(3) Injury prevention or reduction with use of devices and equipment</td>
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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*:
<table>
<thead>
<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
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<tbody>
<tr>
<td>Interventions (cont.)</td>
<td>(1) Hospital beds</td>
</tr>
<tr>
<td></td>
<td>(2) Raised toilet seats</td>
</tr>
<tr>
<td></td>
<td>(3) Seating systems – prefabricated</td>
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<tr>
<td>B. Assistive devices*</td>
<td>(1) Canes</td>
</tr>
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<td></td>
<td>(2) Crutches</td>
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<td></td>
<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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<tr>
<td>C. Orthotic devices*</td>
<td>(1) Prefabricated braces</td>
</tr>
<tr>
<td></td>
<td>(2) Prefabricated shoe inserts</td>
</tr>
<tr>
<td></td>
<td>(3) Prefabricated splints</td>
</tr>
<tr>
<td>D. Prosthetic devices (lower-extremity)*</td>
<td></td>
</tr>
<tr>
<td>E. Protective devices*</td>
<td>(1) Braces</td>
</tr>
<tr>
<td></td>
<td>(2) Cushions</td>
</tr>
<tr>
<td></td>
<td>(3) Helmets</td>
</tr>
<tr>
<td></td>
<td>(4) Protective taping</td>
</tr>
<tr>
<td>F. Supportive devices*</td>
<td>(1) Prefabricated compression garments</td>
</tr>
<tr>
<td></td>
<td>(2) Corsets</td>
</tr>
<tr>
<td></td>
<td>(3) Elastic wraps</td>
</tr>
<tr>
<td></td>
<td>(4) Neck collars</td>
</tr>
<tr>
<td></td>
<td>(5) Slings</td>
</tr>
<tr>
<td></td>
<td>(6) Supplemental oxygen - apply and adjust</td>
</tr>
<tr>
<td></td>
<td>(7) Supportive taping</td>
</tr>
<tr>
<td>8. Airway clearance techniques may include*</td>
<td></td>
</tr>
<tr>
<td>A. Breathing strategies*</td>
<td>(1) Active cycle of breathing or forced expiratory techniques*</td>
</tr>
<tr>
<td></td>
<td>(2) Assisted cough/huff techniques*</td>
</tr>
<tr>
<td></td>
<td>(3) Paced breathing*</td>
</tr>
<tr>
<td></td>
<td>(4) Purosed lip breathing</td>
</tr>
<tr>
<td></td>
<td>(5) Techniques to maximize ventilation (eg, maximum inspiratory hold, breath stacking, manual hyperinflation)</td>
</tr>
<tr>
<td>B. Manual/mechanical techniques*</td>
<td>(1) Assistive devices</td>
</tr>
<tr>
<td>C. Positioning*</td>
<td>(1) Positioning to alter work of breathing</td>
</tr>
<tr>
<td></td>
<td>(2) Positioning to maximize ventilation and perfusion</td>
</tr>
<tr>
<td>9. Integumentary repair and protection techniques may include*</td>
<td></td>
</tr>
<tr>
<td>A. Debridement*—nonselective:</td>
<td></td>
</tr>
<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</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>
<thead>
<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interventions (continued)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) Vasopneumatic compression devices*</td>
</tr>
<tr>
<td></td>
<td>(3) Taping</td>
</tr>
<tr>
<td></td>
<td>(4) Compression bandaging (excluding lymphedema)</td>
</tr>
<tr>
<td>B. Gravity-assisted compression devices:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Standing frame*</td>
</tr>
<tr>
<td></td>
<td>(2) Tilt table*</td>
</tr>
<tr>
<td>C. Mechanical motion devices*:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Continuous passive motion (CPM)*</td>
</tr>
<tr>
<td>D. Traction devices*:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Intermittent</td>
</tr>
<tr>
<td></td>
<td>(2) Positional</td>
</tr>
<tr>
<td></td>
<td>(3) Sustained</td>
</tr>
<tr>
<td>Outcomes Assessment</td>
<td>1. Perform chart review/audit with respect to documenting components of patient/client management and facility procedures and regulatory requirements.</td>
</tr>
<tr>
<td></td>
<td>2. Collect relevant evidenced-based outcome measures that relate to patient/client goals and/or prior level of functioning.*</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>4. Aggregate data across patients/clients and analyze results as it relates to the effectiveness of clinical performance (intervention).*</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>• Patients/clients, families, and caregivers</td>
<td></td>
</tr>
<tr>
<td>• Colleagues, other healthcare professionals, and students</td>
<td></td>
</tr>
<tr>
<td>Patient/Client</td>
<td>1. Determine patient/client variables that affect learning.*</td>
</tr>
<tr>
<td></td>
<td>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.*</td>
</tr>
<tr>
<td></td>
<td>3. Assess prior levels of learning for patient/client and family/caregiver to ensure clarity of education.</td>
</tr>
<tr>
<td></td>
<td>4. Educate patients/clients and caregivers to recognize normal and abnormal response to interventions that warrant follow-up.*</td>
</tr>
<tr>
<td></td>
<td>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.*</td>
</tr>
<tr>
<td></td>
<td>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).*</td>
</tr>
<tr>
<td>Colleagues</td>
<td>1. Identify patient/client related questions and systematically locate and critically appraise evidence that addresses the question.</td>
</tr>
<tr>
<td></td>
<td>2. Educate colleagues and other health care professionals about the role, responsibilities, and academic preparation of the physical therapist and scope</td>
</tr>
<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<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>• Patient Rights, Patient Consent, Confidentiality, and HIPPA</td>
<td>6. Describe the implications of insurers’ use of the <em>Guide</em> on billing/reimbursement.</td>
</tr>
<tr>
<td><strong>Documentation of Care</strong></td>
<td>1. Document patient/client care in writing that is accurate and complete using institutional processes.*</td>
</tr>
<tr>
<td></td>
<td>2. Use appropriate grammar, syntax, spelling, and punctuation in written communication.</td>
</tr>
<tr>
<td></td>
<td>3. Use appropriate terminology and institutionally approved abbreviations.</td>
</tr>
<tr>
<td></td>
<td>4. Use an organized and logical framework to document care (eg, refer to the <em>Guide to Physical Therapist Practice</em>, Appendix 5).*</td>
</tr>
<tr>
<td></td>
<td>5. Conform to documentation requirements of the practice setting and the reimbursement system.</td>
</tr>
<tr>
<td></td>
<td>6. Accurately interpret documentation from other health care professionals.</td>
</tr>
<tr>
<td><strong>Quality Improvement</strong></td>
<td>1. Participate in quality improvement program of self, peers, and setting/institution.</td>
</tr>
<tr>
<td></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>1. Follow legal and ethical requirements for direction and supervision.</td>
</tr>
<tr>
<td></td>
<td>2. Supervise the physical therapist assistant and/or other support personnel.</td>
</tr>
<tr>
<td></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></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>1. Present self in a professional manner.</td>
</tr>
<tr>
<td></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></td>
</tr>
<tr>
<td>Skill Category</td>
<td>Description of Minimum Skills</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td><strong>Skill Category</strong></td>
<td><strong>Description of Minimum Skills</strong></td>
</tr>
</tbody>
</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**  
| • Accountability  
| • Altruism  
| • Compassion/Caring  
| • Excellence  
| • Integrity  
| • Professional Duty  
| • Social Responsibility  
| 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.  
<p>| 6. Share expertise related to accessing evidence with colleagues. |</p>
<table>
<thead>
<tr>
<th>Skill Category</th>
<th>Description of Minimum Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</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>
</tr>
<tr>
<td>- Verbal</td>
<td>2. Display sensitivity to the needs of others.</td>
</tr>
<tr>
<td>- Written</td>
<td>3. Actively listen to others.</td>
</tr>
<tr>
<td></td>
<td>4. Engender confidence of others.</td>
</tr>
<tr>
<td></td>
<td>5. Ask questions in a manner that elicits needed responses.</td>
</tr>
<tr>
<td></td>
<td>6. Modify communication to meet the needs of the audience.</td>
</tr>
<tr>
<td></td>
<td>7. Demonstrate congruence between verbal and non-verbal messages.</td>
</tr>
<tr>
<td></td>
<td>8. Use appropriate grammar, syntax, spelling, and punctuation in written communication.</td>
</tr>
<tr>
<td></td>
<td>9. Use appropriate, and where available, standard terminology and abbreviations.</td>
</tr>
<tr>
<td>Conflict Management/Negotiation</td>
<td>10. Maintain professional relationships with all persons.</td>
</tr>
<tr>
<td></td>
<td>11. Adapt communication in ways that recognize and respect the knowledge and experiences of colleagues and others.</td>
</tr>
<tr>
<td>Cultural Competence</td>
<td>1. Elicit the “patient’s story” to avoid stereotypical assumptions.</td>
</tr>
<tr>
<td></td>
<td>2. Utilize information about health disparities during patient/client care.</td>
</tr>
<tr>
<td></td>
<td>3. Provide care in a non-judgmental manner.</td>
</tr>
<tr>
<td></td>
<td>4. Acknowledge personal biases, via self-assessment or critical assessment of feedback from others.</td>
</tr>
<tr>
<td></td>
<td>5. Recognize individual and cultural differences and adapt behavior accordingly in all aspects of physical therapy care.*</td>
</tr>
<tr>
<td>Promotion of Health, Wellness, and</td>
<td>1. Identify patient/client health risks during the history and physical via the systems review.</td>
</tr>
<tr>
<td>Prevention</td>
<td>2. Take vital signs of every patient/client during each visit.</td>
</tr>
<tr>
<td></td>
<td>3. Collaborate with the patient/client to develop and implement a plan to address health risks.*</td>
</tr>
<tr>
<td></td>
<td>4. Determine readiness for behavioral change.</td>
</tr>
<tr>
<td></td>
<td>5. Identify available resources in the community to assist in the achievement of the plan.</td>
</tr>
<tr>
<td></td>
<td>6. Identify secondary and tertiary effects of disability.</td>
</tr>
<tr>
<td></td>
<td>7. Demonstrate healthy behaviors.</td>
</tr>
<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.  
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. When the process is completed you will have privileges for 12 months and could repeat the process the following year provided you supervise a student again. I will offer this with each clinical rotation throughout the year so that each clinical instructor supervising a student may have the opportunity.

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, PsychInfo 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.

(The form may be duplicated to accommodate multiple CIs for this Clinical Education Year).
University of Central Arkansas

REQUEST FOR UCA LIBRARY DATABASE ACCESS  
(for use by UCA Physical Therapy Clinical Instructors)

Date of Request:

Last Name, First Name, Middle Initial:

Driver’s License Number:

Phone, Work:

Phone, Home:

Email:

Address, Work:

Address, Home:

---

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 11/10/06
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></td>
<td></td>
<td>Acute, Inpatient</td>
<td>Reha, Inpatient</td>
</tr>
<tr>
<td>January X – March X</td>
<td>CE 3, 10 weeks</td>
<td></td>
<td></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></td>
<td>2</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
UCA DEPARTMENT OF PHYSICAL THERAPY
IMPORTANT REMINDERS AND CONTACT INFORMATION

Misty Booth, PT, DPT, PCS  Twala Maresh, PT, DPT NCS
Director of Clinical Education  Assistant Director of Clinical Education
Department of Physical Therapy  Department of Physical Therapy
Office:  (501) 450-5543  Office:  (501) 450-5598
Cell:  (501) 519-4719  Cell:  (501) 680-2865
Email:  mbooth@uca.edu  Email:  twalam@uca.edu
Address:  PT Center, Suite 300  Department Phone:  (501) 450-3611
201 Donaghey Ave.  Department FAX:  (501) 450-5822
Conway, AR  72035  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/ All CIs 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.
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.
Contact: advocacy@apta.org

### 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.)


<table>
<thead>
<tr>
<th>Practice Setting</th>
<th>PT Student</th>
<th>PTA Student</th>
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<tbody>
<tr>
<td></td>
<td>Part A</td>
<td>Part B</td>
</tr>
<tr>
<td>Physical Therapist in Private Practice</td>
<td>N/A</td>
<td>X¹</td>
</tr>
<tr>
<td>Certified Rehabilitation Agency</td>
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<tr>
<td>Comprehensive Outpatient Rehabilitation Facility</td>
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<tr>
<td>Skilled Nursing Facility</td>
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<td>X¹</td>
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<tr>
<td>Hospital</td>
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<td>X¹</td>
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<tr>
<td>Home Health Agency</td>
<td>NAR</td>
<td>X¹</td>
</tr>
<tr>
<td>Inpatient Rehabilitation Facility</td>
<td>Y⁴</td>
<td>N/A</td>
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Last updated: 12/12/2011
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.
5190 TOPICS IN PHYSICAL THERAPY: INTERNATIONAL STUDIES SEMINAR Topics in physical therapy with relation to various aspects of international medical systems. Students will compare the US medical system and physical therapy services with those of other countries. Admission to Graduate Physical Therapy Program or consent of Instructor.
5290 TOPICS IN PHYSICAL THERAPY: INTERNATIONAL STUDY FIELD TRIP/CLINICAL PRACTICUM Study in a selected country to enhance medical and cultural knowledge through organized field trip experiences. Admission to Graduate Physical Therapy Program or consent of Instructor.

5310 ASSISTIVE TECHNOLOGY The use of assistive technology to promote greater independence for individuals with disabilities. Domains presented will include vision, hearing, communication, mobility, cognition and environmental controls. Admission to Graduate Physical Therapy Program or consent of Instructor.

5370 PATHOLOGY I Principles, pathogenesis, and mechanisms common in disease processes. Relevance of mechanisms and consequences of clinical manifestations of disease to physical therapy practice and the impact of disease processes across the life span stressed. Admission to Graduate Physical Therapy Program.

5403 HUMAN PHYSIOLOGY A comprehensive survey of physiology as the scientific basis of clinical practice. Includes general principles and a systems approach as a basis for the processes of examination, evaluation, development of diagnoses and prognoses, and intervention for neuromuscular, musculoskeletal, cardiopulmonary, and integumentary disorders, and screening for disease in other systems. Admission to Graduate Physical Therapy Program.

5505 GROSS ANATOMY Structured aspects of the human body. Lecture and lab of prosected cadavers. Admission to Graduate Physical Therapy Program.

6101-6301 SPECIAL PROBLEMS IN PHYSICAL THERAPY Concentrated individual study of a particular topic in a specialty area of physical therapy under supervision. Designed to supplement regularly organized courses in physical therapy. Admission to Graduate Physical Therapy Program.

6104 PHYSICAL THERAPY RESEARCH I Study of evidence-based physical therapy practice and research designs. Emphasis will be placed on the process of identifying and utilizing the best available evidence to support physical therapy practice and understanding of various research designs. The preparation of a research study proposal will also be initiated. Admission to the DPT Program.

6110 CLINICAL PRACTICUM: ADMINISTRATION A course which runs concurrently with Clinical Practica: Acute, Rehabilitation, and Specialty and provides an overview of professional presentations and the Continuous Quality Improvement Study process. At least a 3.00 GPA in courses required for the major in the professional curriculum. Admission to Graduate Physical Therapy Program.

6138-6338 DIRECTED GRADUATE STUDY IN PHYSICAL THERAPY Directed group in-depth study of a particular topic in physical therapy. Admission to Graduate Physical Therapy Program.

6199-6699 CONTINUING STUDIES This credit/no-credit course is required in subsequent semester(s) when an X grade is awarded in a specified graduate physical therapy course (specified courses will be determined by the department chair and the faculty member supervising the student). Students will enroll while working on completing requirements and until course requirements are met. This course will not count toward the MS, DPT, or PhD degrees; the course does, however, allow the student access to faculty guidance and university resources. Admission to Graduate Physical Therapy Program.

6204 PHYSICAL THERAPY RESEARCH II Study of research methodology in physical therapy. Emphasis will be placed on the concept of measuring outcomes, reliability and validity of measurement tools, and statistical
analyses of tests and measures utilized in physical therapy research. Admission to the DPT Program.

**6240 PATHOLOGY II** A continuation of Pathology I with concentration on diseases of organ systems. An understanding of the manifestations, impact on rehabilitation, and recognition of emergencies and conditions requiring medical intervention are emphasized in this course. Admission to Graduate Physical Therapy Program.

**6250 PHARMACOLOGY IN PHYSICAL THERAPY** Principles and application of medical therapeutics in a rehabilitation setting, emphasizing general principles and a systems approach to drugs used in patients receiving physical therapy. Admission to Graduate Physical Therapy Program.

**6303 PATIENT MANAGEMENT AND DOCUMENTATION** Introduction to evidence-based practice, theory, and different sources of knowledge in the management of the patient. Emphasis will be placed on the appropriate documentation of the examination and evaluation of a patient through compilation of the history, subjective complaints, systems review, tests and measures and objective information, outcome tools, assessment of information, diagnosis, prognosis, and plan of care as these relate to patient management. Legal/ethical requirements and reimbursement links to documentation in all rehabilitation settings will be explored. Admission to the DPT Program.

**6307 PROFESSIONAL DEVELOPMENT I** Discussion of contemporary topics affecting and influenced by physical therapy. Issues that deal with professional development and socialization in the field of physical therapy will be discussed. Theoretical coonstructs of healthcare ethics and specific applications to physical therapy practice will be explored. Admission to the DPT Program.

**6314 NEUROPHYSIOLOGICAL PRINCIPLES OF MOTOR CONTROL** Study of the neurological control of human movement from the level of the motor neuron to the cerebral cortex. Emphasis on the interaction of central nervous system mechanisms governing movement. Admission to Graduate Physical Therapy Program.

**6330 TRANSDISCIPLINARY ASSESSMENT OF YOUNG CHILDREN** This course will address issues involved in transdisciplinary assessment of children with special needs, ages birth to five, and their families. Procedures for selecting, administering, and interpreting assessment instruments will be discussed. Students will observe and participate in transdisciplinary assessments. Admission to Graduate Physical Therapy Program or consent of Instructor.

**6335 ADVANCED SPINAL CORD INJURY MANAGEMENT** Course will include information necessary for students to independently perform an advanced client evaluation and intervention planning for persons with spinal cord injuries. Prerequisite: PTHY 6332. Admission to Graduate Physical Therapy Program or consent of Instructor.

**6336 PSYCHOSOCIAL ASPECTS OF PHYSICAL DISABILITY** Study of the effect of illness and hospital environments on a patient and methods of maintaining effective therapist-patient relationships. Admission to Graduate Physical Therapy Program.

**6340 RESEARCH DESIGN IN PHYSICAL THERAPY** Study of nomenclature and principles used in research. Admission to Graduate Physical Therapy Program.

**6343 NEONATAL DEVELOPMENTAL INTERVENTION** Roles and functions of a developmental
specialist working with neonates. Major neonatal disorders and relevant theoretical approaches applicable to treating these disorders from a family-focused perspective will be emphasized. Prerequisites: Enrollment in graduate PT program or consent of instructor. Admission to Graduate Physical Therapy Program or consent of Instructor.

6351 GERIATRIC NEUROLOGY A web-based graduate level course addressing the complex issues of neurological examination, evaluation, diagnosis, and management of neurological diseases in the aged. Admission to Graduate Physical Therapy Program or consent of Instructor.

6354 TRANSDISCIPLINARY INTERVENTION WITH YOUNG CHILDREN This course will examine the development of the Individual Family Service Plan (IFSP). Professionals from involved disciplines will discuss transdisciplinary strategies and materials used with young children with special needs in a variety of settings. Prerequisite: PTHY 6330 or permission of the instructor. Admission to Graduate Physical Therapy Program or consent of Instructor.

6401 KINESIOLOGY I Study of selected structural and functional properties of anatomical structures of the human body. Biomechanical analyses and evaluation techniques of muscle testing, goniometry, and sensory testing all applied to normal and pathological human motion. Admission to Graduate Physical Therapy Program.

6402 KINESIOLOGY II Study of selected structural and functional properties of anatomical structures of the human body. Biomechanical analyses and evaluation techniques of muscle testing, goniometry, posture and gait analysis, applied to normal and pathological human motion. Continuation of PTHY 6401 Kinesiology I. Prerequisite: PTHY 6401 Kinesiology I; Admission to Graduate Physical Therapy Program.

6403 PATHOLOGY Principles and pathogenesis of disease processes as related to physical therapy practice. Includes study of pathologies of all major organ systems with an emphasis on the cardiovascular/respiratory, musculoskeletal, neuromuscular, and integumentary systems. Admission to the DPT Program.

6404 CLINICAL FOUNDATIONS IN PHYSICAL THERAPY PRACTICE The study and practice of body mechanics, patient transfers and positioning techniques, gait, bed mobility, use of special equipment in the patient care environment, activities of daily living, the prescription, fitting, application and use of wheelchair and other assistive devices, ADA Guidelines and home accessibility and other selected topics related to patient care in physical therapy. Admission to the DPT Program.

6405 THERAPEUTIC EXERCISE Application and physiological principles of therapeutic exercise, biofeedback, and stretching in patient treatment. Emphasis is on development of and progression through an exercise intervention based on patient diagnosis, practical applications, physiological effects, indications, contraindications, and scientific evidence. Admission to Graduate Physical Therapy Program.

6324 CLINICAL ADMINISTRATION AND MANAGEMENT The study of administration and management principles and practice. Lectures, discussion, independent study, and seminars will be used to support students in acquiring knowledge, skills, and appreciation for administration and management. Admission to Graduate Physical Therapy Program.

6501 NEUROSCIENCE An analysis of the structure and function of the human peripheral, central, and autonomic nervous system, including laboratory study of specimens of human brain and spinal cord. A variety of neuropathologies are analyzed as a basis for understanding nervous system functions. Prerequisite: BIOL 3370
or equivalent. Admission to Graduate Physical Therapy Program.

7101-7901 ADVANCED RESEARCH (variable credit 1-9) Instruction and guidance of the student in all facets of the investigative process up to and including development of the dissertation proposal. The student will critically evaluate experimental research, become experienced with research tools commonly used in the student’s area of focus, and develop and present the dissertation proposal. Admission to Graduate Physical Therapy Program.

7102-7902 DISSERTATION An original, substantial, and significant research project is carried out independently by the student in collaboration with the dissertation advisor and committee. The student must be able to complete a final oral examination or defense to demonstrate expertise in the research area. Admission to Doctoral Candidacy.

7103 OUTCOMES ASSESSMENT IN PHYSICAL THERAPY Assessing clinical quality outcomes for the purpose of preparing the students for reflective practice. Students will perform collection and analysis of outcomes data. The student will then formulate plan of care recommendations based on the findings of the data analysis. Admission to the DPT Program.

7104 PHYSICAL THERAPY RESEARCH III Study of clinical research principles and practice through review of institutional regulations, data collection, and data management. Admission to the DPT Program.

7106 EDUCATIONAL ROLES IN PHYSICAL THERAPY Prepares students for educational roles in (a) patient/client related instruction (the process of informing, educating, and/or training patients-clients, families, caregivers and others); (b) clinical instruction for students; (c) professional/community-related instruction; and (d) emerging instructional technologies. Admission to Graduate Physical Therapy Program.

7109 OUTCOMES ASSESSMENT IN PHYSICAL THERAPY Assessment of clinical management outcomes for the purpose of preparing the student for reflective practice. Includes a capstone project of a written and orally presented case report incorporating scientific evidence for all aspects of patient management (examination, evaluation, diagnosis, prognosis, intervention, and outcomes). Admission to Graduate Physical Therapy Program.

7112 DIFFERENTIAL DIAGNOSIS AND INTERVENTION FOR THE HIP AND KNEE This hip and knee course is designed to allow the participant to learn more regarding common diagnosis given to hip and knee related dysfunction or pain and understanding the implications of these pathologies. The course will present the student with recent and state of the art, evidence-based information for effective evaluations and differential diagnosis, and also provide new and effective intervention strategies for multiple diagnoses related to this area. Case scenarios will be presented. Prerequisite: PTHY 7405, PTHY 7505 or equivalent.

7113 DIFFERENTIAL DIAGNOSIS AND INTERVENTION FOR THE SHOULDER COMPLEX This course is designed to present the student or clinician recent and state of the art, evidence-based information for effective evaluation, treatment and differential diagnosis of multiple pathologies affecting the shoulder. Case scenarios will be presented to allow the participant the opportunity to evaluate, differentiate, and develop new and effective intervention strategies for specific shoulder impairments and injuries. Prerequisite: PTHY 7405 or equivalent.

7199-7699 CONTINUING STUDIES This credit/no-credit course is required in subsequent semester(s)
when an X grade is awarded in a specified graduate physical therapy course (specified courses will be determined by the department chair and the faculty member supervising the student). Students will enroll while working on completing requirements and until course requirements are met. This course will not count toward the MS, DPT, or PhD degrees; the course does, however, allow the student access to faculty guidance and university resources. Admission to Graduate Physical Therapy Program.

7204 PHYSICAL THERAPY RESEARCH IV Study of research principles through results analysis, drawing of conclusions, and dissemination of findings. In addition, several methods of descriptive and inferential statistical analysis will be studied. Admission to the DPT Program.

7207 PROFESSIONAL CLINICAL OUTCOMES ASSESSMENT This course will emphasize contemporary clinical practice and issues attendant to quality of patient care through outcomes measurement and assessment. This course will be delivered on-line.

7208 PATIENT MANAGEMENT II Builds on the information on the patient management model presented in Patient Management I by placing the emphasis on documentation, including the influence of the different reimbursement entities. Introduces students to examination, evaluation, diagnosis, prognosis, and plan of care as these relate to patient management and appropriate documentation in the health care environment. Admission to Graduate Physical Therapy Program.

7209 COMPLEX PATIENT MANAGEMENT IN PHYSICAL THERAPY Study of complex patient cases across the lifespan and the continuum of care with an emphasis on clinical decision making related to physical therapy management of patients with multisystem interactions. Admission to the DPT Program.

7210 INTEGUMENTARY SYSTEM: PRINCIPLES AND PRACTICE Systemic approach to the examination of the integumentary system. Prevention, pathology and diagnosis related precautions will be examined. Analysis of wound etiology and management will be emphasized in the classroom and laboratory. Admission to Graduate Physical Therapy Program.

7211 DIAGNOSTIC IMAGING Diagnostic imaging is the application of the principles of radiology in the study of the neuromuscular and musculoskeletal system. This online course attempts to assist students to understand the importance of imaging in the patient’s diagnostic evaluation through lecture, observation of the various modalities including conventional radiographs, CT, and MRI as they relate to the decision making process in patient/client management.

7215 PROFESSIONAL MANAGEMENT This course is presented fully on-line. A course developed for assessing and addressing management of the business of physical therapy and the administration of services in all settings across the health care continuum. The student will examine varying healthcare delivery systems, comparisons of practice business models, liability issues and risk management, business planning and expectations, and the technology available to increase efficiency and effectiveness in all areas of practice. The students will also develop strategies for effective marketing for all practice settings and consultation skills for the physical therapy professional.

7216 WOMEN’S HEALTH TOPICS IN PHYSICAL THERAPY An introduction of topics within the Women’s Health specialist practice in Physical Therapy. Topics to be covered include the physical therapy patient/client management in the areas of pelvic health (pelvic pain, bladder and bowel conditions), pregnancy and postpartum, osteoporosis, breast and gynecologic cancer and lymphedema, and the female athlete triad.
Special emphasis will be placed on the topics of pelvic health and pregnancy/postpartum. Contact hours will include instructional lab time. Prerequisite: Admission to DPT and Consent of Instructor.

7217 PROFESSIONAL SELF-ASSESSMENT This course provides for the use of a portfolio process for self-assessment of professional knowledge and skills, for decision-making regarding course work to be completed in a post-professional curriculum, and for communication of assessment results with faculty. Prerequisites: Acceptance into a graduate program in physical therapy or permission of instructor. This course will be delivered on line. Admission to Graduate Physical Therapy Program.

7220 WELLNESS AND ADVANCED HEALTH MANAGEMENT This course is presented fully on-line. A course developed for assessing and addressing wellness and the advanced management of human health. The student will explore components of wellness including, but not limited to, lifestyle, social, environmental, mental, spiritual, and physical needs of the client. The student will be exposed to assessment tools for each of the components of wellness and healthful living. Intervention plans that will include modification and implementation of proper patterns of exercise and behavior will also be developed. Advanced concepts of exercise prescription and performance enhancement will be developed by the student for application to the appropriate populations.

7228 CLINICAL EDUCATION PRACTICUM I IN PHYSICAL THERAPY The first in a series of full-time supervised clinical education experiences with emphasis in professional behaviors and physical therapy practice patterns. The clinical experiences are designed to allow the student to practice didactic and clinical skills in a variety of practice environments.

7304 SPORTS I Provides the knowledge and skill required to treat the injured athlete successfully and to develop/implement a sports physical therapy program. Also presented are topic areas which have been identified as advanced clinical competencies, including analyzing evidence-based intervention. Admission to Graduate Physical Therapy Program.

7305 SCIENTIFIC BASES FOR MOTOR CONTROL AND DEVELOPMENT An advanced course addressing theories of motor development from birth to death. Students combine concepts regarding movement pattern changes during the life span with research evidence regarding physiological and anatomical systems. Admission to Graduate Physical Therapy Program.

7306 SPORTS II Provides advanced knowledge and skill including anatomy, biomechanics, pathomechanics, evaluation, specific pathologies, immediate management, rehabilitation, prevention, and sport/injury relationship of the hip, knee, ankle, foot, and related soft tissue. Admission to Graduate Physical Therapy Program.

7307 PROFESSIONAL DEVELOPMENT II This course is designed to continue facilitation of the socialization process by exploring the importance of communication and education in healthcare. Students will contemplate the psychosocial issues related to patients engaged in physical rehabilitation. In addition, students will apply ethical principles to clinical situations. Admission into the DPT Program.

7308 UPPER QUARTER AND CERVICAL SPINE Study of advanced evaluation and treatment of the cervical spine. An eclectic approach to the cervical spine will be presented with specific emphasis on the osteopathic model as an approach to spine function and dysfunction. Treatment will emphasize manual interventions such as muscle energy and direct and indirect mobilization. Admission to Graduate Physical Therapy Program or consent of Instructor.
7309 LUMBOPELVIC DYSFUNCTION  Study of advanced evaluation and treatment of the lumbar spine. An eclectic approach to the lumbar spine will be presented with specific emphasis on the osteopathic model as an approach to spine function and dysfunction. Treatment will emphasize manual interventions such as muscle energy and direct and indirect mobilization. In addition, strengthening, lumbar stabilization, and neuro-dynamics will be discussed. Admission to Graduate Physical Therapy Program or consent of Instructor.

7310 PROFESSIONAL LEADERSHIP IN PHYSICAL THERAPY  An advanced course addressing current and future professional, legal, and ethical issues related to physical therapy practice, education, and research. Students will examine evolving roles of professional leadership as affected by such factors as changing societal demands, trends in health care, government regulations, and the expanding body of knowledge. These experiences will prepare students for leadership roles as change agents in the profession. Admission to Graduate Physical Therapy Program or consent of Instructor.

7311 DEVELOPMENTAL ANATOMY  A course in developmental anatomy with special emphasis on the interrelationships inherent in developing systems, including molecular, morphogenic, genetic, and neural aspects of control mechanisms. Admission to Graduate Physical Therapy Program or consent of Instructor.

7312 SPORTS III  Presents a regional perspective of upper extremity function as it relates to athletes. Students analyze research related to physical therapy for upper extremity sports injuries. Admission to Graduate Physical Therapy Program.

7314 APPLIED HISTOLOGY AND PHYSIOLOGY  This course contains content related to normal and abnormal histology and physiology concerning varied body systems and interrelationships between the systems. This course also includes content on appropriate histological findings, laboratory values and diagnostic tests for pathologies common in physical therapy practice. This course will be delivered on-line.

7315 COLLEGE TEACHING IN PHYSICAL THERAPY: PROBLEMS AND ISSUES  An advanced course addressing problems and issues in teaching physical therapy course work. Students will explore the literature on college teaching in general and then focus specifically on the uniqueness of the professional roles of faculty members in physical therapy. Students are expected to have clinical or academic teaching experience prior to enrollment. Admission to Graduate Physical Therapy Program.

7316 ADVANCED BIOMECHANICAL AND KINESIOLOGICAL ANALYSIS  This course emphasizes electromyographic (EMG) recording instruments and techniques commonly used in kinesiological and biomechanical studies and include the use of EMG in motor unit training, biofeedback, and myoelectrics. Students perform, compare, and evaluate intramuscular and surface EMGs relative to variables such as muscle length, tension, and type of contraction. Admission to Graduate Physical Therapy Program or consent of Instructor.

7320 RESEARCH METHODS IN PHYSICAL THERAPY  An advanced course designed to examine clinical research as a method of answering questions in a systematic and objective way to analyze clinical outcomes, methods of practice, and relationships among clinical phenomena. This course will be delivered on line. Admission to Graduate Physical Therapy Program.

7321 EFFICACY IN PHYSICAL THERAPY PRACTICE  This course provides a supervised advanced clinical experience in physical therapy using research-based assessment and intervention.
7322 EVIDENCE BASED PRACTICE This course examines sources of knowledge for effectiveness in patient/client management for the four practice areas: musculoskeletal, neuromuscular, integumentary, and cardiopulmonary. Students study systems for evaluating evidence and knowledge—through online activities, readings, lectures/discussions—and applying concepts to patient screening, examination, evaluation, assessment, diagnosis, and prognosis. This course will be delivered on line. Admission to Graduate Physical Therapy Program.

7323 EFFICACY IN PHYSICAL THERAPY PRACTICE This course examines sources of knowledge for effectiveness in patient/client management for the four practice areas: musculoskeletal, neuromuscular, integumentary, and cardiopulmonary. Students study systems for evaluating evidence and knowledge—through networked activities (requiring computer), readings, lectures/discussions—and for applying concepts to the plan of care, interventions, and outcomes assessment. This course will be delivered on line. Admission to Graduate Physical Therapy Program.

7324 THEORY AND PRACTICE OF EVIDENCE BASED PHYSICAL THERAPY An advanced course for physical therapists which focuses on the theory and practice of making clinical decisions by integrating best available evidence with clinical judgment and patient/client values in the quest for efficacious and effective physical therapy practice. Concepts related to critical appraisal of literature are reviewed and then applied to clinical practice topics of interest to the learners by the acquisition, analysis, synthesis, and discussion of information by the learners. The context of the clinical practice topics will relate to the essential elements of patient/client management in each of the four practice pattern categories, as defined by the Guide to Physical Therapist Practice. The goal of the course is for the learners to advance as clinical scholars in their ability to collect and analyze existing information on focused clinical questions, to formulate evidence based clinical decisions, and to mentor and role model evidence based physical therapy practice. The course is delivered electronically via the university’s web based platform and students need computer and high-speed Internet resources. Prerequisite: Admission to PhD Program or consent of instructor. Offered annually.

7328 CLINICAL EDUCATION PRACTICUM II IN PHYSICAL THERAPY The second in a series of full-time supervised clinical education experiences with emphasis in professional behaviors and physical therapy practice patterns. The clinical experiences are designed to allow the student to practice didactic and clinical skills in a variety of practice environments.

7329 APPLICATION OF PHYSICAL THERAPY IN GERIATRICS Study of physical therapy considerations for the geriatric population with emphasis on the physical and psychological changes associated with the aging process. The course surveys the wellness needs of the older individual, the special needs of the disabled aged, and the role physical therapy plays in maintaining functional independence for these populations. The course will add depth and breadth to the concept of life span aging. Admission to Graduate Physical Therapy Program or consent of Instructor.

7333 OCCUPATIONAL HEALTH AND WORK INJURY MANAGEMENT An integrated approach of service, programs, and treatment regimes provided by physical and occupational therapists for the treatment and prevention of work-related injuries. Admission to Graduate Physical Therapy Program or consent of Instructor.

7334 AQUATIC THERAPY Study of the basic physical properties of water and their application in therapeutic treatment of patients in a water medium. Proper safety precautions, infection control, and pool maintenance will also be studied. Admission to Graduate Physical Therapy Program or consent of Instructor.
7337 WOUND MANAGEMENT IN PHYSICAL THERAPY A comprehensive survey of integumentary practice patterns, including examination (history of taking tests and measures), evaluation for integumentary disorders, developing a diagnosis and prognosis, applying rational interventions for wounds, primary prevention of integumentary impairment, and secondary prevention of functional limitations and disability related to impaired integumentary integrity. Prerequisite: PTHY 6332 or equivalent. Admission to Graduate Physical Therapy Program.

7340 INTERDISCIPLINARY TRAINING AND INTERAGENCY COLLABORATION IN FAMILIES I This course presents foundation didactic information and clinical/community experiences necessary to develop leadership and research skills in delivery of interdisciplinary family-centered health care to children with special needs and their families. Emphasis is on development of skills needed to successfully work with children and families as a member of an interdisciplinary team. Post-professional students will develop knowledge of research design and implementation. Admission to Graduate Physical Therapy Program or consent of Instructor.

7341 INTERDISCIPLINARY TRAINING AND INTERAGENCY COLLABORATION IN FAMILIES II This course is a continuation of PTHY 7340 I. Emphasis is on integrating and applying the clinical and leadership skills learned in PTHY 7340 I to interdisciplinary clinical experiences. Post-professional students will apply research knowledge and skills to an actual project. Admission to Graduate Physical Therapy Program or consent of Instructor.

7345 ADVANCED ELECTROPHYSIOLOGICAL ASSESSMENT Advanced study in the use of nerve conduction and electromyographic techniques in the assessment and evaluation of selected patients. Admission to Graduate Physical Therapy Program or consent of Instructor.

7350 CLINICAL ASSESSMENT OF PERIPHERAL NERVOUS SYSTEM COMPROMISE FOR THE SPORTS, ORTHOPEDIC, AND INDUSTRIAL THERAPIST Advanced study in assessment of the peripheral nervous system for differentiation of peripheral compromise, radiculopathies, and plexopathies. Localization of peripheral lesions and sites of compromise. Admission to Graduate Physical Therapy Program or consent of Instructor.

7360 ADVANCED EXAMINATION AND EVALUATION IN PEDIATRICS I A transdisciplinary course to consider the theories and applications of advanced measurement and assessment instruments and procedures used in pediatrics (birth to adolescence). The course is open to students enrolled in graduate study in physical or occupational therapy, speech/language pathology, nursing, and early childhood special education or by permission of the instructor. Students will participate in the selection of relevant assessment instruments to be studied based on current best practice in their respective fields. Admission to Graduate Physical Therapy Program or consent of Instructor.

7361 ADVANCED EXAMINATION AND EVALUATION IN PEDIATRICS II A continuation of PTHY 7360 Advanced Examination and Evaluation in Pediatrics I with emphasis on administration of selected assessment instruments to pediatric clients. Admission to Graduate Physical Therapy Program or consent of Instructor.

7365 DIFFERENTIAL DIAGNOSIS IN PHYSICAL THERAPY This course presents advanced information that will enable a physical therapist to function more efficiently as a primary care giver in the biomedical community. Emphasis will be placed on the advanced integration of information obtained from
examination and assessment procedures in order to differentiate conditions appropriate for treatment by physical therapists from pathologies that warrant referral to appropriate specialists. Advanced examination procedures that allow the differentiation of pathological conditions that present with similar symptoms will be stressed. Admission to Graduate Physical Therapy Program or consent of Instructor.

7380 GERIATRIC ORTHOPEDICS Study of the complexities involved in the treatment of musculoskeletal problems in the older adult with an emphasis on injury prevention, wellness, and functional independence. The course is an advanced-level analysis of the current practice guidelines and research to address the orthopedic specificity of the older population. Admission to Graduate Physical Therapy Program or consent of Instructor.

7385 TEACHING PRACTICUM IN PHYSICAL THERAPY EDUCATION Students will be involved in classroom experiences that include developing teaching strategies, selecting content, writing tests, using media, and managing student behaviors. Students will discuss the faculty issues of workloads, tenure, research, service, faculty development and assessment, and accreditation as necessary for functioning in a physical therapy educational environment. Admission to Graduate Physical Therapy Program.

7387 LIFESPAN MOVEMENT ANALYSIS Examination of various research tools designed to analyze human movement in individuals throughout the life span. Students will develop skills in three-dimensional motion analysis and the use of advanced gait and balance assessment tools. Admission to the PhD Program or consent of instructor. Offered annually.

7388 LIFESPAN MOTOR DEVELOPMENT Study of development from birth to death with emphasis on movement pattern changes. Students demonstrate skill in movement assessment of normally developing children and adults, in recognition of pathological development occurring in various diagnostic categories, and in age-appropriate treatment regimens for specific movement disorders. Admission to Graduate Physical Therapy Program.

7390 ADVANCED ANATOMY Advanced study of anatomy with emphasis on clinical anatomy of the musculoskeletal system. Students will correlate regional and systemic anatomical knowledge with clinical applications. Students will be introduced to imaging technology and will use cadaver dissection, prosection use, and interpretation of anatomical images to enhance their understanding of diagnostic and treatment techniques. Admission to Graduate Physical Therapy Program or consent of Instructor.

7403 PHYSICAL AGENTS A study of the instrumentation, application, physiological principles, and clinical uses of physical agents (thermal, mechanical, and electrical modalities and massage) in physical therapy intervention for selected impairments and conditions. Emphasis is placed on clinical decision making regarding selection and application of a physical agent in an effective and clinically acceptable manner based on patient diagnosis, knowledge of the instrumentation, indications, contraindications, physiological effects of the physical agent, goals of the patient, and scientific evidence. Admission to the DPT Program.

7404 MUSCULOSKELETAL PHYSICAL THERAPY I The management of the patient/client with dysfunction in the extremities including examination, evaluation, diagnosis, prognosis, and intervention (including manual therapy). Instruction will also consist of planning and implementing intervention programs including prevention, wellness, exercise, manual therapy, and other orthopedic physical therapy concepts. Admission to Graduate Physical Therapy Program.

7405 MUSCULOSKELETAL PHYSICAL THERAPY II The management of the patient/client with spinal
dysfunction and peripheral nerve injury including examination, evaluation, diagnosis, prognosis, and intervention (including manual therapy). Instruction will also consist of planning and implementing intervention programs including prevention, wellness, exercise, manual therapy, industrial, and other orthopedic physical therapy concepts. Admission to Graduate Physical Therapy Program.

7406 MUSCULOSKELETAL PHYSICAL THERAPY III The study of advanced and intervention of the extremity and spinal areas. Complex case presentations will be presented with intent to allow the student to diagnose patient problems and find solutions to real life cases. Students will be expected to explore relevant evidence to find solutions to the complex scenarios, building clinical reasoning skills. Review of clinical prediction rules, manual interventions (including high velocity low amplitude thrust techniques) for all appropriate spinal and extremity areas, stabilization programs, neuro-dynamics, advanced functional progressions and return to activity, analysis of gait in running and walking, and specialized intervention skills will be included. Admission to the DPT Program.

7409 CLINICAL REASONING AND DIFFERENTIAL DIAGNOSIS Emphasis on selected components of professional practice in physical therapy related to performance of medical screening, differential diagnosis, prognosis, and plan of care; engaging in evidence based practice; and making use of frameworks of clinical reasoning and decision making. Diagnostic imaging as a means of enhancement of the diagnosis given by the physical therapist will be included. Admission to the DPT Program.

7411 PHYSICAL REHABILITATION Evaluation and treatment of patients with multiple trauma, generalized weakness, and specific disabilities or disease process including multiple trauma, amputations, spinal cord injuries, diabetes mellitus, Guillain-Barre Syndrome, post-polio syndrome, multiple sclerosis, Parkinson’s disease, cancer, Charcot-Marie Tooth, and amyotrophic lateral sclerosis. The principles of orthotics and prosthetics design and management are also presented. Admission to the DPT Program.

7515 NEUROLOGICAL REHABILITATION IN PEDIATRICS Physical therapy management of children with birth or acquired conditions affecting motor control and function. Focus placed on motor development, conditions, patient examination, evaluation, motor diagnosis, prognosis, and interventions. Theoretical foundations are reviewed. Environmental contexts are considered. Admission to Graduate Physical Therapy Program.

7516 ADULT NEUROLOGICAL REHABILITATION Study of specific progressive and non-progressive neuromuscular disorders and appropriate examination and treatment strategies based on the patient/client management model. A systems approach to examination and intervention in the adult will be used. Neuromuscular aging will be discussed as related to locomotion and recovery following a neuromuscular insult or injury. Admission to Graduate Physical Therapy Program.

7520 CARDIOPULMONARY PRINCIPLES AND PRACTICE A comprehensive survey of cardiopulmonary practice patterns, including examination (history taking, tests, and measures), evaluation for cardiopulmonary disorders, developing a diagnosis and prognosis, applying rational interventions for cardiopulmonary disorders, and secondary prevention of functional limitations and disability related to cardiopulmonary disorders. Admission to Graduate Physical Therapy Program.

7528 CLINICAL EDUCATION PRACTICUM III IN PHYSICAL THERAPY The third in a series of full-time supervised clinical education experiences with emphasis in professional behaviors and physical therapy practice patterns. The clinical experiences are designed to allow the student to practice didactic and clinical skills.
in a variety of practice environments.

**7529 CLINICAL EDUCATION PRACTICUM IV IN PHYSICAL THERAPY** The fourth in a series of full-time supervised clinical education experiences with emphasis in professional behaviors and physical therapy practice patterns. The clinical experiences are designed to allow the student to practice didactic and clinical skills in a variety of practice environments.

**7530 CLINICAL EDUCATION PRACTICUM V IN PHYSICAL THERAPY** The fifth in a series of full-time supervised clinical education experiences with emphasis in professional behaviors and physical therapy practice patterns. The clinical experiences are designed to allow the student to practice didactic and clinical skills in a variety of practice environments.

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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 #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)*

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. 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).

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

4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

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

4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

**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 overtreatment 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.
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*
Behavior 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 judgments of 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 case 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 healthcare 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

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

PT.7/13/06
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 UCA PD; 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.
PROFESSIONAL BEHAVIORS ASSESSMENT

PTHY 6307: Professional Development I
Doctor of Physical Therapy Program
University of Central Arkansas

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>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
<th>Post-Entry Level:</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>
</tr>
</tbody>
</table>
2. **Communication**
   
   The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

<table>
<thead>
<tr>
<th><strong>Beginning Level:</strong></th>
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</tr>
</thead>
<tbody>
<tr>
<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>
</tr>
<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>
</tr>
<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>
</tr>
<tr>
<td>▪ Provides effective education (verbal, non-verbal, written and electronic)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. **Problem Solving**

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

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<th>Post Entry Level:</th>
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<tbody>
<tr>
<td>Recognizes problems</td>
<td>Prioritizes problems</td>
<td>Independently locates, prioritizes and uses resources to solve problems</td>
<td>Weighs advantages and disadvantages of a solution to a problem</td>
</tr>
<tr>
<td>States problems clearly</td>
<td>Identifies contributors to problems</td>
<td>Accepts responsibility for implementing solutions</td>
<td>Participates in outcome studies</td>
</tr>
<tr>
<td>Describes known solutions to problems</td>
<td>Consults with others to clarify problems</td>
<td>Implements solutions</td>
<td>Participates in formal quality assessment in work environment</td>
</tr>
<tr>
<td>Identifies resources needed to develop solutions</td>
<td>Appropriately seeks input or guidance</td>
<td>Reassesses solutions</td>
<td>Seeks solutions to community health-related problems</td>
</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>
<td>Considers second and third order effects of solutions chosen</td>
</tr>
<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>
<td></td>
</tr>
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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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</thead>
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<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>
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<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>
<td></td>
</tr>
<tr>
<td>▪ Recognizes the emotions and bias that one brings to all professional interactions</td>
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</table>
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.

<table>
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<th>Post Entry Level:</th>
</tr>
</thead>
<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>
</tr>
</tbody>
</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.

<table>
<thead>
<tr>
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</thead>
<tbody>
<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></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>
<td></td>
<td></td>
<td>Pursues leadership roles</td>
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<td></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></td>
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<td></td>
<td>Advocates for the patient, the community and society</td>
</tr>
</tbody>
</table>
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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</tr>
</thead>
<tbody>
<tr>
<td>▪ Demonstrates active listening skills</td>
<td>▪ Critiques own performance accurately</td>
<td>▪ Independently engages in a continual process of self evaluation of skills, knowledge and abilities</td>
<td>▪ Engages in non-judgmental, constructive problem-solving discussions</td>
</tr>
<tr>
<td>▪ Assesses own performance</td>
<td>▪ Responds effectively to constructive feedback</td>
<td>▪ Seeks feedback from patients/clients and peers/mentors</td>
<td>▪ Acts as conduit for feedback between multiple sources</td>
</tr>
<tr>
<td>▪ Actively seeks feedback from appropriate sources</td>
<td>▪ Utilizes feedback when establishing professional and patient related goals</td>
<td>▪ Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities</td>
<td>▪ Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients</td>
</tr>
<tr>
<td>▪ Demonstrates receptive behavior and positive attitude toward feedback</td>
<td>▪ Develops and implements a plan of action in response to feedback</td>
<td>▪ Uses multiple approaches when responding to feedback</td>
<td>▪ Utilizes feedback when analyzing and updating professional goals</td>
</tr>
<tr>
<td>▪ Incorporates specific feedback into behaviors</td>
<td>▪ Provides constructive and timely feedback</td>
<td>▪ Reconciles differences with sensitivity</td>
<td></td>
</tr>
<tr>
<td>▪ Maintains two-way communication without defensiveness</td>
<td></td>
<td>▪ Modifies feedback given to patients/clients according to their learning styles</td>
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</tr>
</tbody>
</table>
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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<tbody>
<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>
<td></td>
</tr>
</tbody>
</table>
### 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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</table>
| ▪ Recognizes own stressors  
▪ Recognizes distress or problems in others  
▪ Seeks assistance as needed  
▪ Maintains professional demeanor in all situations | ▪ 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 | ▪ 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 | ▪ 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.

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<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></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>
</tr>
<tr>
<td></td>
<td></td>
<td></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:__________________________