

DPT Student Handbook

University of Central Arkansas

Doctor of Physical Therapy Program



revised **August 12, 2024**



DPT Handbook Updates

Summer 2024:

- ***Section C. V. Expulsion updated***
 1. If the student earns a grade of F or NC (no credit) in any didactic course.

- ***CRC Policies updated in the following Sections:***
 - ***B.4.F.2***
 - ***D.4.A***
 - ***D. 4.B***
 - ***D.7.O***



PREFACE

The 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 **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



NOTICE OF COMPLIANCE

The University of Central Arkansas, in making decisions regarding employment, student admission, and other functions and operations, adheres to a policy of nondiscrimination and complies with 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, Title IV of the 1992 Amendments to the Higher Education Reauthorization Act, the Rehabilitation Act of 1973, the Americans with Disabilities Act, and the Vietnam Era Veterans' Readjustment Assistance Act. Persons having questions or seeking information regarding the university's compliance with and implementation of the regulations and requirements should contact:

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UCA Student Handbook

[UCA Student Handbook — Division of Student Affairs](#)



INTRODUCTION

I. DOCTOR OF PHYSICAL THERAPY (DPT) PROGRAM

A. PROGRAM DESCRIPTION

The Doctor of Physical Therapy program prepares individuals to become licensed physical therapists. Following a selective admission process, a new class of 60 students is invited each fall semester to begin study in the three-year DPT Program. The curriculum includes 123 graduate semester credit hours. During the program, students progress from foundational sciences and skills, to clinical sciences application, to patient care, concluding with full-time experiences at clinical education facilities in and out of the state. The DPT Curriculum Sequence outlines courses for each semester; a description of those courses can be viewed in the UCA Graduate Bulletin at <http://uca.edu/gbulletin> (see Physical Therapy course description).

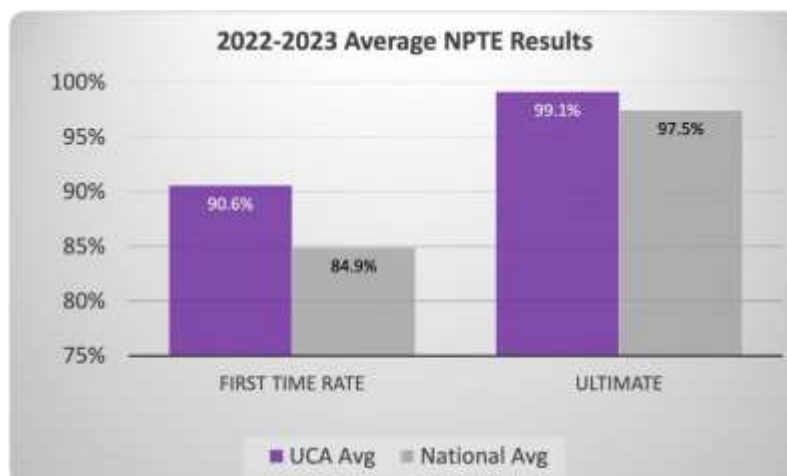
B. ACCREDITATION STATUS

The Doctor of Physical Therapy Program at the University of Central Arkansas is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Avenue, Suite 100, Alexandria, Virginia 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>. 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.

C. STUDENT OUTCOMES

Performance of UCA DPT graduates over the past two years is as follows as of May 2024:

- 97.5% Graduation Rate (2022, 2023)
- 90.6% First Time Pass Rate on the NPTE (2022, 2023)
- 99.1% Ultimate Pass Rate on the NPTE (2022, 2023)
- 100% Employment Rate (2022, 2023)





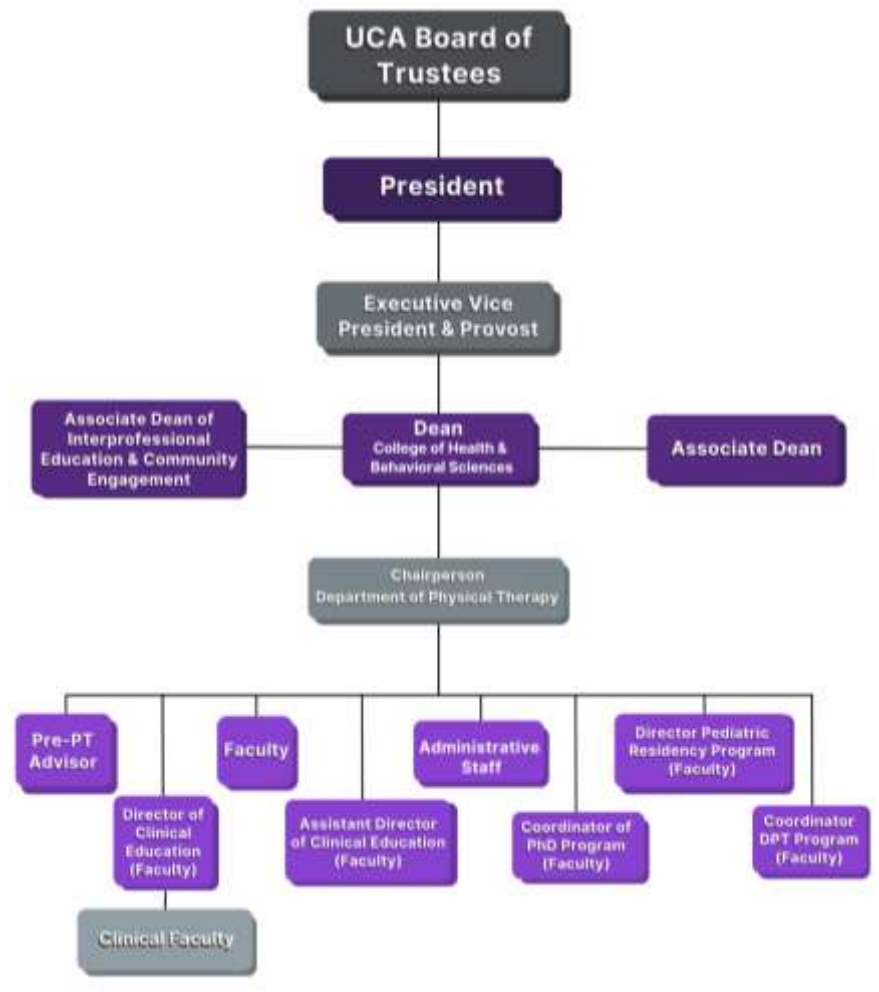
D. ADMISSION REQUIREMENTS

The UCA DPT Program Brochure provides a complete description of program requirements. The 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. 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 in the **Appendix 1: Essential Functions and Program Requirements of the Student in the DPT Program**. Students are required to review the essential functions and indicate their awareness of and ability to comply with the Essential Functions (with or without accommodations) prior to beginning the DPT Program.

II. DEPARTMENT OF PHYSICAL THERAPY

Administratively, the Department of Physical Therapy is a member of the College of Health and Behavioral Sciences (CHBS). The department's main office is located in the Physical Therapy Center, Suite 300; telephone (501) 450-3611; email pt@uca.edu, and website: <http://uca.edu/pt>. The CHBS Dean's office is located in room 205 of the Integrated Health Sciences Building. The main telephone number for the Dean's office is 501-450-3123.

III. ORGANIZATIONAL CHART



**IV. DEPARTMENT OF PHYSICAL THERAPY FACULTY****Kevin Garrison, PhD, PT**

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V. DEPARTMENT OF PHYSICAL THERAPY STAFF

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VI. DEPARTMENT CONTACT INFORMATION

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Fax: (501) 450-5822

Website: www.uca.edu/pt

Facebook: [UCADPT](https://www.facebook.com/UCADPT)

Instagram: ucadpt



SECTION A: Organization

I. DEPARTMENT CORE VALUES

ARISE (Altruism, Respect, Integrity, Service, Excellence). All of our actions and interactions are guided by the following core values:

1. Altruism – demonstrating compassion, care, empathy, and concern for others by developing and contributing to a culture of shared purpose that anticipates and meets the needs of others.
2. Respect – Demonstrating high regard and deference for others by sharing information, seeking their input, and listening to their ideas in both agreement and disagreement.
3. Integrity – Building a circle of trust by honoring commitments, adhering to moral and ethical principles, and holding ourselves and others accountable for their responsibilities.
4. Service – The commitment to mentoring and developing both individuals and our community to their greatest potential, improving their well-being, and developing strong relationships that benefit and support identified needs.
5. Excellence – Building a program of distinction, superior quality, and merit through continuous improvement and growth of the program's goals and objectives.

II. DEPARTMENT CORE PURPOSE

Our core purpose is to advance and improve the profession and practice of physical therapy.

III. DEPARTMENT VISION

Moving individuals and communities toward optimal health.

IV. DEPARTMENT MISSION

Educating leaders in physical therapy.

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

In order to obtain the DPT degree students are required to complete all required courses. Any variation requires written approval by the Department Chairperson.

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

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

In all interactions with patients/clients and other appropriate parties, physical therapists are responsible for maintaining high professional, ethical, legal, and moral standards. Challenges which



confront the physical therapist are compounded by: health care environments; health care systems; patients/clients with varying cultural backgrounds, diagnoses and socioeconomic constraints; resource limitations; and patients/clients ranging in age from neonates to the elderly. Accordingly, professional preparation for the physical therapist must be thorough and comprehensive.

1. Analysis of Practice for the Physical Therapy Profession: Entry-Level Physical Therapists. Federation of State Boards of Physical Therapy. November 2011.
2. Arkansas State Board of Physical Therapy Practice Act. Title 17, Chapter 93 of the Arkansas code (Act 1412 of 2001).
3. APTA Guide for Professional Conduct. APTA Ethics and Judicial Committee. November 2010.
4. APTA Vision Statement for Physical Therapy 2020. APTA House of Delegates. HOD P06-00-24-35. June 2000.
5. Code of Ethics for the Physical Therapist. APTA House of Delegates. HOD S06-09-07-12. June 2009.
6. Criteria for Standards of Practice for Physical Therapy. APTA Board of Directors. BOD S03-06-16-38. March 2006.
7. Interactive Guide to Physical Therapist Practice. ISBN: 978-1-931369-64-0. APTA. 2003.
8. Minimum Required Skills of Physical Therapist Graduates at Entry-Level. APTA Board of Directors. BOD G11-05-20-49. November 2005.
9. Professionalism in Physical Therapy: Core Values. APTA Board of Directors. BOD P05-04-02-03. May 2004.
10. Standards of Practice for Physical Therapy. APTA House of Delegates. HOD S06-10-09-07. June 2010.

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 student's skills in problem-solving, differential diagnosis, and utilization of best evidence. Evaluation of student performance throughout the curriculum is based on criterion-referenced data.

The curriculum leading to the DPT degree requires 41 hours of prerequisite coursework (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 coursework 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. Thirty-nine weeks of the 3-year DPT curriculum are devoted to clinical experiences in physical therapy at clinical education sites.



The curriculum model for the DPT degree is illustrated in the following appendices: **Appendix 2: Visual Schematic of the DPT Curriculum, Appendix 3: Key to Visual Schematic of DPT Curriculum, and Appendix 4: Course Sequence for the DPT Curriculum.**

D. Outcome Statements: Professional DPT Curriculum

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

E. CLINICAL EDUCATION

1. The Clinical Education Program is administered by the Director of Clinical Education (DCE). The DCE serves as the liaison between the School and each clinical education site.
2. Each student is provided with a DPT Student Handbook during new student orientation with an updated version provided at the beginning of each academic year. Section D of the DPT Handbook- Clinical Education Policies and Procedures for Physical Therapy Students includes the following topics:
 - a. Overview of Clinical Education
 - b. Clinical Education Terminology
 - c. Clinical Education Structure
 - d. Clinical Education Requirements
 - e. Clinical Education Resources
 - f. Clinical Experience Performance Expectations and Grading
 - g. Clinical Education Policies
3. Roles and Responsibilities in Clinical Education Each clinical education site is provided with the *Clinical Education Policies and Procedures Handbook for Clinical Education Sites* annually when sites are notified of student placements for the upcoming year. This Handbook includes supplemental materials to benefit clinical faculty such as important reminders, contact information performance expectations, UCA DPT Clinical Education guidelines, access information for CPI 3.0, forms, and program mission and objectives.
4. Academic Preparation for Full-Time Clinical Experiences occurs across a continuum with students prepared to apply knowledge and skills pertaining to basic sciences and clinical



foundations across the scope of care. Opportunities for application within varied clinical settings in both integrated and full-time clinical experiences are provided within the curriculum.

VI. CURRICULUM PLAN FOR RESIDENCY IN PEDIATRIC PHYSICAL THERAPY

Opportunities exist via application for participation in the UCA Pediatric Physical Therapy Residency Program following completion of the DPT program. The Pediatric Residency Program is a full-time post-professional residency program provided by the University of Central Arkansas in cooperation with Arkansas Children's Hospital and Allied Therapy and Consulting Services. The UCA Pediatric Physical Therapy Residency Program is accredited by the American Board of Physical Therapy Residency and Fellowship Education. Additional information may be obtained on the Residency Program website at <https://uca.edu/pt/programs/pediatric-pt-residency/> or by contacting the Pediatric Residency Director, Dr. Misty Booth, 501-450-5543, mbooth@uca.edu.

VII. CURRICULUM PLAN FOR PHD IN PHYSICAL THERAPY DEGREE

Opportunities exist for DPT students to enter the DPT/PhD program. The curriculum plan can be found in **Appendix 5: Curriculum Plan for PhD in Physical Therapy Degree**. Admission to the program occurs via formal application. Students complete the DPT degree while simultaneously taking limited hours toward the PhD degree. Following graduation from the DPT program, remaining requirements for the PhD are completed. Additional information may be obtained by contacting Dr. Mark Mennemeier, Coordinator of the PhD program; telephone: 501-450-5557; email: mmennemeier@uca.edu.



SECTION B: Student Rights and Responsibilities

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 [UCA Student Handbook — Division of Student Affairs](#)

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.

A. DIRECTORY INFORMATION: Directory information consists of:

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

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

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



or unsubstantiated comments are considered unprofessional behavior and are inappropriate in a faculty evaluation.

- C. 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.
- D. 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 D: Clinical Education of this handbook.

II. ACCREDITATION STATUS

The Doctor of Physical Therapy (DPT) program at the University of Central Arkansas is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE); 3030 Potomac Ave., Suite 100, Alexandria, VA 22305-3085; telephone: (800) 999-2782; email: accreditation@apta.org; website: <http://capteonline.org>. Students may contact CAPTE for questions about the department's accreditation status or to file a complaint.

III. AMERICAN PHYSICAL THERAPY ASSOCIATION

- A. MEMBERSHIP IN APTA:** The American Physical Therapy Association (APTA) is the professional organization for physical therapists and physical therapist assistants. The faculty strongly encourages students to join the Association at an annual cost of \$80.00 for student membership. Membership applications are available in the Department of Physical Therapy office. The Association newsletter, magazine, and journal are included in the membership fee. Other resources available to APTA members include reduced conference registration and electronic resources such as PTNow, APTA Communities, and the APTA Learning Center. Digital publications such as the *Guide to Physical Therapist Practice* are available at no cost for APTA members. Students will have assigned readings from the *Journal Physical Therapy*, and the *Guide to Physical Therapy Practice* is required for several courses in the curriculum. Assignments that require a fee for non-members are part of some courses in the program. Additional information may be obtained at www.apta.org. Class officers and PT Club Officers are required to hold membership in the APTA throughout their tenure.
- B. APTA CODE OF ETHICS:** The Department expects students to adhere to the **Appendix 6: APTA Code of Ethics for the Physical Therapist** and the **Appendix 7: APTA Guide for Professional Conduct** regardless of whether membership is held in the APTA.



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

IV. DEPARTMENTAL POLICIES

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

- A. PROFESSIONAL ATTITUDE:** Students enrolled in a professional curriculum are not merely taking courses, but are internalizing the appropriate roles within that profession. Criteria defining the minimum expectations of professional conduct and attitude are outlined in the *Departmental Code of Conduct and Behavioral Expectations* found in Section C, IX of this handbook.
- B. CLASS OFFICERS:** The Department acknowledges the students' right to elect class officers. Class officers include the President, Vice-President, and Historian. Each officer is elected by the class at the beginning of the first Spring semester. Officers remain in position during the full three years of the program. All elected officers must be in good academic standing and maintain APTA membership throughout the program. The class president reports directly to the Department Chairperson and serves on departmental committees as directed. Some duties of the officers include: (1) assisting the faculty in the orientation of the incoming class each year, (2) maintaining the cleanliness of lecture and lab space and the student lounge area and refrigerator, (3) planning with direction from DPT Convocation Coordinator for convocation services at the end of the final semester, (4) serving the class as liaisons for alumni activities after graduation, (5) and executing other duties as assigned by the Department Chairperson.
- C. PT CLUB AND CLUB OFFICERS:** The PT Club officers, who must be members of the PT Club, are elected in the summer of the first year of PT school and will serve for one year. All elected officers must be in good academic standing and maintain APTA membership throughout the program. These officers include President, Vice President, Secretary, Treasurer and Social Events Coordinator. The PT Club is a volunteer organization with a one- time fee of \$28.00 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 the coordination of activities and planning. The faculty mentor for PT Club is Dr. Mieke Corbitt.

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 2026) 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 curriculum and clinical activities of the department. **Committee Structure:** The committee is comprised of four members of the class with **two being selected by the students and two being selected by the faculty**. These selections are to be made by mid-term of the first fall semester. In making these selections, the faculty attempts 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. Clinic Advisory Committee: The Clinic Advisory Committee serves to advise faculty on clinical education policy, initiatives, and programming. **Committee Structure:** The committee is chaired by the Director of Clinical Education (DCE) and composed of the following members, all of whom are appointed by the DCE: two or more faculty members, three or more clinicians, and invited student members. Student members are appointed by the DCE during their first fall semester and continue to serve while enrolled in the program. The committee discusses clinical education issues and makes recommendations to the DCE who will then bring these recommendations to the faculty as a whole. **Meeting Schedule:** The committee meets at least once per year. Meetings may be held electronically or in person. **Current Committee Chair:** Dr. Misty Booth.



- E. FACULTY OFFICE HOURS:** All faculty members maintain scheduled office hours and generally are available to meet with students during these times. To ensure availability, students should make an appointment with a faculty member when a meeting is desired. Students may not enter faculty offices without permission.
- F. RECORDS MAINTAINED BY THE DEPARTMENT:** The Department adheres to student rights regarding access to records as published in the [UCA Student Handbook](#) (*University Records*) at [UCA Student Handbook — Division of Student Affairs](#)

1. Permanent Cumulative Personal Folder for the Department of Physical Therapy

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

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

2. Advisor Folder for Academic Advisement And Departmental Code of Conduct and Behavioral Expectations:

This record may be maintained by the assigned faculty advisor, is considered confidential, and will not be available outside of the department without the signed permission of the student. The record may contain the following:

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

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



PHOTO RELEASES: Photo releases are required for all pictures of students, including the posting of pictures on the department website, social media 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.

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

COMPLAINTS ABOUT THE PROGRAM: Complaints about the program may be provided to class officers, the Student Advisory Committee, the Department Chairperson, or the Dean of College of Health and Behavioral Sciences (CHBS Dean's office; Integrated Health Sciences building, Suite 200; 501-450-3123). Complaints from individuals outside the university (prospective students, clinical education sites, employers, etc.) should be directed to the Department Chairperson. Records of complaints from individuals outside the university, and from those internal to the university (students, etc.) that are submitted in writing are kept in the office of the Department Chairperson. Complaints regarding the Department Chairperson should be submitted to the Dean. Such complaints are kept in the Dean's office. Refer to Section B. II. For complaints to the program's accrediting agency (CAPTE).

PERSONAL HEALTH INSURANCE: While in the professional DPT Program, students are required to carry personal health insurance to cover, at minimum, accident or injury. Students are responsible for costs of accidents or injuries that may occur either in class, lab, or clinical education experiences. Refer to Section D: Clinical Education in this Handbook for further information.

TB SKIN TEST: Students must present proof of a negative TB skin test (or clear chest X-ray, OR blood test) during the first semester. Students must complete update this information annually (every 12 months) during the professional program. It is the student's responsibility to renew the skin test or blood 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 D: Clinical Education of this handbook for further information.



IMMUNIZATION RECORDS: Many clinical education sites, hospitals in particular, require documentation of immunization history 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.

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

CRIMINAL RECORDS CHECK: A Criminal Records Check ("CRC") must be completed by each student. Specific guidelines including CRC inclusion criteria and specified vendor will be provided to students in onboarding information and completed prior to matriculation in the DPT Program. Students failing to comply with CRC requirements will not be allowed to matriculate in the DPT Program. Results of a CRC indicative of criminal record will require review by the Academic Progress Committee. Additional CRCs may be required by specific clinical sites during DPT Program enrollment. Refer to **Section D: Clinical Education** of this handbook for a description of CRC implementation related to Clinical Education.



SECTION C: Academic Performance and Student Expectations

I. DEPARTMENTAL ADVISING

- A. FACULTY ADVISOR:** Each student will be assigned to a faculty member for advisement throughout the physical therapy program. The advisor's role is one of academic counseling, but as personal matters frequently affect academic performance, students are encouraged to discuss any and all problems with the faculty member. Students will meet formally with their advisor with regard to their academic performance to discuss the following:
1. Development of a professional development plan within the DPT program during their first semester of the professional curriculum based on the **Appendix 8: Professional Behaviors Assessment Tool**.
 2. Monitoring and revision of the professional development plan on an annual basis.
 3. Monitoring of academic performance.
 4. Evaluating grade performance to ensure minimum level requirements are met prior to beginning clinical Practica.
 5. Establish a written plan for improving academic performance if a student's GPA falls below the Standards for Academic Performance described in paragraph II of this Section.
- B. MEETINGS:** The student and faculty will meet first during student orientation and then are required to **meet at least once per semester** while on campus and at least once during the week of graduation. Additional meetings may be requested by the student or advisor at any time.
- C. ASSIGNMENT OF ADVISOR:** Students will typically have the same faculty advisor throughout the didactic portion of the curriculum. A conflict of personalities may occur since students are randomly assigned to faculty advisors. Students may petition for a change of advisors in instances where conflicts cannot be resolved. To petition for a change of an advisor, the student must ask the Chairperson, verbally or in writing to assign a new faculty advisor. The Chairperson will inform all persons involved of the change. During the full-time clinical experiences, 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 **Appendix 9: Student Resources for Academic Success** 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 ensure minimum level requirements are met prior to beginning clinical experiences or Clinical Practica coursework.



II. STANDARDS FOR ACADEMIC PERFORMANCE

- A. In addition to completion of required courses, as outlined in the Required Course Sequence for the DPT Curriculum found on page 9 of Section A of this handbook, students must meet established scholarship standards of the UCA Graduate School and the Department of Physical Therapy in order to complete the DPT program successfully.
- B. Academic performance standards for the UCA Graduate School may be found at [General Requirements for Graduate Study — Graduate Bulletin 2023-2024 \(uca.edu\)](#)
- C. Academic standards for the DPT program, which exceed those of the UCA Graduate School, are as follows:
 - 1. Students must maintain a cumulative GPA of at least 3.0 for all coursework in the DPT program.
 - 2. Students must maintain a semester GPA of at least 3.0 for each semester in the DPT program.
 - 3. Students must earn a grade of “C” or higher for all conventionally graded (i.e. A, B, C, D, F) courses in the DPT program.
 - 4. Students must successfully complete all course series that use a grading scale of PR, NC and CR.
 - 5. Students must possess a cumulative GPA of 3.0 or higher in all graduate coursework in order to graduate with a DPT degree.
 - 6. Students must possess a cumulative and a current semester GPA of 3.0 or higher for all coursework within the DPT curriculum to be eligible for enrollment in the clinical education practicum courses.
 - 7. Students must successfully complete all clinical practica with no more than one repeat.

III. GRADE REPORTING

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

IV. WARNING, PROBATION, SUSPENSION, AND READMISSION

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



- B. ACADEMIC PROBATION:** Any student who fails to meet standards “1” and “2” of the “Standards for Academic Performance” will be placed on academic probation. In the next semester, the student must attain a cumulative and semester GPA of at least 3.0. If the cumulative and semester GPA of 3.0 are not met, the student is ineligible to continue in the DPT program. The student will be notified of probationary status by the Department Chair and Graduate Dean. The student has the responsibility for reporting probationary status to the advisor regardless of notification by the Graduate Dean or Chairperson. Students placed on academic probation must meet with their academic advisor to discuss academic performance and devise a written plan for improvement. The plan for improvement must be approved by the student’s advisor, the Department Chair, and the Academic Progress Committee. The student must meet with the Academic Progress Committee in person in order to review the plan for improvement and obtain approval of the plan. This meeting must occur by the end of the second week of the probationary semester. The Committee may require meetings with the students as often as its members deem necessary to ensure the student is adhering to the plan.
- C. SUSPENSION:** A student will be suspended from the DPT program if that student:
1. Fails to restore the cumulative and semester GPA to at least a 3.0 by the end of the semester of academic probation, or
 2. Earns a grade of “D” in any course in the DPT program.
 3. Fails to successfully complete a **Clinical Readiness Plan** and receives recommendation for suspension by the collective faculty.
 4. Receives recommendation for suspension by the collective faculty due to negative behavior. (see Professional Behavior Policy; Section C: XII)
- The student will be notified of suspension status by the Department Chair.
- D. READMISSION:** A student who has been suspended from the DPT program may petition the Academic Progress Committee for readmission to the program. Readmission is not automatic and may only be granted once. A student petitioning for readmission to the DPT program must present the following documents to the Academic Progress Committee Chairperson prior to one of the scheduled dates for Academic Progress Committee meetings (See paragraph VI of this section) in order to be considered for readmission:
1. Letter of request for readmission
 2. Plan for improvement, including:
 - a. Steps the student will take to prepare for return to the program;
 - b. A Plan for improving study habits, professional behavior and/or addressing safety concerns as appropriate; and
 - c. GPA required to meet Standards for Academic Performance.
 3. The Academic Progress Committee will meet to consider the petition for readmission. Consideration will be given to the student’s academic history, professional behaviors, and plan for improvement. The Chair of the Academic Progress Committee will communicate the



decision regarding readmission to the Department Chairperson, who will notify the student. The student must accept or decline the offer of readmission in writing within five business days.

E. CONDITIONS OF READMISSION:

In all cases of readmission, the following conditions will apply:

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

V. EXPULSION: A student will be expelled from the curriculum if any of the following events occur during enrollment in the DPT curriculum:

- If the student earns a grade of **F or NC (no credit)** in any **didactic** course.
- If the student has been readmitted to the DPT program and earns a grade of “D” in any course.
- If the student fails to successfully complete a **Clinical Readiness Plan** and the collective faculty recommends expulsion from the program.
- If the student earns a grade of NC (no-credit) for more than one assigned clinical experience. (Refer to Section D, Clinical Education Practicum Grading Policy)
- If the student has been readmitted to the DPT program and fails to achieve a 3.0 cumulative and semester GPA at the end of the first semester following readmission.
- If the student has been readmitted to the DPT program and the cumulative or semester GPA falls below 3.0.
- If the student is on suspension and fails to gain readmission to the DPT program.
- If the student is found guilty of academic or professional misconduct.

VI. ACADEMIC PROGRESS COMMITTEE MEETING SCHEDULE

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

VII. GRADE APPEALS AND ACADEMIC POLICY APPEALS

The Department adheres to due process for students as established in the UCA Student Handbook at [UCA Student Handbook — Division of Student Affairs](#) (Academic Policies) and the UCA Graduate Bulletin at [Graduate Bulletin 2023-2024 — UCA](#). University procedures for grade appeals and academic policy appeals are outlined below.



- A. GRADE APPEAL:** A student who wishes to appeal the final grade in a course should first seek a resolution of the issue informally with the faculty member. If an informal resolution cannot be reached, the student may appeal the grade formally, beginning with the faculty member and, if necessary, proceeding, at the request of the student or of the faculty member, through the levels of appeal listed below. At each stage of the appeal, the student must provide a written justification for the appeal and an explanation of the desired resolution; reviewers at any stage of the appeal may request appropriate additional documentation from any party to the appeal. Within the general framework of this policy, a department or college may establish its own procedures for reviewing such appeals. Any appeal concerning an assigned grade must be made within one calendar year of the time the grade was awarded.
1. Faculty member
 2. Department chair
 3. Dean of the college
 4. Provost
- B. ACADEMIC POLICY APPEALS:** A graduate student is entitled to petition the Graduate Council Policy Subcommittee for relief of an unfair hardship brought about by academic regulations when warranted by special circumstances. The petition form is available from the office of the Dean of the Graduate School.

VIII. LEAVE OF ABSENCE

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

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



- D. The student accepts a position in the upcoming class (if granted) prior to the start of the leave of absence. Acceptance of the position must be submitted to the department in writing.

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

IX. VOLUNTARY WITHDRAWAL

The Department adheres to the university policies for withdrawal outlined in the UCA Graduate Bulletin at <https://uca.edu/gbulletin/>. Students may withdraw from the university within dates specified in the UCA Academic Calendar (<http://uca.edu/registrar/academic-calendar/>). A W grade may be assigned for course withdrawals through the 12th week of the Fall/Spring semester. If withdrawal occurs after the 12th week, a grade of A, B, C, D, or F will be posted as the final grade.

X. PETITION TO RETURN AFTER FIRST SEMESTER, ACADEMIC WITHDRAWAL

1. A student may officially withdraw from all of their classes for the first semester of the DPT curriculum and university so long as the withdrawal is within the dates specified in the academic calendar for (i.e. by the 12th week). A grade of "W" will be assigned for all courses.
2. In the event the student has withdrawn from the DPT program and university for academic reasons and wishes to return to the program, the student may petition the Department Chairperson formally with a request for readmission. The Department Chairperson will task the Academic Progress Committee to review the petition and to make a recommendation to the faculty. The faculty will determine if readmission will be granted. The Department Chairperson will then inform the student.
3. Readmission is not automatic and may only be granted once. The option to withdrawal and petition to return for academic reasons will not be permitted in subsequent semesters.
4. Students with disciplinary, conduct, medical or emergency issues will be directed to Leave of Absence (Section VIII) or Voluntary Withdrawal (Section IX) policies described above.

XI. CLINICAL READINESS POLICY

A. CLINICAL READINESS ASSESSMENT

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 Readiness Policy and is responsible for being familiar with the content of the policy. Students are assessed for clinically oriented knowledge and skills during written examinations and 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 Semester Faculty Team meetings. If a student fails a practical examination within a course, the course instructor will document practical failure in the team database system.



Semester Faculty Teams will assess clinical readiness through a cumulative review of professional behaviors and performance on practical exams in clinical courses within each semester and across the entire didactic portion of the curriculum. Each Semester Faculty Team will complete a team summary report at the end of each semester.

If the Semester Faculty Team identifies two or more failures on lab practical examinations in clinical science courses in one semester or across more than one semester, the Semester Faculty Team will submit an **Appendix 10: Individual Student Readiness Report (ISRR)**. The student's academic advisor and the Department Chair will receive a copy of the ISRR. The student's academic advisor and the team leader will discuss the ISRR with the student, as well as discuss the potential ramifications of identified concerns. The team summary report, along with the ISRR will provide a record of student performance related to identified safety, performance, or professional behavior concerns.

At the end of each semester, Semester Faculty Teams will review the team safety database and each student's history of professional behaviors and performance in clinical science courses to determine whether patterns exist that may negatively impact the student's clinical performance during full-time or integrated clinical experiences. 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 performance concerns identified in the team summary from the prior semester.

Semester Faculty Teams will meet and determine the recommended course of action at least 2 weeks prior to the end of didactic coursework for the semester to allow time for implementation of a Clinical Readiness Plan (CRP); see **Appendix 11: Clinical Readiness Plan**, if recommended by the Semester Faculty Team.

B. CLINICAL READINESS PLAN

If review of the student's performance by the Semester Faculty Team reveals a pattern of safety, professional behavior or clinical application concerns, then the student may be required to complete a Clinical Readiness Plan (CRP) as recommended by the Semester Faculty Team. The Clinical Readiness Plan may include a requirement for the student to enroll in a supplemental course to facilitate the student's ability to meet performance expectations.

A student for whom a Clinical Readiness Plan (CRP) has been developed will not be allowed to begin a full-time clinical experience until approved by faculty majority. Completion of a CRP may impact his/her clinical experience start dates. A delay in the start of a full-time clinical experience may result in altered timing for subsequent clinical experiences and program completion. A student's clinical site placement may be changed in the event 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.



A comprehensive practical examination may be a required component of the CRP if determined to be necessary by the semester Faculty Team to ensure student readiness for participation in subsequent full-time or integrated clinical experiences.

The Semester Faculty Team will develop, oversee and report CRP outcomes in conjunction with the Director of Clinical Education. The Semester Faculty Team leader for the team identifying the safety/performance concerns will report to the collective faculty regarding the outcome of the CRP. The collective faculty will then make a determination as to whether the student is demonstrating performance consistent with expectations for readiness to attend clinical experiences. If the student fails to successfully complete each of the objectives and requirements stipulated in a Clinical Readiness Plan, the collective faculty will determine the next course of action, which may include:

1. Additional remediation related to safety/performance/professional behavior concerns.
2. Academic suspension.
3. Academic expulsion.

XII. ACADEMIC PREPARATION FOR CLINICAL EXPERIENCES

Students enrolled in the UCA DPT Program are prepared to apply knowledge and skills pertaining to basic sciences and clinical foundations across the scope of care. Development of knowledge and skills occurs across a continuum. Opportunities for application within varied clinical settings in both integrated and full-time clinical experiences are provided within the curriculum.

Students engaging in full-time clinical experiences are prepared for and expected to demonstrate performance consistent with identified knowledge, skills and abilities outlined in the UCA Clinical Education Guidelines and course syllabi. The *American Council of Academic Physical Therapy (ACAPT) Guidelines For Program Preparation For First Full-Time Clinical Experiences. (Appendix 12)* provides additional framework for preparation and establishment of focused learning opportunities for the first full time clinical experience (CE 1) and a foundation for future clinical experiences.

UCA DPT students engage in five full-time clinical experiences with performance expected to advance across each full-time clinical experience. The KSA table in **Appendix 12** reflects those knowledge, skills and abilities expected to develop prior to CE 1. Students are required to demonstrate progressive development and application of knowledge and skills across the scope of practice (see UCA Clinical Education Guidelines (Appendix 13) in academic preparation and clinical experiences following CE 1 culminating in a minimum expected performance level of entry-level performance or beyond by the conclusion of the final full-time clinical experience.

XIII. DEPARTMENTAL CODE OF CONDUCT AND BEHAVIORAL EXPECTATIONS

- A.** 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.

B. 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 experiences;
 - 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 experiences;
 - b. academic dishonesty (cheating, plagiarism, etc);
 - c. missing an exam without prior notification of the instructor; or
 - d. demonstrating disrespect for a student, faculty member, or patient.

XIV. PROFESSIONAL BEHAVIOR POLICY

A. DEVELOPMENT AND INTEGRATION OF PROFESSIONAL BEHAVIORS

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:

- 1. SELF-ASSESSMENT:** DPT students will complete a self-assessment using the Professional Behaviors Assessment Tool during the 1st semester of the professional curriculum. *The Professional Behaviors Assessment Tool* will be introduced in PTHY 6307: Professional Development I. A copy of the tool can be found in **Appendix 8** of this handbook.
- 2. 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.
- 3. REVIEW WITH ADVISOR:** Input from faculty will be used in revision of the professional development plan. Monitoring and revisions of professional development plans will occur each semester through meetings between the student and advisor.
- 4. ASSESSMENT BY CORE FACULTY:** Student professional behavior will be assessed during each semester of the DPT program by faculty in all classes using the Professional Behaviors Assessment Tool. Students will be provided regular feedback regarding their professional behavior in the following ways: (1) verbal feedback from the faculty and (2) written feedback in the form of a summary report of the core faculty's assessment at the beginning of each semester regarding behavior observed the previous semester. Students may be required to undertake remedial work prior to the clinical experience if deficiencies in professional behavior are identified by the faculty.
- 5. 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.

B. EXCEPTIONAL BEHAVIOR REPORTING PROCESS

Exceptional student behavior, positive or negative, will be reported using the ***Professional Behaviors Reporting Form (Appendix 14)***.

- 1. DOCUMENTING POSITIVE BEHAVIOR:** A student may be acknowledged for helping other students and for positive contributions to the class or community. Fellow students and faculty may document positive behavior by filing a ***Professional Behaviors Reporting Form*** found in **Appendix 14** of this handbook. The report will be submitted to the Department Chairperson, who will then forward a copy to the student and the student's advisor. When the time comes for writing recommendations to potential employers, the faculty will have a record of



academic and non-academic performance. Positive behaviors are also acknowledged through ongoing faculty feedback, semester Faculty Team professional behavior reports, advisor feedback, and student excellence awards.

2. **DOCUMENTING NEGATIVE BEHAVIOR:** Behavior inconsistent with expectations of the Department of Physical Therapy may also be documented for the record by filing a ***Professional Behaviors Reporting Form*** found in ***Appendix 14*** of this handbook. The following information outlines the procedures for documenting inappropriate behavior:

Submission of a Negative Professional Behavior Report: A demonstration of inappropriate behavior may be reported either by a faculty member, the semester Faculty Team, 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. A faculty member, semester Faculty Team, or student observing inappropriate behavior that is of sufficient severity to warrant the filing of a report should obtain and complete the Professional Behavior Reporting form (***Appendix 14*** in the UCA DPT Handbook appendices) outlining the behavior of concern. The report is to be submitted to the Department Chairperson, who will then forward a copy to the student and the student's advisor. In instances where more than one Negative Behavior Report is filed the Department Chairperson will also notify the Chair of the Academic Progress Committee.

If the faculty member filing the report is the student's advisor, then the Department Chairperson will appoint another faculty member (surrogate advisor) to serve as the student's advisor in matters pertaining to the reported negative Professional Behavior.

C. REMEDIATION PROCESS AND POTENTIAL CONSEQUENCES OF A NEGATIVE PROFESSIONAL BEHAVIOR REPORT

The Department Chairperson will notify the student and the student's faculty advisor that a negative Professional Behavior Report has been filed and provide a copy of the Professional Behavior Report to each individual for review. The faculty advisor (or surrogate advisor) will meet with the student to discuss the report.

1. First Negative Incident Report:

- a. Following notification by the Department Chairperson that a Negative Professional Behavior Report has been submitted, the student and faculty advisor will meet to discuss the reported incident.
- b. The student will be provided the opportunity to respond in writing. If the student chooses to provide a written response, the response should be submitted to the faculty advisor within five business days of the student being notified of the Negative Professional Behavior Report using the optional student response section of the Professional Behavior



Report form. The faculty advisor will forward any written response from the student to the Department Chairperson.

- c. The Department Chairperson will review the report and the student's response if provided to determine whether the incident should be further addressed. If the Department Chairperson determines that negative behavior has occurred that warrants development of a plan to address the behavior, the following steps will be implemented:
 - i. The student and faculty advisor will be notified by the Department Chairperson of the need to develop a written action plan to address the reported negative behavior.
 - ii. The student will be required to meet with the faculty advisor (or surrogate advisor) within ten days of being notified of the need to develop a written action plan to address the negative behavior. The student, with input from the advisor, will develop a written action plan that includes objectives to address the identified negative behavior, as well as a schedule for meeting with the advisor to discuss progress.
 - iii. The faculty advisor (or surrogate advisor) will forward the action plan to the Department Chairperson along with the student's written response if provided.
 - iv. The Department Chairperson will file the plan in the student's permanent departmental file along with the original Professional Behavior form.
 - v. The student is responsible for implementing the action plan with a goal of avoiding any future incidents.

2. Subsequent Negative Incident Report(s)

- a. In the event any subsequent negative incident reports are filed following the first report, the Department Chairperson will notify the student, faculty advisor, and the Chair of the Academic Progress Committee (APC). The Department Chairperson will provide a copy of the Professional Behavior Report to each individual for review. To be considered a subsequent incident, the behavior must occur after the student has met with his/her advisor concerning the previous incident.
- b. The student will be provided the opportunity to respond in writing. If the student chooses to provide a written response, the response should be submitted to the faculty advisor within five days of the student being notified of the Negative Professional Behavior Report using the optional student response section of the Professional Behavior Report form. The faculty advisor will forward any written response from the student to the Department Chairperson.
- c. The Department Chairperson will review the report and the student's response if provided to determine whether the incident should be further addressed. If the Department Chairperson determines that negative behavior has occurred that warrants development of a plan to address the behavior, the following steps will be implemented:
 - i. The student and faculty will be notified of the need to develop a written action plan addressing reported negative behavior.



- ii. The student will be required to meet with the faculty advisor (or surrogate advisor) within ten days of being notified of the need to develop a written action plan.
- iii. The student, with input from the advisor, will develop a written action plan that includes objectives to address the identified negative behavior, as well as a schedule for meeting with the advisor to discuss progress.
- iv. The student will submit the written action plan to the APC Chair and must receive notification of approval by the APC and the Department Chairperson prior to plan implementation.
- v. The APC will review the current incident, as well as any previous incidents and the written action plan. The APC will meet with the student in question with the faculty advisor (or surrogate advisor) present. The student will be required to explain the behavior described in the current negative Professional Behavior Report and discuss plans for addressing the behavior.
- vi. At the end of the established time frame for action plan completion, the faculty advisor will meet with the student to assess plan outcomes. The student will provide a written summary of progress and status related to plan objectives to the faculty advisor and to the APC Chair. The APC Chair will inform the Department Chairperson and APC members regarding plan outcomes.
- vii. Successful completion of the action plan, with approval from the Department Chairperson and the Academic Progress Committee, will allow the student to continue in the Program barring additional negative incidents.
- viii. If the student does not meet action plan objectives within the established time frame, then the Department Chairperson may ask for recommendations from the faculty. Corrective action may range from remediation to dismissal from the Program. Decisions regarding Program suspension or dismissal will be made by the collective faculty.
- ix. The Department Chairperson will inform the student in writing of decisions regarding student continuation in the Program, further remediation, Program suspension, or dismissal from the program.

3. Ultimate Consequences

Students enrolled in the UCA Doctor of Physical Therapy Program are expected and required to demonstrate professional behavior. The remediation process provides opportunity for professional growth when approval is deemed appropriate by individuals designated to review each level of incident. However, any single incident or identified pattern of negative behavior, regardless of timing for occurrence, may be sufficient cause for suspension or dismissal from the Program. Decisions regarding non-academic Program suspension or Program dismissal will be made by the collective faculty. A student placed on Program or University suspension is ineligible to participate in clinical experiences until the suspension is



lifted. A student who is suspended from the Program will be provided opportunity for due process in a timely manner.

Program suspension or completion of requirements in a remediation plan may affect a student's ability to participate in clinical education experiences. Delay in enrollment in or completion of Clinical Education Practica may delay graduation.

4. Student Appeals:

Students have the right to appeal decisions as described in the [UCA Student Handbook](#) at (see Standard of Student Conduct – Appeals).

XV. STUDENT EXCELLENCE AWARDS

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

- A. SERVICE EXCELLENCE, LEADERSHIP EXCELLENCE AWARDS:** The student has exceeded minimum required service activities or demonstrated exceptional professional leadership among peers. Students may nominate themselves or be nominated by classmates or faculty. Nominated students will be requested to submit verification of service activities and hours of service.
- B. CLINICAL EXCELLENCE:** The student has demonstrated excellence in clinical practice as evidenced by clinical instructor ratings and comments on the Clinical Performance Instrument and/or has been recognized by one or more clinical instructors as exhibiting exceptional performance during clinical experiences.
- 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.

XVI. OUTSTANDING DPT STUDENT AWARD

Students in the graduating DPT class will select a member of the class to receive the Outstanding DPT Student Award. The award is designated for a member of the class who class members feel has had



the most positive influence within the class. Nominations will be sought by the faculty member responsible for coordinating the Physical Therapy Convocation Ceremony. The award recipient will be recognized during Physical Therapy Convocation Ceremonies held in August each year.



SECTION D: CLINICAL EDUCATION

CLINICAL EDUCATION

Information provided in this section of the handbook serves to guide students through the clinical education requirements in the DPT curriculum and includes the following sections:

TABLE OF CONTENTS: Clinical Education Elements	PAGE
1. Clinical Education Overview	
2. Commonly Used Clinical Education Terminology	
3. Structure	
4. Requirements	
5. Resources	
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8. Roles/Responsibilities	

1. Clinical Education Overview

- A. DESCRIPTION:** Clinical education is the portion of the student’s professional education involving practice and application of classroom knowledge and skills to on-the job responsibilities. Clinical education is an integral part of the academic curriculum. Clinical experiences take place at affiliating clinical education sites with the help of clinical educators who volunteer their time. Clinical experiences occur both during and upon conclusion of the didactic portion of the curriculum. Students enrolled in a professional curriculum are not merely taking courses, but are internalizing the role of the professional. The core program faculty is responsible for ensuring that students demonstrate appropriate clinical and professional skills to attend clinical experiences. 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 full-time clinical experiences (Clinical Practica) during the DPT program with three terminal clinical experiences following didactic coursework, as well as integrated clinical experiences within the didactic sequence. Students are required to successfully complete (as defined in each course syllabus) each of the five assigned clinical practicum courses in succession.



Clinical experiences are designed to allow the student to practice didactic and clinical skills in a variety of practice environments. Completion of clinical experiences in both inpatient and outpatient settings 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 experiences. 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.

2. Clinical Education Terminology

Additional definitions related to clinical education are available at: <https://acapt.org/glossary>

Clinical Education: Formal supervised experiential learning, focused on development and application of patient/client-centered skills and professional behaviors in varied clinical settings.

Clinical Instructor (CI): The physical therapist responsible who is the primary supervisor for the student during the clinical education experience. For full-time clinical experiences, the clinical instructor must be a licensed physical therapist with a minimum of one year of clinical experience.

Site Coordinator of Clinical Education (SCCE): A professional who manages and coordinates facility placements and clinical learning activities for students.

Director of Clinical Education (DCE): Academic faculty member who is responsible for planning, directing, and evaluating the clinical education portion of the DPT curriculum. The DCE serves as the course director for Clinical Education Practica/Full-time Clinical Experiences.

Assistant Director of Clinical Education: Assists the DCE in planning and assessing the clinical education program, as well as assessment of clinical sites and clinical instructors.

Integrated Clinical Experience: A clinical education experience that aligns with objectives in a didactic course and occurs prior to completion of all didactic coursework.

Full-time Clinical Experience (Clinical Education Practicum): A clinical education experience in which a student completes clinical activities at an assigned clinical site under the supervision of a licensed physical therapist and completes a minimum average of 32 hours per week with a target average of 40 hours per week..

Terminal Clinical Experience: A clinical education experience that occurs after all didactic coursework has been completed.

Final Clinical Experience: The last clinical education experience in the clinical education sequence in which students are required to demonstrate entry level performance.



3. Clinical Education Structure

- A. SEQUENCE-Full-time clinical experiences:** Students will complete five full-time clinical practica at various clinical education sites for a total of thirty-nine 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 at least one inpatient and one outpatient experience, with exposure to diverse settings and patient populations. At least one out-of-state (or one state that differs from other placement states) experience is required as well. Dates for clinical experiences are selected in January of the year prior. Students are discouraged from selecting clinical sites where they have been employed or have personal connections with staff.

Sequencing and length of full-time clinical experiences within the DPT curriculum is as follows:

COURSE	LENGT H	SEMESTER
Clinical Practicum I	5 weeks	2 nd Fall Semester
Clinical Practicum II	8 weeks	3 rd Fall Semester
Clinical Practicum III	8 weeks	3 rd Spring Semester
Clinical Practicum IV	9 weeks	3 rd Spring Semester
Clinical Practicum V	9 weeks	3 rd Summer Semester

- B. 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 experience.
- 2) CLOCK HOURS/CREDIT HOURS:** The Department of Physical Therapy makes every effort to adhere to UCA policies regarding the clock hour/credit hour ratio. A professional curriculum leading to eligibility to take examinations for licensure may require contact hours in excess of the



usual ratio for determining credit hours. The DPT Program may include both didactic and clinical experiences that exceed the usual requirements. The student will be given a schedule each semester which reflects the hours required for each course. A student will be expected to complete each clinical experience based on the hours/typical schedule followed by that facility, not based on the credit hours for the particular clinical education course. The DPT program includes 39 weeks of clinical experience or approximately 1,560 hours.

- 3) CLINICAL EDUCATION PROGRESSION:** Academic Preparation for Full-Time Clinical Experiences occurs across a continuum with students prepared to apply knowledge and skills pertaining to basic sciences and clinical foundations across the scope of care. Opportunities for application within varied clinical settings in both integrated and full-time clinical experiences is provided within the curriculum. Integrated clinical experiences are provided in conjunction with clinical science courses in the curriculum. Learning opportunities in integrated clinical experiences are guided by course requirements and objectives for the didactic course in which they occur. Full-time clinical experience learning opportunities are guided by course requirements and objectives outlined in syllabi for Clinical Education Practica I-V. Knowledge, skills and abilities (KSAs) in which students are prepared prior to the first full-time clinical experience are outlined in **Appendix 12: Knowledge, Skills, and Abilities**, the UCA Clinical Education Guidelines and the course syllabus. Performance expectations for intermediate and terminal full-time clinical experiences are established to reflect progressive accumulation of knowledge and skills in the Program culminating in entry-level practice and are outlined in the UCA Clinical Education Guidelines and Clinical Practica course syllabi.
- 4) INTEGRATED CLINICAL EXPERIENCES (ICE)** are provided within the curriculum to prepare students for terminal clinical experiences through provision of clinical learning opportunities while students are completing didactic coursework. CE I and CE II are considered ICE experiences as students complete these full-time clinical experiences and return to the program for additional didactic coursework. CE 3-4-5 are all terminal clinical experiences occurring after completion of didactic content in the curriculum. Additional ICE is provided in other didactic courses to facilitate progressive assimilation and integration of course content.

4. Clinical Education Requirements

Students engaging in clinical education will be required to meet both Program and facility requirements to prepare for clinical experiences that take place in partnering clinical facilities.

- A. RECORDS FOR CLINICAL EDUCATION:** Students are responsible for providing documentation of Program and facility requirements to the Clinical Education faculty. Students should have copies of health records accessible during clinical experiences in the event the facility needs to view them. Students are responsible for meeting facility requirements such as a physical, proof of other immunization, or other health records as requested by the facility. The Administrative Clinical and Services Coordinator will maintain records for students related to clinical education. Students will utilize the designated clinical education database to manage records and provide documentation. As developing professionals, each student is expected to review site requirements and provide clinical documentation



in a timely manner in advance of each clinical experience in accordance with due dates provided by the DCE. Patterns of tardiness in meeting site requirements will be considered unprofessional. Documentation of updated, required health records and/or CPR certification is required well in advance of clinical experience start dates to ensure continuity of clinical experiences. Failure to provide required records may result in delay or cancellation of a clinical experience.

Students are required to maintain and provide proof of TB testing and personal health insurance (and required student health immunization records) throughout the DPT Program prior to beginning in the first Fall semester and through the end of the program. Prior to enrollment in the DPT Program, students are required to complete a Criminal Records Check. CPR certification is required prior to beginning the second Fall semester, in addition to keeping TB and personal health insurance verifications up-to-date. Additional immunizations or proof of immunity, drug screens, physical exam, additional background checks, etc may be required. Students are required to meet the specific requirements established by each assigned clinical site for both integrated and full-time clinical experiences. Information regarding specifics of these requirements may be found in this section.

CHART OF COMMON REQUIREMENTS

REQUIRED ITEMS	
Criminal Records Check	Completed by all students prior to matriculating in the DPT Program; additional checks if required by an assigned clinical facility
Child or Adult Abuse Registry Check	Completed by student if required by clinical facility
CPR Certification, American Heart Healthcare Provider or equivalent approved by the DCE	Completed by all students the beginning of Year 2; Current during Years 2 and 3; must include AED, infant and child CPR
Drug Screen	Completed by student if required by clinical facility
Hepatitis B Vaccine	Proof of vaccination or Waiver required in lieu-all students; some sites may require a positive titer
HIPAA Training	Year 1; all students
Immunizations	MMR (2 dose) all students; additional immunizations as required by clinical facility
OSHA Training including Bloodborne Pathogens; Airborne Pathogens; Latex Precautions	Years 2 (CE 1) and 3 (during CE 2 for CE 2-5); all students; DCE will provide training information
Professional Liability Insurance (Group Policy)	Provided by School, renewed July 1 each year; all students
TB Skin Test (2 step), 12 month	Current upon entrance through graduation; updated annually or as requested by clinical facility
Personal Health Insurance	Current upon entrance through graduation

*Additional items may be required by individual clinical sites.



B. REQUIRED TRAININGS and ADDITIONAL ELEMENTS :

- 1. OSHA Blood-borne Pathogens and Universal Precautions Training:** Students will complete training on OSHA blood-borne pathogens and risks for transmission, as well as universal precautions. The training will be required and completed before the student can begin the first clinical experience. OSHA training will be completed one additional time. Certain health risks exist in providing physical therapy intervention, such as contracting infectious diseases, or injuring one's self while working in the healthcare environment. Clinical education will require contact with patients in a variety of atmospheres. All students will spend time in both inpatient and outpatient settings, and possibly home health, skilled nursing facilities, pediatric environments, or other more specialized settings. 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 be informed and expected to follow precautions for preventing transmission of blood-borne and airborne pathogens. Clinical sites may have additional specific protocols for students regarding communicable diseases.
- 2. 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.
- 3. CPR Certification:** Cardiopulmonary resuscitation (CPR) certification (up-to-date within two years) is required for all PT students prior to and during all clinical experiences. 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, child, and AED training). Each student shall provide a copy of certification to the DCE prior to the beginning of the second fall semester and is responsible for renewing certification prior to expiration while in the DPT Program. Students without current CPR certification will not be allowed to attend clinical experiences. Students for whom CPR certification will expire while on a clinical experience should make arrangements to update CPR certification prior to beginning the clinical experience.
- 4. Clinical Performance Instrument student training.** See Performance expectations/grading section for a description of the Clinical Performance Instrument. Students are required to complete training through the APTA Learning Center to access the instrument. Instructions and deadlines for completion will be provided by the DCE.
- 5. Personal Health Insurance:** All physical therapist students must hold personal health insurance (different from professional liability 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 received 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.

- 6. Professional Liability Insurance:** UCA provides a group professional liability policy that covers each student during all clinical experience courses at no cost to the student (\$2,000,000 at each occurrence and \$5,000,000 aggregate). The policy is renewed by the university at the beginning of each fiscal year on the first day of July. Proof of the policy is provided to clinical sites upon request. The student should inform the DCE if one is needed. Professional liability coverage does not include personal health/medical coverage. In some instances, students will need to purchase an individual professional liability insurance policy when required by the clinical facility.
- 7. Name Badges:** Students are required to obtain a UCA -name badge designating their status as a UCA student and are to wear the UCA PT name badge daily during each clinical experience. A substitute should be made and worn in the event it is misplaced until the student is able to obtain a replacement. The badge should state First and Last Name (line one), Physical Therapy Student (line two), and University of Central Arkansas (line three). Students will be provided with information on how to obtain the badge. Badges provided by a clinical site should include Physical Therapist Student designation.
- 8. Hepatitis B Vaccine or Waiver:** Students will be educated regarding the OSHA Standard on Blood-borne Pathogens, Airborne Pathogens, and Latex Precautions, as well as information from the Centers of Disease Control (CDC) regarding universal precautions and risk factors for contracting Hepatitis B and other infectious pathogens as a healthcare worker. Students are required to sign an affidavit which states that they have received the information on Hepatitis B. The student must provide evidence that the Hep B 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. Students are encouraged to receive the vaccine which is offered at a nominal fee by the university Student Health Center. Students are encouraged to check site requirements early to allow time for completion of the Hep B vaccination series if needed to avoid delays in starting or cancellation of clinical experiences..
- 9. TB Skin Test:** Each student is responsible for submitting up-to-date documentation of TB skin testing, as well as renewing and providing proof of retesting to the Administrative Clinical and Services Coordinator upon request to meet individual site requirements. Department policy requires that students must provide documentation of a TB skin test with negative results in the last 12 months prior to beginning the program. Students must update their TB skin test annually. Students without history or proof of negative TB testing will need to complete two rounds of TB testing to establish initial negative status. Proof (photocopy) of a negative skin test must be submitted to the Administrative Clinical and Services Coordinator prior to the expiration date for the previous test (before the 12 month time frame expires) or according to timelines established



by the clinical facility to which the student has been assigned. Some facilities may require a negative test more frequently than once a year (i.e. every three months, etc.). A TB skin test may need to be performed sooner than the traditional one-year time frame in order to meet facility requirements. Some sites also may require more than one TB test within a year (for example: 2 negative tests completed 3 weeks apart; In this example, students would receive the TB test dose, return for reading within 72 hour and then repeat that process in 3 weeks). Students will abide by facility policies to prepare for a clinical experience. Also, the Clinical Instructor Packet will be prepared in advance of the clinical and students may need to renew their TB skin test sooner than one year. The Clinical Education office will retain a copy of the negative test or proof of clear chest x-ray. Students will need to allow lead time for completion of the test which requires two visits (once of administration and a return visit for reading a minimum of 48 hours and no more than 72 hours later).

10. Immunization Records: Many clinical education sites, hospitals in particular, require documentation of immunization history prior to student's clinical experiences. Some clinical education sites may require a variety of documentation to establish immunity. Fees associated with immunizations or titer tests will be at the student's expense. Students are responsible for submitting copies of vaccination records to the Administrative Clinical and Services Coordinator.

11. Criminal Records Check(s): A Criminal Records Check ("CRC") must be completed by each student prior to matriculation in the UCA DPT program. Specific guidelines including CRC inclusion criteria and available agencies or vendors will be provided to students in enrollment materials and by the DCE after assignment to a clinical site if required by an assigned clinical site. Students failing to comply with CRC requirements will not be allowed to attend clinical experiences. See Criminal Records Check in the Clinical Education Policies section for additional information.



5. Clinical Education Resources

A. CLINICAL EDUCATION DATABASE: A web-based clinical education database (Acadaware) is used to share important information with students including information about Program and clinical site requirements, information about clinical education sites, student placement information, and student evaluation of clinical instruction and experience. Students will be provided instructions on how to use the clinical education database as needed. Copies of student’s documentation are kept in the clinical education database. Clinical sites do not have access to the clinical education database, but are provided with a copy of specific documents upon request. Students are responsible for reviewing the site information upon notification of placement in order to familiarize themselves with the facility and any special requirements to be completed prior to clinical experiences. Delay in meeting facility requirements may impact clinical experience start/completion dates.

B. CLINICAL EDUCATION CENTRAL: A Blackboard organization resource for students to access information related to Clinical Education. Students will access Clinical Education Central (Clin Ed Central) for planning and access to important clinical education resources. Students will access by clicking on “organization” on the left menu of the Blackboard home page and clicking on “Clinical Education Central—UCA DPT”. Clin Ed Central provides students access to a semester by semester outline of elements related to clinical education, as well as links to clinical education resources. Students will use Clin Ed Central as an information hub for Clinical Education throughout the Program.

C. PHYSICAL THERAPIST CLINICAL PERFORMANCE INSTRUMENT (PT CPI): The APTA’s Physical Therapist Clinical Performance Instrument (PT CPI 3.0) (2023) describes the skills a newly graduated physical therapist needs in order to engage in safe and effective clinical practice. Twelve performance criteria are evaluated to determine the student’s level of preparedness for clinical practice. CPI 3.0 is a web-based performance assessment platform developed by the American Physical Therapy Association. Students and clinical faculty will use CPI 3.0 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. Students and CIs are required to complete training through the APTA Learning Center to access the tool.

D. BLACKBOARD: Students will use Blackboard during clinical experiences to access clinical practicum course content and submit assignments. Each clinical experience will have a separate Blackboard course shell that outlines course requirements and due dates. Links to the CPI and ACADWARE are available through each course shell.

E. MINIMUM REQUIRED SKILLS OF PHYSICAL THERAPIST GRADUATES AT ENTRY-LEVEL: Each student will use the Minimum Required Skills of Physical Therapist Graduates at Entry-level to self-assess opportunities across clinical experiences. Students may utilize the information when preparing written learning objectives for specific clinical education opportunities. A copy of the document is available in **Appendix 17: Minimum Required Skills of Physical Therapist Graduates at Entry-level (APTA)**. The DCE will inform



students of any additional applications of the document required for clinical education through assignments on Blackboard.

F. CLINICAL INSTRUCTOR PACKET: A clinical instructor packet is sent via email to the student's assigned clinical facility at least four weeks prior to the clinical date for each full-time clinical experience, and includes information prepared by the student and DCE. The packet contains instructions for the CI, contact information for the student and school (DCE and ADCE), health records verification, grading criteria/performance expectations for the designated clinical experience, a curriculum summary, and additional assignment instructions. Information regarding CI training and access for CPI 3.0 is included in the packet.

G. CLINIC ADVISORY COMMITTEE: The Clinic Advisory Committee serves to advise Program core faculty on clinical education policy, initiatives, and programming. The committee is composed of the Director of Clinical Education (DCE), the Assistant Director of Clinical Education, the Administrative Clinical and Services Coordinator, and clinicians appointed by the DCE, as well as invited student members as deemed appropriate. Student members are appointed by the DCE. Communication occurs either electronically through e-mail or through regular mailings, to discuss clinical education issues and provide recommendations to the DCE, who in turn takes these recommendations to the faculty as a whole.

6. Performance Expectations/Grading

- A. 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 unless otherwise indicated by the DCE for specific meetings. Tardiness or absences without an acceptable reason and proper notification are considered unprofessional behavior.
- B. Blackboard courses for Clinical Education:** Students will be enrolled in a Clinical Education course via Blackboard during the semester in which Clinical Education Experiences occur to receive course information, course syllabi/requirements, as well as communicate with the DCE, receive and post assignments, and stay informed regarding important dates/deadlines. Class meetings will be scheduled as necessary. Students should regularly check information pertaining to clinical education via Blackboard during each full-time clinical experience for announcements and information related to assignments. During semesters when students are not enrolled in Clinical Practica courses, students will have access to clinical education information on Blackboard through the clinical education organization pages: Clinical Education Central.
- C. Email Communications:** The DCE will communicate with students using the student list-serve or through Blackboard. Students are asked to check their UCA email routinely. Students may wish to edit personal email settings to allow forwarding of listserv and Blackboard emails to their personal account. Students are responsible for checking their UCA email account regularly (at least once every 48 hours) to ensure they receive communications/updates and are able to respond in a timely



manner to inquiries.

E. 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 as defined in each course syllabus each of the five assigned clinical practicum courses in succession. Possible grades for a clinical practicum include Credit (CR), No Credit (NC), and Incomplete (I). Grades of CR/NC/I will not be factored in calculations of GPA. Students will be assigned a grade of Credit, No Credit, or Incomplete at the conclusion of each clinical experience:

Credit (CR): Designates successful completion of the assigned Clinical Practicum. Students will complete CE I-V in succession with a grade of CR for each Clinical Practicum required for successful completion of DPT Program requirements.

No Credit (NC): Designates unsuccessful completion of an assigned clinical practicum with failure to meet performance or behavioral expectations; A student receiving this grade will not receive credit for the course. The student will be required to successfully repeat the course to meet DPT Program requirements, except in cases where a previous NC has been issued for a Clinical Education Practicum. A student who has previously received a grade of NC for a clinical practicum will not be eligible to repeat subsequent clinical practica.

Incomplete (I): Designates course requirements have not been completed within the designated grading period. A student receiving a grade of Incomplete for the course may complete course requirements with approval of the course instructor.

- 3) Students demonstrating satisfactory performance, appropriate professional behaviors, and completion of course requirements, and adherence to program policies along the continuum of clinical experiences will be assigned a grade of CR (Credit). Students may be required to complete supplemental assignments or additional contact hours during an assigned clinical experience if deemed necessary by the DCE for the student to achieve required performance



levels and earn a grade of CR (Credit). Students enrolled in the DPT Program must successfully complete all Clinical Practica to meet Program requirements for clinical education.

- 4) Students failing to meet clinical performance expectations, professional behavior expectations, or course requirements outlined in the course syllabus will be assigned a grade of NC (No Credit). 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 experience. Any clinical practicum for which a student has been issued a grade of NC must be repeated in its entirety. The student will be required to demonstrate appropriate application of knowledge and skills on subsequent clinical practica including any practice elements the student was unable to successfully perform during the clinical experience for which the student received the grade of NC. A student repeating a clinical practicum must successfully complete clinical experiences in both inpatient and outpatient settings, to complete Program requirements for clinical education. 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 CR. No guarantee for timing of placement or physical location will be provided as the placement will be dependent upon clinical site availability. repeat of a clinical practicum may impact future assigned clinical placements and may require reassignment of sites at the DCEs discretion pending availability of sites.
 - b. Extension of a Clinical Experience: The DCE may determine, based on input from the clinical faculty and the student's performance evaluation, that additional clinical time is warranted in order to provide the student opportunity to successfully meet course expectations. The DCE may arrange for a limited extension of the clinical experience (no greater than two weeks) at the same clinical or alternate clinical site. If the student is not able to meet predetermined expectations by the conclusion of the extension, the student will be required to repeat the clinical practicum in its entirety (at the same clinical or alternate clinical site) and Guidelines for Repeat of a Clinical Practicum will be employed. Students who have previously received a grade of NC in a clinical practicum will not be eligible for an extension of a clinical experience for performance remediation.



- 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 experience 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).

F. Physical Therapist Clinical Performance Instrument (PT CPI): The APTA's Physical Therapist Clinical Performance Instrument (PT CPI 3.0) (2023) describes the skills a newly graduated physical therapist needs in order to engage in safe and effective clinical practice. Twelve performance criteria are evaluated to determine the student's level of preparedness for clinical practice. CPI 3.0 is a web-based performance assessment platform developed by the American Physical Therapy Association. Students and clinical faculty will use CPI 3.0 to assess performance in the clinic. Each course syllabus outlines performance expectations and instructions for use. **Appendix 15 APTA CPI 3.0 Training and Access Instructions** provides an overview and links to both the student training and the CI/SCCE training from the APTA Learning Center, which is the platform that provides the training for PT CPI 3.0. Students and CIs are required to complete training through the APTA Learning Center to access the tool.

- 1) Grading using the CPI: A student's performance during a course in clinical education will be assessed/measured by the clinical instructor using the CPI at mid-term and final of each clinical experience. 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.
- 2) Student Self-Assessment: The student will also use the CPI to complete a self-assessment. The self-assessment counts toward the course grade and is to be completed during each clinical at mid-term and final. It will be submitted to and graded by the DCE at the conclusion of each clinical experience. More information will be provided in the corresponding course syllabus for each clinical experience.

G. Student Feedback Regarding Clinical Experiences: The clinical education database provides post-clinical experience surveys for students to complete regarding the clinical site and clinical instructor for full-time clinical experiences. Each student is required to evaluate each clinical experience using



this tool. Instructions are provided in each clinical education course shell. Information obtained from the evaluations is used by the DCE and the Program for Program, facility, and clinical instructor assessment and development. Students will evaluate their clinical experience and clinical instruction as a part of the clinical education practicum course. Information from the evaluation will provide feedback for the DCE, school, facility, clinical instructor, and other students regarding the clinical experience. This information will be considered during planning and development of clinical education experiences. A copy of the evaluation will be shared with the clinical instructor to provide feedback regarding instruction. Students will also be asked to provide feedback at intervals regarding the Clinical Education Program and Clinical Education Faculty to assist in program assessment and development.

- H. Other Assignments During Clinical Experiences:** Clinical Education also may include other assignments while in the clinic to enhance progressive assimilation of clinical applications. 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.
- I. Complications During A Clinical Experience:** The DCE should be notified of any challenges arising during the clinical experience that may impact the student's ability to meet performance expectations. The CI or the student may contact the DCE to discuss concerns or to discuss strategies for optimizing the clinical experience. Documentation will occur concerning circumstances of concern that may impact a clinical experience based on discussion with the DCE and the SCCE, CI, or student. If a problem arises in the clinic, the student and the CI (with the assistance of the SCCE if needed) should first attempt to seek a solution to the problem. The CI is the immediate supervisor and most concerns can be addressed with respectful and professional communication. The DCE should be kept informed of the situation, and if necessary, will become involved in the plan of action to resolve an identified issue (See **Appendix 16: Clinical Education Action Plan**). The student may feel the need to discuss the issue directly 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 SCCE, CI, or appropriate representative as necessary to resolve any issues related to clinical education that may impact patient care or the site.
- J. Student Dismissal/Termination of Clinical Experience:** The DCE or CI (or SCCE if indicated), may request that the student be withdrawn from the clinical experience, or other action taken, when mutual objectives cannot be met. When a clinical experience is terminated due to unsafe or unprofessional behavior, a grade of NC will be awarded.



A student may request to be withdrawn from a clinical site if the student encounters circumstances in the clinical environment that compromise student health/safety or create ethical/legal concerns that cannot be resolved through discussion with the CI or site coordinator. Such a request should be initiated by the student through the DCE. The request will be considered and a determination made based on the reason for the request. The SCCE and DCE will confer regarding the circumstances and outcome of any request for withdrawal or dismissal whether the request is initiated by the site, the DCE, or the student..

- K. Failure To Successfully Complete A Clinical Practicum:** Consequences for failure to successfully complete a clinical education course are defined in section C (Academic Performance and Student Expectations) and section D (Performance Expectations-Grading/Clinical Education Practicum Grading Policy) of this Handbook and in individual Clinical Practicum course syllabi. A formal evaluation of the student by the clinical instructor is requested at mid-term and at final of each clinical education course. The DCE assigns the student's grade based on the feedback and documentation received from the CI, student feedback, and the grading system.

7. Clinical Education Policies

- A. 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 SCCE/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). Students are required to follow clinic attendance policies outlined in each clinical practicum syllabus.

B. Professional Appearance (Dress Code):

Students enrolled in the UCA DPT Program are representing both themselves and the Program when participating in clinical activities. Students are required to present an appearance that is professional and reflective of their status as developing healthcare professionals. Students are responsible for following guidelines for each setting in which they engage as student physical therapists. Failure to present a professional appearance in the clinic is grounds for removal from the clinic.

Appearance should be clean, neat and not distracting. Attention to hair grooming, facial grooming, personal hygiene, nail grooming, clothing fit/appearance, and any jewelry/tattoos will help the student to present a professional appearance. If the clinical facility has a specific dress code, then the student should abide by it during clinical experiences. The following information is provided to outline requirements regarding dress/appearance:

Name Tag:

Students are required to wear the UCA name tag at all times when in clinical settings. If you are assigned a facility name tag, it must state that you are a student.



Clothing:

- Clothing should be clean and neat and should not be excessively loose, tight, or worn in appearance. Check clothing fit when bending and reaching overhead to make sure gaps are not allowing exposure of undergarments, private areas or torso.
- Shirts must cover the upper chest area, torso and axillary/shoulder region (sleeveless tops/tank tops are not appropriate clinic attire). A collared shirt or other professional shirt/top with a neckline that prevents chest exposure when upright or when bending over is required.
- Pants must be conservative in nature and provide coverage of the low back region at all times. (Check fit when bending over and squatting.) In addition, slacks/pants must be at least ankle length and not denim. Shorts are not acceptable attire for students in the clinic.
- Skirts are not recommended, but if worn must be knee length or longer and must not impede safety or patient care.
- If scrubs are approved for the clinic setting, they should match facility requirements for color (a solid color and matching top/pant is typically required). A tee shirt or tank top (tucked-in) should be worn underneath the scrub top to prevent inappropriate exposure of skin.
- Supportive, non-slip, closed-toe/closed-heel shoes worn with socks are required. Athletic shoes may be worn if allowed by the clinical site. Shoes should be clean and not excessively worn in appearance.

Accessories/Jewelry:

- Excessive or distracting jewelry is not professional and is not allowed during clinical experiences. Jewelry should be minimal, should not be distracting in nature (no excessive piercings; no gauges) and should not pose a safety/hygiene risk (no large earrings, no dangling earrings, no sharp edges on jewelry, no necklace/bracelet that may impede patient care). Visible body/facial piercing hardware other than earrings should be removed while the student is in the clinic. Watches that allow cell connection should be placed on silent mode while the student is in the clinic.
- Tattoos should be covered and not visible during clinic attendance and patient care.

Grooming/hygiene:

- Hair: Clean and well groomed; secured away from the face; styled so it is not distracting, and will not contact patients when close contact is required; no unnatural hair color i.e. pink, purple, green, blue, etc...
- Facial hair (mustache, beard) is acceptable provided it is not excessive and is clean and neatly trimmed so that no hair impedes secure fit of a face mask.
- Fingernails: short, clean and smooth; conservative nail polish unless the assigned clinic prohibits wearing of nail polish
- Attention should be given to personal hygiene. Good oral/personal hygiene and cleanliness are essential to the healthcare environment where close contact is



required with patients, caregivers and other healthcare providers. Students should be conscientious of oral/personal hygiene (i.e. body odor, hair, nails, etc.) at all times.

- **Make-up:** Make up should be appropriate for a professional/clinical environment.
- **Perfume/Cologne:** Products with fragrance should be used conservatively, especially while in patient care areas as fragrance may cause allergic reaction in others.

C. Abiding By the Facility's Rules And Regulations: As stated in the Clinical Agreement between the SCHOOL and the FACILITY, and in the DPT Student Handbook, students are obligated to conform to the rules, regulations, policies, and procedures of the FACILITY at all times. Students should review any information provided in the clinical education database prior to selecting a site. Students should review facility rules, policies, and procedures with the CI at each clinical experience.

D. Legal & Ethical Questions: A student must abide by pertinent state and federal laws. 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. A licensed PT must be on premises and immediately available for supervision/consultation when students are providing direct patient care in the clinic.

E. Discontinuing/Postponing a Clinical: Students are required to follow established time frames/dates for assigned Clinical Practica within the DPT curriculum except in cases where illness or extenuating circumstances prevent completion. Should a student be unable to begin as scheduled or complete a clinical experience within the allotted time, postponement will be at the discretion of the DCE with input from the assigned clinical site/clinical faculty. A student needing to request alternate timing in clinical placement(s) due to medical reasons or other extenuating circumstances must submit a written request to the DCE. A student who is unable to complete the clinical education sequence as assigned is not guaranteed a specific timeline for completion of Clinical Practica. Failure to successfully complete a clinical practicum for any reason will result in a grade of Incomplete (I) or No Credit (NC) (see Clinical Education grading policy).

F. Clinical Placement Policies

1) PROCEDURE FOR ASSIGNING STUDENTS TO CLINICAL EXPERIENCES

Students will be assigned to five different full-time clinical experiences in a variety of settings including at least one that is outside of Arkansas or in a state different from other placements. Guidelines for selecting a variety of sites will be provided by the DCE. Of the final four experiences, students will complete at least one each in an inpatient and an outpatient setting. Students are required to engage in a set of experiences that offer exposure to diverse learning



opportunities and patient populations. Clinical experiences should be selected to enhance the student's development of skills across the scope of practice.

Each clinical site is surveyed on March 1 regarding the upcoming year's clinical experiences. The School follows up with the names of students assigned. See **Appendix 18: Sample Commitment Form** and time frame illustrated below:

Time Frame	Site Selection Activity
March 1	Sites are sent a Commitment Form with experiences available
May 1	School compiles a list of all possible slots committed by sites for each experience
June 1	Students review site selection list, prepare ranked list of 10 choices
June – July	DCE assigns student based on preference list
End of July	Each site receives a letter with results of students assigned to slots except CE1
Mid-September	Incoming DPT class selects CE I placements
End of September	Each clinical site receives a letter with results of students assigned including CE1



2) SITE SELECTION: Prior to site selection students are given a list of sites (populated on Acadaware) that have committed to a space for the upcoming year (selection list). Students will meet with the DCE in clinical education meetings for the class to discuss processes for clinical assignments. Following the class meeting, students will provide the DCE with a prepared, ranked list of their top choices or “preferences” for each clinical practicum by due dates provided by the DCE. The number of preferences required (approximately 10) will be specified by the DCE. If the student fails to provide the DCE with a ranked list with the specified number of preferences by the deadline, then that student’s assignment may be made by the DCE. Student preferences will be considered in the selection process; however, consideration will also be given to optimizing use of available clinical sites. The student is allowed to provide input through providing a list of preferences to the DCE, but *final decisions regarding student clinical placement rest with the DCE*. In the event a student does not match with a preference list selection, the DCE will assign an alternative placement with input from the student.

Each student is required to complete at least one of the five clinical experiences out-of-state. The facility must be an affiliating facility. At least one of the clinical experiences must be in a state that is different from other states of placement to enhance diversity of experiences. Students may attend more than one experience out-of-state if desired depending on availability of clinical sites and student preference.

Students have the privilege and responsibility to be active participants in the site selection process by carefully reviewing site information made available. 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 (Acadaware) may contain important information about housing options, possible 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 validating the list of requirements with the SCCE or Clinical Instructor to ensure that all prerequisites have been met prior to the start of each clinical experience. Failure to meet prerequisites may result in a delayed start date and make-up of time missed for a clinical experience. Information regarding site requirements is provided in the clinical education database.

3) NEW CLINICAL SITE REQUESTS: A new site is defined as a physical therapy clinic or facility with which UCA currently does not have an established contract. Development of a new site is not guaranteed. Students wishing to establish a new site should submit the form (see forms folder on Clin Ed Central) for Establishing a New Clinical Education Site to the DCE. Requests must be submitted by November 15 prior to CE 3-4-5 selections (submit prior to beginning CE 1) to allow time for contract processing. New site development is not an option for CE 1 and 2 placements. 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 approach to clinical education. One new site per student will be considered for development if the site will provide unique learning opportunities not readily available at other established sites. Students are encouraged to meet with the DCE to discuss possibilities for other resources to meet their needs (corporate clinical partners) before requesting development of a new site.

4) CONTACTING THE CLINICAL EDUCATION SITE: Once assigned to a clinical education site, a student may contact the site with questions for which they need information to plan for the experience (attire, etc...). Each student will contact the SCCE or CI at the facility four to six weeks prior to the scheduled start date. Contact is typically via email, but may be by phone as well. The student will request information on the anticipated schedule, arrival plans for the first day (where/when), dress code, lunch arrangements, or any other questions about the clinical experience. Upon arrival, the SCCE or CI will orient the student to the facility and policies and procedures. Policies regarding supervision and grading expectations are provided to clinical instructors and students prior to each experience.

Students should not contact clinical sites directly or indirectly through friends/family members regarding possible clinical experiences. Contact must be initiated by the DCE except when students are requesting only contact information for site coordinators to provide to the DCE.

5) CLINICAL ASSIGNMENT: Students follow instructions provided by the DCE to indicate preferences for available sites. Placements will be determined by the DCE from preferences provided. Once final clinical site assignments are made, changes by students are not allowed. Each site is notified in writing of the upcoming clinical assignment making it official. Circumstances such as staffing changes or other unforeseen events impacting a site's ability to host a student or circumstances related to individual student needs may necessitate a change in site assignment by the DCE. Final authority for clinical site placement rests with the DCE and Department Chairperson. The need to make a change in an assignment of clinical site by the DCE could be based on a variety of reasons. Some examples include a special circumstance concerning a previous clinical experience, medical events, the terms and conditions of probation or suspension, or the need to focus on specific goals or special skills as determined by the DCE in conjunction with the faculty.

G. Special Request: A student shall follow the formal process in place for any request for exception to or exemption from clinical education program policies by submitting a Special Request. Special requests concerning clinical education must be submitted to the DCE in writing. The DCE will make a decision based on the merits of the request or will forward the request to the Academic Progress Committee (APC) if committee determination is needed for policy exemption. Special requests are not applicable to clinical facility policies.



- H. Clinical Assignment Request For Change:** Once a student has been assigned to a clinical site, the student will not be allowed to change his/her clinical site assignment, unless exceptional circumstances develop that warrant a change. A student wishing to request a change must prepare a written SPECIAL REQUEST for the DCE and Academic Progress Committee and submit it to the DCE. The resulting decision will be based on all the information provided. Situations such as weddings, vacation, or employment opportunities do not warrant the DCE changing the assignment. Special family situations, unexpected medical circumstances, and other unavoidable situations will be taken into consideration upon request.
- I. 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.
- J. 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. The DCE will work with the student and clinical partners to identify an alternative placement. 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.
- K. CLINICAL EDUCATION POLICIES REGARDING PROBATION/ SUSPENSION:** The Standards of Academic Performance are outlined in the DPT Student Handbook concerning academic probation and suspension. A DPT student must maintain a semester and cumulative grade point average of 3.0 and cumulative GPA for all required coursework within the curriculum to be eligible for enrollment in the clinical education practicum courses.
A student will not be allowed to attend ANY clinical experience while on academic probation or if suspended from the Program or University for academic or conduct reasons.
- L. ACADEMIC REQUIREMENTS FOR CLINICAL EDUCATION:** In order to be eligible to attend any clinical practicum, each student must possess a cumulative and semester GPA of 3.0. Should the clinical practicum occur in a semester that includes coursework in addition to clinical practica, the student must have achieved grades for all coursework that semester equivalent to a 3.0 or higher GPA.
1. If the student should encounter academic difficulty (academic probation) that precludes participation in the Clinical Education I Practicum (CEI) at the scheduled time in the curriculum, the student will be required to follow an alternate plan for completion of the DPT program as described in items 2-6.
 2. 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 experiences.



3. These students will continue in the curriculum with the exception of participation in CEI as long as their GPA meets program requirements. Program completion dates will be adjusted to allow completion of the clinical education sequence (CE I – CE V).
4. 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).
5. In order to provide directed opportunities for continued clinical and academic development during the second Fall semester, when the student would have gone to CEI, the student will complete requirements to be outlined in an individual learning experience under the supervision of the DCE.
6. Clinical faculty will be notified of the student's academic history and progress prior to placement for clinical experiences, when student performance indicates a need for increased supervision during clinical experiences

M. POLICIES AND PROCEDURES DURING CLINICAL EXPERIENCES

- 1) AFTER HOURS SITUATIONS:** If a problem occurs after office hours and is urgent in nature, then the student should contact the DCE by cell phone (see Reminders and Contact Information list or Blackboard course shell). In the event the DCE cannot be reached by cell phone or email, and the situation is urgent in nature, then the student should contact first the Assistant DCE and then if necessary the Department Chairperson. *Do not call the assistant DCE or department chairperson unless absolutely necessary and the situation cannot wait until the DCE is available.* A "Reminders and Contacts" handout is posted in each Blackboard course shell.
- 2) 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. 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 or third-party payer requirements pertaining to a specific practice setting. The assigned clinical instructor may designate another licensed physical therapist to act as the clinical instructor if the assigned clinical instructor is not available or on premises.
- 3) PATIENT NOTIFICATION OF STUDENT STATUS:** Students are required to identify themselves as a physical therapist student to the patient or caregivers 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.

- 6) **CLINIC WORK SCHEDULE:** During a clinical experience, the student should follow the facility work schedule unless assigned different hours by the SCCE 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 experiences 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. Consistent and timely attendance and adherence to the assigned clinic's work schedule is required during all clinical experiences. Students are responsible for reviewing and complying with contact hour requirements outlined in each clinical education syllabus.
- 7) **CONFIDENTIALITY:** Students are required to uphold patient and facility confidentiality at all times during and after any clinical experience. Confidentiality also must be upheld for all written assignments such as a case report, presentation, etc. Students are prohibited from posting any patient information on any social media. Students should use discretion if posting any information related to activities in the clinic and are expected to exhibit courtesy and respect for instructors, staff and other students in any form of communication. Copies of patient's charts, for example, are not necessary for case reports or other papers and will not be permitted. Students must comply with HIPAA (Health Insurance Portability and Accountability Act of 1996) regarding Protected Health Information.
- 8) **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 experiences (i.e. patient protocols, patient surveys, exercise programs, etc.).
- 9) **DRUG TESTING:** Drug screening may be required either during or prior to beginning a clinical experience. 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 (SCCE 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 experience as facility policies are subject to change.

- 10) DRUG TEST, PROCEDURE FOR STUDENT FAILING:** In order to meet the needs of students while meeting obligations to clinical facilities, the Department of Physical Therapy at the University of Central Arkansas has the following policy related to controlled substance abuse: DPT students engage as developing healthcare providers and have a responsibility to ensure that they are not impaired by substances during clinical experiences. A student demonstrating impaired behavior may be asked to leave a clinical site and will need to follow up with the DCE before returning to the clinic. If a student tests positive for controlled substances upon receiving a drug test/drug screen required by a clinical site, the student's clinical experience will immediately be suspended.
- a. A student for whom a clinical experience has been suspended due to a positive drug screen will receive a grade of NC (see Clinical Education grading policy) for the experiences except under the following circumstances: (a) Physician validation of prescribed use for the identified controlled substance(s) is provided in writing to the Director of Clinical Education, or (b) validation of a false positive drug screen through repeat testing if the clinical site allows repeat testing. Students are required to abide by university policy, state law, and facility policies regarding use of medication including marijuana.
 - b. In the event controlled substances identified on a drug screen are not prescribed substances for which physician validation is provided, the scheduled clinical experience will be discontinued and the student will be given a grade of NC for the experience. The student will be required to return to campus to meet with the DCE and the student's faculty advisor. The DCE will provide the student with information regarding substance abuse education provided through the UCA Wellness Center in accordance with standard UCA policy. The student will be required to attend professional counseling. Continuation in the clinical education sequence and the DPT Program for a student receiving a grade of NC due to positive drug screen results will be contingent upon approval by the collective faculty. Potential consequences may include delayed graduation or dismissal from the program. The student will be required to provide proof of attendance for both professional counseling sessions and the substance abuse education provided through the UCA Wellness Center in order to participate in any subsequently scheduled clinical experiences/activities. The student will be required to provide proof of compliance with counseling center recommendations including completion of recommended sessions to be eligible for consideration of continuation in the clinical education sequence.
 - c. In the event continuation in the clinical education sequence is approved, the student will be required to complete any additional stipulations identified as necessary by the collective faculty (including, but not limited to additional substance abuse training/counseling and/or additional safety checks prior to returning to the clinic) to ensure student readiness for clinical participation.



d. If the student is allowed to continue the clinical sequence in the program, the student must complete a negative drug test and provide results to the DCE before the student can return to a clinical setting. The student may be required to provide results of additional random drug screens to the DCE as part of the stipulations from the collective faculty for continuing the clinical education sequence. The student will also be required to complete any site-specific drug testing requirements for assigned clinical sites. Any expenses incurred for additional drug screening/testing are the responsibility of the student unless drug testing expenses are routinely covered by an assigned clinical facility. Any appeal or grievance concerning this issue will be handled according to the established student appeal process.

- 11) 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. Incidents occurring when the student is in the clinic should be reported to the SCCE and the DCE.
- 12) HOLIDAYS AND BREAKS:** Please note that the schedule for the DPT program will require clinical experiences during some times that the university is closed. Clinical experiences will overlap some holidays and/or breaks observed by the university. Student class schedules for each semester will provide dates of classes and breaks. Students will be provided with the dates for clinical experiences for the following calendar year by the end of the preceding Spring semester.
- 13) 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 up to 3 sick days per full-time clinical experience that may be excused. Make up may be required if absence will impact the student's ability to meet performance expectations for a single clinical experience. Students missing time repeatedly across multiple clinical experiences may be required to make up time if student performance in the clinic is negatively impacted by absences.
- 14) REQUIRED CLINICAL EXPERIENCES OUT-OF-STATE:** Each student is required to complete one of the five clinical experiences out-of-state or in one state that is different than other placements. The facility must be an affiliating facility. The student may indicate which experiences 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 experience may be assigned if necessary to meet requirements for at least one inpatient and one outpatient experience.
- 15) 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 experience.



- 16) 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, watches that receive text messages/phone calls, and other electronic devices for personal use while on clinical experiences 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 and other media.
- 17) 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 Institutional Review Board (IRB) policies of the university.
- N. CLINICAL AGREEMENT REVIEW:** Each clinical agreement must follow University Board Policy 416 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.
- O. CRIMINAL RECORDS CHECK(S):** A Criminal Records Check ("CRC") must be completed by each student prior to matriculation in the UCA DPT program. Specific guidelines including CRC inclusion criteria and available agencies or vendors will be provided to students in enrollment materials and by the DCE if required by an assigned clinical site. Students failing to comply with subsequently required clinical site CRC requirements will not be allowed to attend clinical experiences.
- The student is responsible for the cost of the mandatory CRC, as well as any fees for additional records 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. [1] The student will complete the CRC through the vendor designated by the Program unless an assigned clinical site has specified a different vendor/reporting agency.
 - Adverse findings on a Criminal Records Check may limit or prohibit a student from participation in clinical experiences depending on the offense and clinical site requirements. Students for whom an exclusion status for patient care (i.e. excluded provider for Medicare or other federally funding sources) is found on a CRC will not be allowed to attend any clinical experience while the exclusion status is in effect. Any



criminal record reported on a student’s initial CRC, as well as any subsequent charges or convictions occurring after the mandatory CRC will be shared with the departmental Academic Progress Committee. The Academic Progress Committee will determine whether the results of the CRC are indicative of a need to disclose information to protect the safety of other students, faculty, staff and patients/clients during clinical experiences or class-related activities. The Academic Progress Committee will determine with whom to share CRC results information and will forward recommendations to the Department Chair for approval prior to dissemination.

- c. Results of each student’s CRC 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 DPT Program required CRC or a CRC completed through a vendor/reporting agency designated by the site. If an assigned clinical site refuses to accept a student based on CRC results, the DCE will make reasonable attempts to obtain another clinical experience for the student, however, alternate placement is not guaranteed. Inability to secure clinical placements due to adverse findings on the CRC will result in the inability of the student to successfully complete clinical education requirements within the program which may delay graduation or may result in inability to complete program requirements.
- d. Following the initial CRC, students are responsible for informing the DCE of any subsequent criminal charges or convictions, as well as any status or designation that places restrictions on the student’s ability to provide patient care - including, but not limited to excluded provider status for Medicare or other federally funded programs) occurring prior to or during enrollment 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.
- e. 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. Future employment may be impacted by status as an excluded provider for patients covered by federal payment programs or by criminal history. Successful completion of the UCA DPT program does not guarantee licensure, the ability to sit for a licensure examination, or employment.

8. Roles/Responsibilities in Clinical Education

A. STUDENT ROLES/RESPONSIBILITIES

1. Expectations Prior to clinical experiences

STUDENT EXPECTATIONS/RESPONSIBILITIES PRIOR TO CLINICAL EXPERIENCES
Comply with all policies of the Clinical Education Section of the DPT Student Handbook. Utilize the Handbook as a resource prior to and during clinical experiences.
Attend Clinical Education Meetings.



Submit all documentation requested by the DCE in a timely manner.
Inform the DCE and the Clinical and Administrative Services Manager of changes in health status, health records, last name, address, phone number, and e-mail, etc., pertinent to clinical education.
Demonstrate professional behavior in all clinical education activities.
Utilize the DPT Student Handbook and Clinical Education Central as active resources to support clinical growth and the professional development process.
Seek clarification and explanation from the DCE on all policies and procedures pertaining to clinical education as needed.
Research clinical education sites prior to site selection to ensure ability to comply with all requirements.
Contact <u>clinical sites only after placement</u> to obtain information about the upcoming clinical experience.
Following clinical placements: Review site requirements for assigned sites and provide documentation by deadlines provided.
Review UCA Clinical Education Guidelines prior to clinical experiences. (Appendix 13)
Review Syllabus and make a plan for completing course requirements prior to the start of each clinical experience.
Review typical patient populations and setting specific care elements (common equipment, special tests, personnel, etc...) for the assigned experience prior to beginning the clinical experience.

2. Expectations During clinical experiences

STUDENT EXPECTATIONS/RESPONSIBILITIES DURING CLINICAL EXPERIENCES
Demonstrate progressive application of knowledge/skills acquired in didactic coursework.
Demonstrate ethical and legal behavior.
Demonstrate safe and professional behaviors and professional appearance.
Demonstrate initiative and commitment to learning. Approach clinical education experiences as an intentional learner while respecting the supervisory role of the clinical instructor.
Discuss preferred methods of feedback with the CI and establish a plan for regular progress review.
Comply with UCA DPT Clinical Education policies
Comply with rules and regulations of the facility.
Integrate clinical instructor feedback to advance performance.
Demonstrate prompt and regular attendance. Review and follow attendance policy.
Provide documentation (vaccination records, etc....) to meet established Program and facility requirements.
Respect and maintain confidentiality of patient records, clinical facility information, classmates, and colleagues.
Contribute to clinical education program development through completion of post experience evaluations of the site and clinical instructor.
Complete all requirements and assignments outlined in the course syllabus for each clinical experience in a timely manner.
Inform patients of student status during all patient encounters and respect the patient's right to decline care provided by the student.



Assume financial responsibility for any illness or injury incurred during the clinical education period.

Complete self-assessment using designated performance assessment tool(s) and self-reflect on progress during the experience. Discuss with the CI to plan for future development at midterm and final of the experience.

B. CLINICAL INSTRUCTOR ROLE AND RESPONSIBILITIES

- 1) **Provide progressive opportunities for clinical engagement:** Provide guided and supervised patient care and patient management opportunities with graduated student independence appropriate to the level of student preparation within the curriculum.
- 2) **Provide Clinical Supervision:** Student physical therapists are qualified to provide services only under the direction and direct supervision of the licensed 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. A licensed physical therapist must be on premises for the student to engage in patient contact. The supervising physical therapist is responsible for ensuring that appropriate supervision is provided to meet any additional facility or third-party payer requirements pertaining to a specific practice setting and for designating an alternate licensed physical therapist to supervise if the assigned clinical instructor will not be available.
- 3) **Assess student performance:** Students are evaluated regarding applications of clinical skills and professional behaviors in the clinic by their Clinical Instructor using the Clinical Performance Instrument (CPI 3.0). 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 CPI 3.0. Information from the completed CPI is used to ensure the student's readiness for practice. Instructions for accessing the web-based CPI and the required training are provided in **Appendix 15: PT CPI Training and Access Instructions**.
- 4) **Communicate Clinical Site objectives:** Students should be informed of any specific site objectives during orientation at their assigned clinical education site. If the site does not have specific objectives written for students, the CI should engage in discussion with the student to outline performance expectations. Development of site objectives is encouraged to clarify CI expectations and enhance student awareness of practice elements specific to the facility.
- 5) **Expectations and Responsibilities for Clinical Instructors**

CLINICAL INSTRUCTOR EXPECTATIONS/RESPONSIBILITIES



Facilitate student integration into a facility that provides an active, stimulating environment for the student.
Communicate expectations clearly to the student through a written set of objectives or discussion between the student and CI.
Design/plan learning experiences to provide opportunities for enhancing cognitive, psychomotor, and affective skills in evidence-based patient care, administration, supervision, and education.
Consider the students learning and feedback preferences when developing and implementing a plan for progressive student engagement during the experience.
Model ethical/legal clinical practice and demonstrate commitment to principles of diversity, equity, and inclusion.
Provide the student with opportunities to explore areas of special interest in addition to acquiring the level of skills required for the experience and determining compatibility with areas of practice and practice sites.
Obtain self-growth and development through preparation for and interaction with student learners and determines compatibility of students with the facility.
Provide student supervision in accordance with Program guidelines, state law and third-party payer guidelines.
Each CI has a minimum of one year of clinical experience.
Inform the DCE of any concerns regarding attendance or performance in a timely manner to allow remediation when necessary.
Maintain confidentiality of student information in accordance with FERPA (Family Educational Rights and Privacy Act).

C. SITE COORDINATOR OF CLINICAL EDUCATION (SCCE) ROLE AND RESPONSIBILITIES

The clinical education site will designate one member of the professional physical therapy staff as the Site Coordinator of Clinical Education (SCCE) and notify the Program if the SCCE is replaced. IF the clinical site has only one CI and does not have someone who coordinates clinical education activities for the site from an external location, then the CI is both the CI and the SCCE. The following are the responsibilities of the SCCE.

SCCE EXPECTATIONS/RESPONSIBILITIES
Ensure each CI has had one year of clinical experience prior to serving as a CI.
Provide regularly updated information about the facility. The CI will formally evaluate the student’s performance at mid-term and final.



Provide a student handbook for policies and procedures of the clinical site.
Provide an orientation to the facility for each student prior to patient care and review policies/procedures the student is expected to follow. The CI will provide appropriate supervision for each student. Ensure staff awareness of students' status as trainees – not employees and not to function in place of facility staff.
Provide quality learning experiences in the areas of patient care, research, and administration that are ethical and legal as well as incorporate principles of diversity, equity, and inclusion.
Oversee clinical experiences to ensure ethical/legal clinical practice and demonstrate commitment to principles of diversity, equity, and inclusion.
Request any required student records other than TB skin test, Hepatitis B vaccine, (such as MMR, physical exam, etc.,) from the student or DCE. Keep the Program informed regarding changes to site requirements.
Provide a Site Information Form (SIF) for the clinical education site to the school. The site information form provides students with information about the site such as type and number of patients, work hours, housing information, and student instructions. Students are responsible for verifying information regarding requirements prior to the clinical experiences.
Complete and return the annual commitment form for student placement offers. On March 1 of each year, the DCE sends a commitment form to each clinical site. The commitment form provides the exact date of each clinical experience for the following calendar year and a request for clinical experience slots that the site can provide. A list is prepared from this information and then provided to students. Clinical dates are only considered for one calendar year in advance.
Abide by the Family Educational Rights and Privacy Act (FERPA). Each Clinical Site will comply with the provisions of the Family Educational Rights and Privacy Act (FERPA) by agreeing not to disclose information about the student or from the student's educational records provided by the SCHOOL, to a third party without the student's consent. The clinical site further agrees to use student information only for the purposes for which it is requested. The CI and SCCE agree not to discuss the student's performance with a third party other than a designated school official (DCE, ADCE, Program Chair, or a faculty member conducting a site visit) unless consent is obtained from the student.
Educate CIs regarding supervision requirements for students.
Assist the Program in maintaining a current affiliation agreement/contract.

D. PROGRAM FACULTY RESPONSIBILITIES AND ROLES:

DCE ROLE: The Director of Clinical Education (DCE) is an academic faculty member who a physical therapist. The DCE coordinates and administers the clinical education process in association with clinical partners and other academic faculty. Duties of the DCE include:



Provide oversight of the clinical education program.
Communicate program expectations and other necessary information about the clinical education program to core faculty, clinical education sites, clinical education faculty, and students.
Oversee the clinical placement process
Communicate with Clinical Instructors, SCCEs and students to monitor progress and assess student performance.
Provide guidance and support to problem solve and discuss pertinent issues with student(s) and clinical supervisors.
Ensure that effective written agreements are in place between the institution and clinical education sites.
Determine that clinical education policies and procedures are upheld by students, clinical faculty, core faculty and clinical education sites.
Assess student performance in full-time clinical education experiences.
Develop remedial clinical education plans when needed and assess outcomes..
Assess effectiveness of clinical teaching by clinical education faculty.
Assess clinical education sites.
Provide clinical education faculty and site development opportunities through CCIP Programming and workshops.
Participate in state, regional and national clinical education forums, clinical education related activities, and programs developed to foster clinical education.
Conduct site visits during clinical experiences as well as collaborate with core faculty to conduct clinical site visits.
Serve as the course director for Clinical Education Practica and assign course grades with consideration given to CI feedback, CI ratings and comments on performance assessment tools and student feedback.
ADCE ROLE: The Assistant Director of Clinical Education assists the DCE in coordination and management of clinical experiences. Primary responsibilities include:
Assist in scheduling and conducting clinical sites visits
Assist in clinical site assessment and development
Assist in clinical instructor development and training
Assist in communication with students and clinical sites regarding clinical education
Assist in identification and development of new clinical sites
Clinical and Administrative Services Manager: Manages records, data, and contracts for clinical education.
Manage Clinical Education Database
Communicate with clinical partners regarding contracts, clinical placements and student requirements
Assist clinical education program development
Communicate with students regarding clinical site requirements



Compile documentation and assess student compliance with Program and facility policies for required documentation
Process clinical affiliation agreements and ensure all agreements are current
Assist with coordination of CI training and workshops

E. CLINICAL EDUCATOR DEVELOPMENT

Clinical Instructors/SCCEs are offered and encouraged to access resources to advance clinical instruction knowledge/skills including the following:

OPPORTUNITIES FOR CLINICAL EDUCATOR DEVELOPMENT
● Credentialed Clinical Instructor Program (CCIP)—Levels 1, 2 and 3
● CCIP Refresher Modules APTA Learning Center
● Individual skill development with the DCE
● Periodic clinical education workshops hosted by Program
● Resources including APTA’s CI and SCCE 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
● Access to the UCA library
● UCA Clinical Education Guidelines (Appendix 13)

E. CLINICAL INSTRUCTOR/SCCE 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 email—contact information is provided on the request form .

- 2) 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. Site coordinators may also request group training regarding key components of clinical instruction that can be provided by the DCE upon request. Additionally, the Department of Physical Therapy will host the Level 1 APTA Credentialed Clinical Instructor Program (Level 1 CCIP) at least once each year and host or direct interested individuals to programming opportunities for the Level 2 Credentialed Clinical Instructor Program periodically.



F. AVENUE FOR EXPRESSING CONCERNS/COMPLAINTS REGARDING CLINICAL EDUCATION: Clinical faculty or students with concerns regarding clinical education should bring those concerns to the attention of the DCE (501-450-5543). Clinical faculty or students with concerns/complaints regarding clinical education needing assistance beyond the DCE should contact the Department Chairperson (501-450-5549). Individuals needing assistance beyond the Department Chairperson may submit concerns/grievances to the Dean of the College of Health and Behavioral Sciences (CHBS Dean's Office, ITC 501-450-3123).

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



Section E: Rules and Regulations

I. UNIVERSITY RULES AND REGULATIONS

- A. Refer to the [UCA Student Handbook](#) for information regarding the following rules and regulations.

The UCA Student Handbook includes:

1. Standards of Student Conduct
2. Business Office Policies
3. Student Organization Policies
4. Student Organizations/Campus Life

- B. Refer to the UCA Graduate Bulletin at <http://uca.edu/gbulletin/> for information regarding the following University rules and regulations:

1. Academic Programs & Policies
2. Academic Regulations

II. DEPARTMENTAL RULES AND REGULATIONS

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

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

1. **Tardiness:** Tardiness is a form of absence. The student should take into account all contingencies to be on time for every scheduled class and lab session. Being late equates to being absent for at least a portion of class/lab time. Students arriving late to class/lab may, at the discretion of the instructor, be asked to leave the room and be treated as though they were absent. Excused or unexcused status will be determined at the conclusion of the class/lab after discussion of reasons for the tardiness with the instructor. (Potential consequences of the determination of an excused or unexcused absence will be determined through the penalties described later in this section.) The instructor does not need to warn the student prior to this action.
2. **Absences:** Student absences must be reported to the instructor(s) of the class(es) missed as early as possible. The instructor(s) will use the department criteria to determine whether an absence is excused or unexcused and this decision will be final. Notifications *after* the absence has occurred will not be considered excused unless proof of unforeseen



circumstances are provided. Make-up of any course requirement will not be allowed in instances which are considered unexcused (make up of course requirement for an excused absence will be up to the discretion of the instructor through description in the course syllabus).

- 3. **Excused Absence:** The following may be accepted as reasons for an excused absence for lab or lecture time:
 - a. Death in the immediate family
 - b. Absence due to a Physical Therapy Department sanctioned event (CSM, National Meeting, Student Conclave, District or State meeting, etc.)
 - c. Illness of self or child, or illness of spouse causing dependency or child care issues
 - d. Pre-conditioned excuse justified and permitted by the instructor of the course in absence

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

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

1 unexcused absence in a course	WARNING
2 unexcused absences in the same course	CLASS POINTS DEDUCTED
3 unexcused absences in the same course	INCIDENT REPORT + POINTS DEDUCTED
4 unexcused absences in the same course	MEET WITH ACADEMIC PROGRESS COMMITTEE AND SECOND INCIDENT REPORT

- B. **CLASS DISRUPTION:** Class disruption is another form of absence. Students are “Absent” from the class focus if they are whispering to fellow students or sleeping in class. Writing notes or reading materials that do not pertain to the class may also disrupt the instructor and is considered unprofessional behavior. Students are expected to be present in mind and spirit as well as in body, and to demonstrate the same appropriate demeanor that would be used in a clinical



- environment with clients. Inappropriate remarks or questions, loud talking, coarse language or other forms of inappropriate behaviors are not acceptable. Cellphones and computers are not appropriate in class unless being utilized for the purposes of the class. Using a laptop computer to take notes is an example of utilization for purposes of the class, but using the computer to play a game or to e-mail acquaintances during class times are examples of improper use in class. Cellphones must be turned off during classes and must be stored away during exams.
- C. FIELD TRIPS:** Students are expected to attend all field trips and are expected to arrive at the off-campus site promptly. Attendance at clinical assignments is to be regular and prompt. The student who cannot avoid delay or absence should contact both the Site Coordinator for Clinical Education (SCCE) 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 PM 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 year DPT). Participation in the orientation program is also expected each year of students beginning their second year of study (2nd year DPT). That program, other classes, and clinical education experiences may occur at times outside the typical university calendar. The Department will inform students of deviations from the university calendar prior to enrollment and each subsequent fall semester. Please note that the calendar and weekly schedules are subject to change.
- F. ALTERATIONS TO CLASS SCHEDULES:** The therapist spends hours outside of the work environment keeping current and participating in the professional organization. The faculty



recognizes that students have a life separate from the program and we endeavor to respect the personal commitments of each student. However, we also have an obligation to provide the best total learning experience possible. Whenever possible, students will be given specific class schedules. However, the schedule must be altered from time to time. Examples of changes in the schedule include: a visiting professional who can only meet with students at a certain time; practicing on equipment available only in a clinical facility after patient-care hours; field trips to have first-hand observation or practice; completing a seminar prior to graduation; orientation to clinical education or to the department; and attending meetings of the Arkansas Physical Therapy Association. Students will be notified of these "extra" events as soon as possible, and attendance is expected. The Department annual calendar of classes, clinical education experiences, and events may vary from the University calendar.

- G. CLOCK HOURS/CREDIT HOURS:** The Department makes every effort to adhere to overall University policy regarding the clock hour-credit hour ratio. A professional curriculum leading to eligibility to write examinations for licensure may require contact hours in excess of the usual ratio for determining credit hours. In administering such a professional curriculum, the Department may need to plan both didactic and clinical experiences which exceed the usual requirements. The student will be informed of such instances by the Chairperson at the beginning of any semester in which an exception to University policy will occur.
- H. COMPUTER USE DURING CLASS:** Computer use in the classrooms and labs is governed by each individual course director. In no case should computers be used for non-course related activities during lectures or labs.
- I. CHEATING/ACADEMIC MISCONDUCT:** Cheating or academic misconduct as defined by the [UCA Student Handbook](#) (*Standards of Student Conduct*) will not be tolerated in any form. Disciplinary action for academic misconduct is defined in the UCA Student Handbook (*Academic Policies*) and the *Departmental Code of Conduct and Behavioral Expectations*. A student who is found guilty of cheating will be expelled from the curriculum.
- J. DEPARTMENT ACADEMIC INTEGRITY POLICY:** The Department of Physical Therapy at the University of Central Arkansas considers academic integrity an integral characteristic and behavior of successful students and future clinicians. As independently functioning healthcare professionals, integrity and honesty are highly regarded in providing the highest quality of care. Excellence in treatment and care is dependent upon obtaining knowledge truthfully and honestly during education and all scholarly activities and endeavors. Subsequent clinical practice will inevitably reflect values gained and practiced by the individual. Clinical determinations can only be made using real knowledge gained by the practitioner. Dishonest conclusions in a clinical setting are at high risk for error and may lead to mismanagement of patient healthcare. It is



essential to ensure that the students in this department achieve all program outcomes through moral and ethical avenues.

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

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

1. Forms of Academic Misconduct

- a. **Unauthorized Use of Information:** Definition: Acting dishonestly or unfairly in order to gain an advantage; to deceive or trick. Students in this program will be expected to follow all guidelines set by the course instructor for completing all quizzes, examinations, and assignments. Unless otherwise stated specifically by the instructor, all work will be done individually. Any actions in contradiction to this statement will be considered an unauthorized use of information (cheating) by this department and will not be tolerated. Examples of cheating include, but are not limited to:
 - 1) Copying the work or answers of another student on a quiz, examination, or assignment.
 - 2) Collaborating on a quiz, examination, or assignment on which the instructor did not grant permission for collaboration.
 - 3) Completing a quiz, examination, or assignment for another person or allowing another person to take a quiz, examination, or assignment as one's own substitute.
 - 4) Acquiring unauthorized information about a quiz, examination, or assignment that would aid in preparation or performance on the task in question (this includes verbal reporting of questions given orally or by written means).
 - 5) Submitting any quiz, examination, or assignment as one's own work if the submitter did not solely complete the material.



- 6) Submitting the same work or portions of the same work to complete work for multiple classes without the express permission of instructors of both classes.
 - 7) Using course material acquired by another person, resulting in dissemination of the information, unless permitted by the instructor.
 - 8) Acquiring an unauthorized copy of a quiz, examination, or lab practical questions (this applies whether the copied material is in its original format or has been altered/summarized in any way).
 - 9) Preplanning of mechanisms for use to acquire answers during testing (this includes preprogrammed calculators and written information on body parts, articles of clothing, seating areas, cell phones, other electronic devices, or any other unauthorized means). This includes intent to use and actual use of acquired mechanisms.
 - 10) Any other method of receiving or creating for oneself an unearned or unauthorized advantage on any quiz, examination, or assignment. These other methods will be judged at the discretion of the department.
- b. **Plagiarism:** Definition: Plagiarism is the act of using someone else's words, phrases, concepts, or ideas without acknowledging the author or source. Students in this department will be expected to know how to properly use quotations, use citations, and paraphrase a source correctly. Plagiarism is a serious offense and will not be tolerated. Examples of plagiarism include, but are not limited to:
- 1) Copying and pasting text or graphic directly from the Internet and turning it in as one's own work.
 - 2) Copying any source word for word without proper quotation or paraphrasing documentation.
 - 3) Using a classmate's paper or words and submitting as one's own.
 - 4) Using papers on the Internet, buying papers, or using a previous student's paper from the year(s) before as one's own.
 - 5) Using someone else's words or ideas as one's own in a discussion through online means (i.e. Blackboard).
 - 6) Using a paper or assignment for one course and turning in the exact same paper for another course without permission of the instructor.
- c. **Dissemination of Information:** Dissemination of Information may encompass dishonesty in many different forms, including distribution of written exams or practical exams verbally, on paper, or through electronic means (including email, text or social media). Examples of this kind of dishonesty include, but are not limited to:
- 1) Collaborating before or after a quiz, examination, or practical to develop methods of exchanging information, including sharing of practical cards and scenarios.



- 2) Knowingly allowing others to copy answers to work on a quiz, examination, or practical.
 - 3) Distributing any part of an examination from an unauthorized source prior to the examination.
 - 4) Distributing or selling any graded assignment to other students.
 - 5) Facilitation of cheating: allowing others to use one's information knowingly, therefore aiding others in committing academic misconduct.
- d. **Research-Related Academic Misconduct:** As students in the Department of Physical Therapy, completing a research study is required in the course study plan for the degree. It is essential that students participate in ethical practices in obtaining research subjects, data collection, and reporting of data. Academic misconduct includes but is not limited to the following:
- 1) Falsification or intentional misrepresentation of data such as manipulating research materials, processes, analyses or results to alter the research record. This does not refer to changes in a project, growth of the project, or addition of new lines of inquiry.
 - 2) Fabrication of data for any reason including difficulty with obtaining subjects to participate in a research study, missing or lost data, etc.
 - 3) Failure to obtain informed consent of subjects prior to completing research data collection.
- e. **Clinical Interaction Academic Misconduct:** Another critical part of the curriculum set forth by the department is patient interaction in which the student is gaining essential skills needed to function and operate as an autonomous practitioner. Adhering to moral and ethical responsibilities allows the student to create healthy habits to be carried over to actual clinical practice. Misconduct in this area includes, but is not limited to:
- 1) Misrepresentation/false reporting of circumstances (i.e. illness or death in the family) to request excused absence.
 - 2) Failure to abide by federal HIPAA Privacy Regulations in the handling of Protected Health Information.
 - 3) Failure to abide by UCA Academic Integrity policies for completion of course assignments. Students attending clinical experiences 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 experience.
 - 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](#).

- K. ACADEMIC INTEGRITY DURING EXAMINATIONS:** During lecture and laboratory examinations in all courses in the Department of Physical Therapy, the following procedures will be in effect.
1. All student personal items (back packs, cell phones, pagers, purses, etc.) will be placed at the front or sides of the room, away from the examination area.
 2. Students will only be allowed writing implements in the testing area unless otherwise instructed by the professor.
 3. No hats will be worn during the examination.
 4. No one will be allowed to leave the room during the examination period unless the test has been completed by the student and turned in to the instructor.
- L. TEXTBOOKS:** The newest edition of textbooks will be used for the courses taught within the curricula. Students should consult with faculty before purchasing, used and possibly outdated textbooks. When appropriate, faculty will correlate course requirements in order to maximize use of textbooks. Many course textbooks serve as the source for questions on the National Physical Therapy Examination (NPTE). Therefore, students are advised to keep textbooks for future reference. Faculty will utilize textbooks on exam questions and in classroom discussion regularly.
- M. PARTICIPATION IN LAB COURSEWORK:** Students are expected to participate fully in all activities in classroom, clinic or laboratory experiences. These activities include massage, traction, numerous cold and heat treatments, treatments involving the use of electrical current, exercise, stretching, mobilization, immersion in water, exposure of body parts, experience with walkers, wheelchairs, and crutches, and palpation. Students are expected to work with all other students, regardless of race, creed, color, gender, age, national or ethnic origin, sexual orientation, disability or health status which complies with pertinent Federal regulations and requirements. Additionally, students are expected to work with classmates without regard for body type or performance levels. Faculty members ensure that lab partners are rotated to allow maximal learning from the diversity of the class.



- N. DRESS CODE:** Dress in all situations should project a positive image, be appropriate to the audience and task at hand, ensure safety, and display professionalism toward patients, guests, faculty, staff and fellow students.
- 1. Attire for Lecture:** Dress and appearance for classes should always be in good taste (i.e. undergarments, midriff, cleavage, gluteal clefts or folds should not be visible). Bare feet are not permitted. You may wish to dress in layers of clothing to accommodate for hot or cold temperatures characteristic of the PT Center.
 - 2. Attire for Lab:** No color/design restrictions exist on lab clothing, but must be in good taste. Lab clothing is required for lab at all times unless the instructor informs the student otherwise. Female students: gym/athletic shorts and a sports bra or two piece swimsuit top (must open easily and fully in the back and at the neck) and a cover such as a T-shirt or tank top that can be removed easily. Male students: short gym/athletic shorts or bathing trunks and a cover such as a T-shirt or tank top that can be removed easily.
 - 3. Attire for Clinic and Patient Contact on-campus:** When reporting to clinical sites and during contact with patients on-campus, the student should wear the following clinic attire: UCA PT name badge, pants no shorter than ankle length(not denim) and shirt with collar (not sleeveless) or solid color scrubs along with socks and shoes that are supportive, closed-toe and non-slip. Additional requirements include: 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.). Hair should be clean and well-groomed, secured away from the face during treatment procedures. Nails should be kept short. Facial hair (mustache, beard) is acceptable provided it is not excessive and is clean and neatly trimmed so that no hair impedes appropriate and secure fit of a face mask. Students should check clothing fit to ensure that undergarments, torso, or private areas 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 experiences and patient contact on campus. If the clinical facility has a specific dress code, then the student should abide by it during clinical experiences. Additional requirements for professional appearance for which students are responsible for review/adherence during clinical experiences are provided in Section D, pp. 53-54 of this Handbook.
 - 4. Attire for Guest Lecturer, Field Trips, Professional Meetings:** For sessions with guest



lecturers, field trips and APTA Arkansas 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 19: PT Center Emergency Procedures**. The Summary, provided in **Appendix 19**, describes procedures, evacuation routes and an emergency assembly map. Training is provided to students annually regarding the procedures.
- 2. Food and Drink In Classrooms:** Eating is permitted in a limited number of classrooms utilized by the Physical Therapy Department. Eating and drinking is never permitted in the Gross Anatomy Lab. The student should gain permission from the instructor prior to bringing food or drink into the classroom or laboratory. Faculty will request that students refrain from eating or drinking in all classrooms whenever areas are left cluttered or messy. The Class President will be charged with monitoring the classrooms, labs, and lounge/refrigerator.
- 3. Intoxicating Beverages, Drugs and Firearms:** For information regarding the University's Drug Free Schools and Community Policy at [UCA Student Handbook — Division of Student Affairs](#). Firearms are not permitted on University property. Refer to Section D: Clinical Education, for additional information concerning probable drug testing at clinical affiliation sites.
- 4. Smoking:** UCA is a tobacco free campus. The use of tobacco and e-cigarettes is not permitted in the PT Center nor on the university campus. This applies to all students, faculty, staff, and visitors.



- 5. Bicycles:** Bicycle racks are available in either of the first floor stair wells; however, please refrain from bringing them into the hallways or on other floors to save wear and tear on the floors in the PT Center. Additional bicycle parking is located outside the east end of the building and outside other nearby buildings.

P. EQUIPMENT AND LABORATORIES

- 1. Department Equipment:** The office equipment (including but is not limited to the copy machine, telephones, and fax machine) is not available for student use! Graduate Assistant use of the office equipment (including telephones) is restricted to department business under direction of department faculty or staff.
- 2. Linen and Supplies:** Linen and supplies (e.g. pillows, lotion) are available for class use only and never for personal use. These items should not be removed from their designated area without permission of a faculty member. Please do not take pillows, sheets, towels, gowns or any other linens and supplies out of the laboratories. Particularly, do not take these items to the classrooms for personal use. Students should dress appropriately for class and refrain from using department linens for warmth in the lecture halls.
- 3. Equipment Check-out :** Regarding the check-out and use of university equipment and resources, the UCA Board of Trustees' policy # 413 states that students may not reserve or checkout university equipment in their own name. However, students may use university equipment or resources when previously reserved and authorized by faculty or staff. Thus, students may use university equipment or resources, on or off campus, at the discretion of and under the supervision of faculty or staff. The Department is ultimately financially responsible for university equipment and resources, except in the event that students use equipment or resources in a manner inconsistent with state institution-related purposes or are negligent in the care or use of the equipment or resources. In these circumstances, the student will be held personally and financially responsible for either the repair and/or replacement costs. Institution-related purposes of university equipment use are defined as: 1) direct and indirect support of the university's teaching, research, and service missions; 2) support of university administrative functions; or 3) support of student and campus life activities. See **Appendix 20: Loan of University Equipment Form**.
- 4. Incident Reports for Accidents:** Any accident to yourself or another student should be reported to a faculty member who will in turn report the incident to the Chairperson. An Incident Form will always need to be completed, and forms are available from the



department secretary. Incidents which occur when the student is in the clinic should be reported to the Site Coordinator of Clinical Education (SCCE) at the facility and the Director of Clinical Education (DCE) in the Department of Physical Therapy. The DCE will then notify the Chairperson.

5. **Group Study/After Hours Study:** Group study is strongly encouraged. A cooperative attitude toward each other and toward study and learning is expected.
6. **Gross Anatomy and Neuroscience Laboratory:** This facility (connected to the west end of Doyme Health Sciences Center) is used for instruction of Gross Anatomy and Neuroscience courses. Rules governing use of the laboratory will be discussed by the course instructors on the first day of classes. The Gross Anatomy lab is accessible via card swipe access only to students enrolled in Gross Anatomy or Neuroscience courses. Entry by any other person is strictly prohibited.
7. **Use of Laboratory or Other Equipment Outside Of Class Hours:** The faculty in the Department of Physical Therapy desire that students have ample opportunities to practice competencies in all aspects of physical therapy. Class schedules each semester allow students approximately 10 to 12 hours of free time per week during the hours of 7:00 am to 6:00 pm, during which to access the PTC laboratories. The exterior doors of the PTC and the PTC-east are open on weekdays from approximately 7:30 am to 5:00 pm. Both buildings have card-swipe locks on the exterior doors. Access to PTC laboratories is controlled by combination lock. PT students are granted access with their personal UCA ID card to the card-swipe locks and provided with a pass code which will allow entry into the PTC labs. Special concern must be given to safety when any equipment or exercise techniques are used after class and on weekends, but the following precautions must be taken.
 - a) Students must come in groups of at least two persons if they arrive after dark or if the practice will continue after dark.
 - b) Students may only practice on one another. Students can serve as a "check system" for each other thereby minimizing accidents relating to errors.
 - c) Students may not utilize any equipment other than equipment relating to current study or for approved research endeavors.
 - d) Under no circumstances is treatment to be provided for a pathological condition except for approved research endeavors or other specified occasion. In such cases, a licensed physical therapist must be available on the premises.
 - e) Under extreme circumstances, a student may be exempted from one or more of the rules noted above. However, the circumstances and approval must be obtained prior to exercising the exemption. Approval is granted by the responsible faculty member or by the Department Chairperson. Students failing to comply with the policy and rules noted in this statement will be charged with



unauthorized occupancy of University facilities and with violation of visitation or closing hour regulations and will be disciplined as outlined in the [UCA Student Handbook](#) at (*Standards of Student Conduct*). Students should not be in the departmental space after hours except for practice for class.

- Q. STUDENT MAILBOXES:** An individual locked mailbox (3 1/2" x 5 1/2") and one key is provided for each student at no charge (unless the key is lost or not returned) for use while enrolled in the DPT program. The mail center, located in the west stairwell of the Physical Therapy Center, will be governed by the following policies:
- 1. Assignment of Mailbox Numbers & Mailbox Key:** The mailbox number is assigned by department staff. The assigned mailbox remains unchanged from semester to semester while the student is enrolled in the program. Each student is issued one mailbox key for their assigned mailbox. If the key is lost, the student's account will be charged a \$25.00 replacement key fee (effective Fall 2019), and a hold will be placed on the student's account until the fee is paid. All replacement keys must be obtained from the Department of Physical Therapy. Refunds will not be available once the replacement key is issued. A \$25.00 replacement key fee will be charged to students who request a new key regardless of the reason.
 - 2. Return of Mailbox Key:** Students will turn in their mailbox key when graduating or leaving the program permanently. Keys should not be turned in during breaks or clinical education experiences. For graduating classes, a process for key return will be announced and scheduled by the department prior to graduation. If the mailbox key is not returned, the student's account will be charged a \$25.00 replacement key fee, and a hold will be placed on the student's account until the fee is paid.
 - 3. Use of Mailbox:** Mailboxes will be used by the Department of Physical Therapy to securely and privately deliver hardcopy materials to students. Students will use mailboxes to only receive, not send mail. Each student is responsible for checking his/her mailbox on a regular and frequent basis. All DPT students are responsible for maintaining active communication with faculty through email and mail. A student may be cited per the program's professional behavior policy should communication not be timely.
 - 4. Access to Mailboxes:** Duplication of mailbox keys by students is forbidden. Lending keys to unauthorized persons for any purpose is not allowed. Only department faculty, staff, and graduate assistants are authorized to have master access to mailboxes with such access restricted to official business only.
 - 5. Miscellaneous:** Notices, signs, notes, and flyers may not be taped, glued or attached in any way to the mailboxes or walls surrounding the mailbox area.
- R. STUDENT LOCKERS:** Lockers are available to each student without cost. Please keep your lockers locked, and please keep all items secured. Make a habit of putting your name in all textbooks, on handouts, and all other material belonging to you. Purses and other materials should never



be left unattended in classrooms, lounges, or hallways. When these items are not in your personal possession, please lock them in your locker. Note: Prior to the last day you are in classes on the UCA campus (prior to leaving for your full-time clinical experiences) all lockers must be emptied and locks removed. Periodically, locks may need to be removed for brief periods for locker maintenance. Students will be given notice to remove locks.

- S. JOURNAL ARTICLES:** The Torreyson Library has a large holding of physical therapy materials and numerous electronic databases. UCA students access electronic materials by using their Library PIN, which is an account created using your UCA ID. Instructions for creating a Library PIN are available at <http://uca.edu/library/>. Journals do not circulate. A current periodicals room is available in the Torreyson Library where students may copy non-circulating material. Several libraries in the Little Rock Area allow students to use their facilities, although restrictions on borrowing privileges exist. These libraries include the libraries of UAMS, UALR, and the Little Rock Public Library.
- T. INTERNET AND EMAIL ACCOUNTS:** Computer labs are available on campus for student use (see list of labs at <https://uca.edu/it/student-resources/computer-lab-locations/>). Torreyson Library has a large computer lab on the first floor. The campus and PT Center are equipped with wireless internet service and ports in lecture halls 108 and 207 are also available for laptop computers. Utilization of the computer labs for e-mail and the Internet is free of charge but will require a student computer account through the IT Help Desk located in the Math and Computer Science Building, room 103, Email: ithelpdesk@uca.edu. 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 2023) that is maintained within the department. Notifications to students regarding class meetings, schedules, or other important announcements will be sent via the list-serve. Since this list is maintained within the Department of Physical Therapy it is important to provide accurate contact information to the Department and to check email on at least a daily basis.
- U. STUDENT TRAVEL POLICY FOR REIMBURSEMENT PURPOSES:** The following guidelines should be noted in the event UCA Department of Physical Therapy funds are allocated to students for the purposes of travel:
1. Keep all receipts (request receipt that indicates \$0 balance) as documentation of their expenses.
 2. Hotel receipts must have the traveling student's **name** on them. See the PT Department in advance regarding airfare.



3. Receipts must be itemized (i.e. not just credit card receipts) and include a description of what was purchased.
4. Rental car expenses are not reimbursable.
5. Each student seeking reimbursement must have their own name on the receipt with their individual portion of the expense for lodging (i.e. in the event the hotel room is shared).
6. Alcohol will not be reimbursed.



Section F: University Support Services

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 for additional information on the following:

The Counseling Center	Career Services Center	Disability Resource Center
Torreyson Library	Financial Aid	Student Health Services
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 located in Harrin Hall, Suite 200; email at finaid@uca.edu; 450-3140; <http://uca.edu/financialaid/> for more advice and opportunities. Students may apply for graduate assistantships by contacting the Graduate Office, LIB 328 at 450-3124, at any time. Selection usually occurs in the spring.
- C. STUDENT HEALTH SERVICES**
- 1. On-campus:** The UCA Department of Student Health Services is located in the Student Health Center located south of the Christian Cafeteria, Phone 450-3136 or website at <http://uca.edu/studenthealth/>. The Center's hours are 8:00 a.m. to 4:30 p.m., Monday through Friday; closed from 11:30 to 1pm for lunch. When Student Health Services is closed, a nurse is on duty for emergency calls. In emergencies the on-campus student should contact the Head Resident and off-campus students should notify the University Police. (For available services and information refer to the [UCA Student Handbook](#).)
 - 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 experiences. 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. OFFICE OF ACCESSIBILITY RESOURCES AND SERVICES (OARS):** The Office of Accessibility Resources and 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 Disability Resource Center to receive accommodations. Refer to the [UCA Student Handbook](#), visit the Office of Accessibility website at [Office of Accessibility Resources and Services — UCA](#) or call (501) 450-3613 for further information.
- E. STUDENT INSURANCE:** Students must carry personal health insurance for illness or injury that may occur in the classroom or clinic. 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; 6 lane, 25 yard lap pool, racquetball courts; walking/running track; fitness center (aerobic equipment); weight room; pool; and men's and women's locker rooms with showers. (450-5712 or <http://uca.edu/campusrecreation/>)



2. **Tennis Complex:** Tennis courts are located on northern end of campus. Call 450-5712 for more information.
3. **Intramural Sports Program:** From September through April each year and includes team and individual sports. Many PT classes get involved in intramural sports. For more information, contact the Intramural Sports Office in HPER 103, or call 450-5712. <http://uca.edu/campusrecreation/>

I. **COMPUTER LABS:** There are a number of computer labs around campus that are available at various times for student use. Torreyson Library has several open lab areas.

II. UCA FOUNDATION SCHOLARSHIPS

The UCA Foundation has many privately funded scholarships available for UCA students (view the complete list at <http://uca.edu/foundation/scholarships>). Below is a partial list of those scholarships that would be appropriate for Physical Therapy students. The first list is appropriate to all PT students while the second and third lists are selective based on a variety of criteria. The appropriate contact is the UCA Foundation website unless other contact information is listed. Foundation Scholarship applications open on November 1st of each year and the deadline is in January. See [Foundation Scholarships \(uca.edu\)](http://uca.edu/foundation/scholarships) for the most current dates to apply as well as a link to the on-line application.

A. UCA Foundation PT Student Scholarships

1. **Joe C. Finnell Physical Therapy Scholarship:** For second or third year physical therapy students. Selection based upon need, academic performance, cooperation, and potential. Contact the Physical Therapy Department, 450-3611.
2. **Thomas M. Meadows Scholarship:** For students majoring in physical therapy with a GPA of 2.75 or above. Contact the Physical Therapy Department, 450-3611.
3. **Madeline Ann Grubbs Scholarship:** For physical therapy students in good academic standing who are entering the third year of the doctoral program. Selection based on financial need and demonstrated service/leadership/cooperation.
4. **Charlotte Mills Fant Memorial Scholarship.** For full-time students majoring in physical therapy with a GPA of 3.0 or above. Consideration may be given to financial need.
5. **Robert M. McLauchlin Graduate Ed. Memorial Scholarship:** For students who are United States citizens and are enrolled in a graduate program at UCA. Preference given to Arkansas residents. Selection based upon academic performance, school and community involvement, and financial need. Contact the UCA Foundation, 450-5859.

B. UCA Foundation Minority Scholarships

1. **Joseph Norman Manley Scholarship:** For African-American full-time students



with a cumulative GPA of 2.5 or above. Consideration may be given to financial need.

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

III. American Physical Therapy Association (APTA) Student Scholarships

- A. **Mary McMillan Scholarship:** For students are within 12 months of completing all requirements for graduation from a physical therapist professional education program. The intent of the award is to recognize students who exhibit superior scholastic ability and potential for future professional contribution.
<http://www.apta.org/HonorsAwards/Scholarships/McMillanScholarship/>
- B. **APTA Minority Scholarship:** PT Student Award: Annual award offered to minority physical therapist students by the Physical Therapy Fund supported by the Minority Scholarship Fund. This scholarship is awarded annually to physical therapy students in their final year of physical therapy education.
<http://www.apta.org/HonorsandAwards/Scholarships/MinorityScholarship/>

Essential Functions and Participation Requirements of the Student in the DPT Program

Print Name: _____

Essential Functions

Students enrolled in the University of Central Arkansas Doctor of Physical Therapy program must perform certain essential functions in order to participate in and complete program requirements. The following essential functions define the minimal physical, cognitive, and behavioral abilities required for successful program completion as well as entry-level physical therapy practice.

The practice of physical therapy includes the examination, diagnosis, and treatment of individuals with physical disabilities, movement dysfunction, and pain. The demands of physical therapy practice require that the student is able to perform certain essential functions. Physical therapists must be prepared to conduct components of clinical practice in a timely manner. These components include performance of a relevant patient examination, evaluation of the results of the examination, synthesis of data to establish an accurate diagnosis, prognosis and plan of care, implementation of interventions and utilization of re-examination to assess patient outcomes. Physical therapists must also possess the skills necessary to determine when referral of the patient/client to another health care professional is appropriate. Physical therapists must provide evidence that the care they provide is effective, often through the conduct of clinically based research.

The Commission on Accreditation of Physical Therapy Education (CAPTE) accredits professional physical therapy programs and requires that graduates of these programs are able to deliver entry-level clinical services. Graduates of entry-level programs are required to possess a broad base of knowledge and skills requisite for the practice of physical therapy. Physical therapists must possess the intellectual, communication, behavioral – social, observational, and motor abilities to meet the standard of practice.

All applicants are questioned regarding their ability to complete these essential functions, with or without reasonable accommodation. Reasonable accommodation refers to ways in which the university can assist students with disabilities to accomplish tasks. For example, provide support services to significantly decrease or eliminate physical and educational barriers caused by disability. Reasonable accommodation does not mean that students with disabilities will be exempt from certain tasks.

Prospective DPT students who can complete these tasks with or without reasonable accommodation (and answer “yes” to all items on the following check list) are not required to disclose their disability prior to an admission decision. Prospective DPT students who cannot complete these tasks with or without reasonable accommodation (and answer “no” to any items on the following check list) are ineligible for consideration for admission. If admitted, a student with a disability, who requires reasonable accommodation must register with UCA Disability Support Services Center. An offer of admission may be withdrawn or a student may be dismissed from the program if it becomes apparent that the student cannot complete essential tasks, or that fulfilling functions would create a significant risk of harm to the health or safety of others.

The demands of physical therapy practice require the student to perform certain essential functions. The following is a list of the essential functions required of the prospective DPT students in order to participate in academic and clinical components of the curriculum.

Essential Functions and Participation Requirements of the Student in the DPT Program

Print Name: _____

Essential Functions Checklist

The ability to perform essential functions is required of students in the classroom, labs, simulated clinical settings, and during clinical education experiences. Please indicate ability to perform each function listed by marking "yes" or "no" next to each essential function listed below:

- **YES:** able to perform the essential function with or without reasonable accommodation.
- **NO:** not able to perform the essential function with or without reasonable accommodation.

1. Intellectual Abilities	Yes	No
Intellectual skills include the ability to recall and comprehend large amounts of information and to apply this information to the patient's complex problems. The DPT student has the ability to:		
a) Recognize and define problems, develop and implement solutions, and evaluate outcomes.		
b) Demonstrate critical thinking skills and appropriate clinical decision making with ability to differentiate relevant vs. irrelevant information.		
c) Memorize, analyze, synthesize and apply large volumes of information.		

2. Communication Abilities	Yes	No
Effective communication skills enable the physical therapist to obtain appropriate information from patients and to effectively explain treatment procedures to patients and other professionals. The DPT student has the ability to:		
a) Effectively process and comprehend written and verbal communications, in the English language, in any form of media at a level consistent with full participation in academic and clinical course work.		
b) Utilize appropriate and effective verbal, written and non-verbal communication.		
c) In all situations, respond appropriately verbally and in writing, in the English language, when communicating with any personnel.		
d) Respond to situations that indicate an individual's need for assistance.		
e) Participate in group and individual discussions, present oral and written reports and provide constructive feedback in the English language.		

Essential Functions and Participation Requirements of the Student in the DPT Program

Print Name: _____

3. <u>Motor Abilities</u>	Yes	No
<p>The practice of physical therapy requires that the practitioner possess the ability to perform basic evaluation and therapy procedures that require specific physical skills and stamina. A therapist must also use vision and somatic sensation in the evaluation and treatment of patients.</p> <p>The DPT student has the ability to:</p>		
a) Attend classes 30 or more hours per week during each academic semester. Classes consist of a combination of lecture, discussion, laboratory, and clinical activities.		
b) Participate in clinical rotations 40 or more hours per week on a schedule that corresponds to the operating hours of the clinic.		
c) Sit for two to 10 hours daily, stand for one to four hours daily, and walk or travel for two to four hours daily.		
d) Relocate outside the Conway area to complete one or more clinical rotations of five to 10 weeks duration each.		
e) Lift a minimum weight of 10 pounds overhead and be able to move a 150 pound dependent person from one surface to another.		
f) Carry in your arms (as opposed to in a box, backpack, on your head or shoulders) up to 25 pounds while walking up to a minimum of 50 feet.		
g) Exert 75 pounds of push/pull forces up to 50 feet and sometimes exert 150 pounds of push/pull forces from a standing or seated position.		
h) Twist, bend, stoop, squat, crawl, climb onto equipment, reach above shoulder level, and kneel.		
i) Move from place to place and position to position at a speed that permits safe handling of classmates and patients.		
j) Stand and walk while providing support to a classmate simulating a disability or while supporting a patient with a disability.		
k) Climb stairs and negotiate uneven terrain with good balance. (ex: without stumbling or falling and without holding on to rails or other objects)		
l) Administer CPR – upon successful completion of CPR training with the American Heart Association.		
m) Use hands to manipulate very small equipment, palpate body structures, handle injured body parts without causing injury to the subject, and safely guide a patient's movement.		
n) Perform physical tasks while maintaining awareness of external factors; including patient response, monitor displays, equipment function and/or surroundings.		

Essential Functions and Participation Requirements of the Student in the DPT Program

Print Name: _____

<p>4. <u>Observational Abilities</u></p> <p>Observation is one of the key tools that a physical therapist possesses. These skills are essential in order for the physical therapist to gather data regarding the patient and the patient's condition. The DPT student has the ability to:</p>	Yes	No
<p>a) Observe and recognize abnormalities/changes in a patient's position, posture, movements, skin condition, and appearance.</p>		
<p>b) Recognize potential safety hazards.</p>		
<p>c) Read equipment dials, graphs, patient's charts, professional literature, and notes from patients, physicians and other health professionals.</p>		
<p>5. <u>Behavioral – Social Abilities</u></p> <p>The physical therapist must demonstrate the ability to practice in a professional and ethical manner and possess the emotional stability to practice in a stressful work environment. The DPT student has the ability to:</p>	Yes	No
<p>a) Appropriately handle the physical, emotional and mental challenges of a rigorous curriculum and varied clinical environments.</p>		
<p>b) Demonstrate flexibility and willingness to adapt to changing environments.</p>		
<p>c) Demonstrate empathy, compassion, integrity, honesty, and concern for others of all cultures.</p>		
<p>d) Demonstrate the ability to respond appropriately to unpredictable or stressful situations.</p>		
<p>e) Demonstrate behaviors and attitudes that protect the safety and well-being of others especially patients and classmates.</p>		
<p>f) Demonstrate professional, ethical and legal behavior in academic and clinical environments.</p>		

I certify by my signature below, that I have read and understand the essential functions for the Doctor of Physical Therapy Program at the University of Central Arkansas.

Signature of Student _____ Date _____

I certify by my signature below, that I can perform the essential functions for the Doctor of Physical Therapy Program at the University of Central Arkansas with or without reasonable accommodation.

Signature of Student _____ Date _____

If the student will require reasonable accommodation to perform these essential functions, the student is responsible for:

1. **Contacting the Office of Disability Support Services at UCA.**
2. **Obtaining diagnostic data and submitting it to UCA Disability Support Services.**
3. **Presenting the *Disability Support Accommodation* Letter to the DPT Admissions Committee.**

Essential Functions and Participation Requirements of the Student in the DPT Program

Print Name: _____

Participation Requirements

In keeping with University nondiscrimination policy (Board Policy 502), the DPT Program does not discriminate on the basis of gender, race or color, ethnicity, religion, spiritual beliefs, national origin, age, familial status, socioeconomic background, sexual orientation, disability, political beliefs, intellectual perspective, genetic information, military status, or other factors.

Students in the DPT Program are prepared for clinical practice to meet the needs of diverse patient populations. The UCA DPT Program includes classroom, lab and clinical experiences to prepare students to work across the scope of PT practice. Students in the DPT Program are required to demonstrate skills in classroom and lab settings in conjunction with other students before transitioning to patient care. Required learning opportunities include working with the following populations across varied settings:

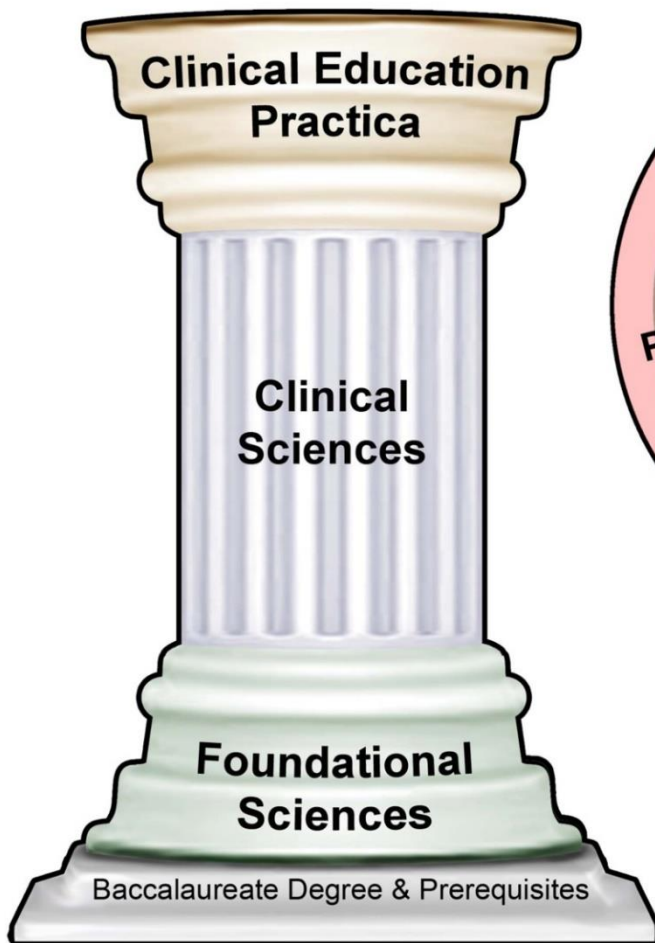
- students, patients/clients, caregivers and other healthcare professionals, as well as academic and clinical faculty who may be same or opposite sex
- patients with ages across the lifespan
- patients with a wide variety of diagnoses and presentations
- students, patients/clients, caregivers, and other healthcare professionals, as well as academic and clinical faculty with varied cultural backgrounds

I certify by my signature below, that I have read and understand participation requirements for the Doctor of Physical Therapy Program at the University of Central Arkansas.

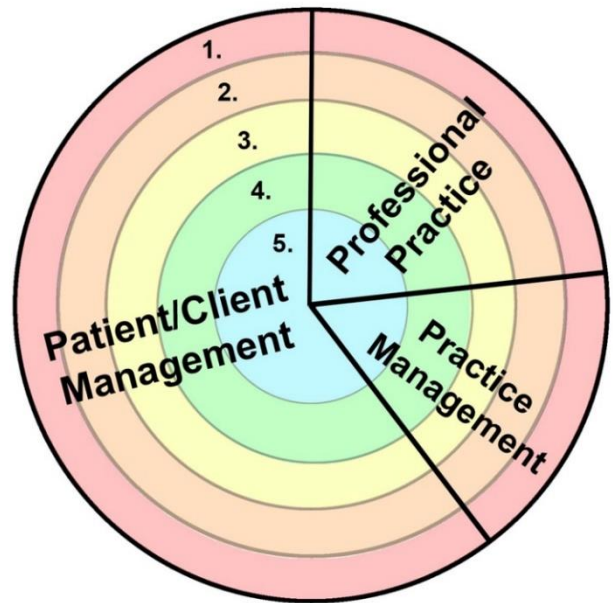
Signature of Student _____ **Date** _____

Appendix 2: Visual Schematic of the DPT Curriculum

A. Organization of Primary Curricular Disciplines



B. Integrated Structure of Primary Disciplines



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

Appendix 3: 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 6406	Human Pathophysiology I
PTHY 6407	Human Pathophysiology II
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 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 7428	Clinical Education Practicum II in Physical Therapy
PTHY 7429	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 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 7414	Medical Screening & Differential Diagnosis
PTHY 7411	Physical Rehabilitation
PTHY 7515	Neurological Rehab in Pediatrics
PTHY 7516	Adult Neurological Rehabilitation
PTHY 7520	Cardiopulmonary Principles and Practice
PTHY 7336	Complex Patient Management in PT
PTHY 7389	Clinical Reasoning and Reflection
PTHY 7116	Analysis and Synthesis of PT Practice

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 6105	Research I
PTHY 6205	Research II
PTHY 6307	Professional Development I
PTHY 7105	Research III
PTHY 7106	Educational Roles in PT
PTHY 7114*	Research Practicum
PTHY 7307	Professional Development II
PTHY 7116	Analysis and Synthesis of PT Practice
PTHY 7389	Clinical Reasoning and Reflection

* Successful completion of 2 hours of Research Practicum are required as part of the DPT degree. The actual semesters of enrollment will depend upon the research project/mentor.

DOCTOR OF PHYSICAL THERAPY | REQUIRED COURSEWORK SEQUENCE

YEAR ONE		
Fall	PTHY 5505 Gross Anatomy	5
	PTHY 6404 Clinical Foundations in Physical Therapy Practice	4
	PTHY 6401 Kinesiology I	4
	PTHY 6307 Professional Development I	3
	PTHY 6105 Research I	<u>1</u>
Semester Total		17
Spring	PTHY 6501 Neuroscience	5
	PTHY 6402 Kinesiology II	4
	PTHY 6406 Human Pathophysiology I	4
	PTHY 6303 Patient Management & Documentation	3
	PTHY 6205 Research II	<u>2</u>
Semester Total		18
Summer	PTHY 6407 Human Pathophysiology II	4
	PTHY 6250 Pharmacology in Physical Therapy	2
	PTHY 7403 Physical Agents	4
	PTHY 6314 Neurophysiological Principles of Motor Control	3
	PTHY 7115* Research Practicum	<u>1</u>
	Semester Total	

YEAR TWO		
Fall	PTHY 6405 Therapeutic Exercise	4
	PTHY 7515 Neurological Rehabilitation in Pediatrics	5
	PTHY 7404 Musculoskeletal Physical Therapy I	4
	PTHY 7105 Research III	1
	PTHY 7115* Research Practicum	1
	PTHY 7228 Clinical Education Practicum I (5 weeks)	<u>2</u>
Semester Total		16-17
Spring	PTHY 7516 Adult Neurological Rehabilitation	5
	PTHY 7411 Physical Rehabilitation	4
	PTHY 7520 Cardiopulmonary Principles & Practice	5
	PTHY 7405 Musculoskeletal Physical Therapy II	4
	PTHY xxxx Elective (optional)	0-3
	PTHY 7115* Research Practicum	<u>1</u>
Semester Total		18-22
Summer	PTHY 7406 Musculoskeletal Physical Therapy III	4
	PTHY 7210 Integumentary System: Principles & Practice	2
	PTHY 7307 Professional Development II	3
	PTHY 7336 Complex Patient Management in PT	3
	PTHY xxxx Elective (optional)	0-3
	PTHY 7115* Research Practicum	<u>1</u>
Semester Total		12-16

YEAR THREE		
Fall	PTHY 6424 Clinical Administration & Management	4
	PTHY 7214 Medical Screening & Differential Diagnosis	2
	PTHY 7389 Clinical Reasoning and Reflection	3
	PTHY 7116 Analysis and Synthesis of PT Practice	1
	PTHY 7428 Clinical Education Practicum II (8 weeks)	4
	PTHY xxxx Elective (optional)	<u>0-3</u>
Semester Total		14-17
Spring	PTHY 7429 Clinical Education Practicum III (8 weeks)	4
	PTHY 7529 Clinical Education Practicum IV (9 weeks)	<u>5</u>
Semester Total		9
Summer	PTHY 7530 Clinical Education Practicum V (9 weeks)	5
Semester Total		5

Total Credit Hours Required = 124

Total Weeks of Clinical Education Experiences = 39

*Successful completion of 2 credit hours of Research Practicum are required as part of the DPT degree. The actual semesters of enrollment will depend upon the research project/mentor.

Electives are optional.

Updated 7/06/2023



A course description of each physical therapy course is available in the UCA Graduate Bulletin at <http://uca.edu/gbulletin/>

Appendix 5: Curriculum Plan for PhD in Physical Therapy Degree

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).

Code of Ethics for the Physical Therapist

HOD S06-19-47-67 [Amended HOD S06-09-07-12; HOD S06-00-12-23; HOD 06-91-05-05; HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24] [Standard]



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 and 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 and 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 and 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 and clients over the interests of the physical therapist.
- 2B. Physical therapists shall provide physical therapist services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.
- 2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapist care or participation in clinical research.
- 2D. Physical therapists shall collaborate with patients and clients to empower them in decisions about their health care.
- 2E. Physical therapists shall protect confidential patient and 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 or 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 and 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 and 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 (eg, patients/clients, students, supervisees, research participants, or employees).
- 4C. Physical therapists shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.
- 4D. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.
- 4E. Physical therapists shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.
- 4F. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

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 or client continues to need physical therapist 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 and 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 and clients.
- 7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapist 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 and 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 therapist services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
- 8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
- 8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or under- utilization of physical therapist services.
- 8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

Effective June 2019

For more information, go to www.apta.org/ethics.

APTA Guide for Professional Conduct



Purpose

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

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

Interpreting Ethical Principles

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

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

Preamble to the Code of Ethics

The Preamble states as follows:

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

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

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

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Interpretation: Upon the Code of Ethics for the Physical Therapist being amended effective July 1, 2010, all the lettered principles in the Code of Ethics contain the word “shall” and are mandatory ethical obligations. The language contained in the Code of Ethics is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Code of Ethics. Although various words have changed, many of the obligations are the same. Consequently, the addition of the word “shall” reinforces and clarifies existing ethical obligations. A significant reason that the Code of Ethics was revised was to provide physical therapists with a document that was clear enough to be read on its own without the need to seek extensive additional interpretation.

The Preamble states that “[n]o Code of Ethics is exhaustive nor can it address every situation.” The Preamble also states that physical therapists “are encouraged to seek additional advice or consultation in instances in which the guidance of the Code may not be definitive.” Potential sources for advice and counsel include third parties and the myriad resources available on the APTA website. Inherent in a physical therapist’s ethical decision-making process is the examination of his or her unique set of facts relative to the Code of Ethics.

Topics

Respect

Principle 1A states as follows:

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

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

Altruism

Principle 2A states as follows:

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

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

Patient Autonomy

Principle 2C states as follows:

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

Interpretation: Principle 2C requires the physical therapist to respect patient autonomy. To do so, he or she shall communicate to the patient or client the findings of the physical therapist examination, evaluation, diagnosis, and prognosis. The physical therapist shall use sound professional judgment in informing the patient or client of any substantial risks of the recommended examination and intervention and shall collaborate with the individual to establish the goals of treatment and the plan of care. Ultimately, the physical therapist shall respect the individual's right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.

Professional Judgment

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

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

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

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

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

With regard to the patient and client management role, once a physical therapist accepts an individual for physical therapy services he or she shall be responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; reexamination and modification of the plan of care; and the maintenance of adequate records, including progress reports. The physical therapist shall establish the plan of care and shall provide and/or supervise and direct the appropriate interventions. Regardless of practice setting, the physical therapist has primary responsibility for the physical therapy care of a patient or client and shall make independent judgments regarding that care consistent with accepted professional standards.

If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise or that indicate the need for care outside the scope of physical therapy, the physical therapist shall so inform the patient or client and shall refer the individual to an appropriate practitioner.

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

Supervision

Principle 3E states as follows:

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

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

Information on supervision via APTA policies and resources is also available on the APTA website. See Principles 5A and 5B.

Integrity in Relationships

Principle 4 states as follows:

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

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

Reporting

Principle 4C states as follows:

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

Interpretation: Physical therapists shall seek to discourage misconduct by health care professionals. Discouraging misconduct can be accomplished through a number of mechanisms. The following is not an exhaustive list:

- Do not engage in misconduct; instead, set a good example for health care professionals and others working in their immediate environment.
- Encourage or recommend to the appropriate individuals that health care and other professionals, such as legal counsel, conduct regular (such as annual) training that addresses federal and state law requirements, such as billing, best practices, harassment, and security and privacy; as such training can educate health care professionals on what to do and not to do.
- Encourage or recommend to the appropriate individuals other types of training that are not law based, such as bystander training.
- Assist in creating a culture that is positive and civil to all.
- If in a management position, think about promotion and hiring decisions and how they can impact the organization.
- Access professional association resources when considering best practices.
- Revisit policies and procedures each year to remain current.

Many other mechanisms may exist to discourage misconduct. The physical therapist should be creative, open-minded, fair, and impartial in considering how to best meet this ethical obligation. Doing so can actively foster an environment in which misconduct does not occur. The main focus when thinking about misconduct is creating an action plan on prevention. Consider that reporting may never make the alleged victim whole or undo the misconduct.

If misconduct has not been prevented, then reporting issues must be considered. This ethical obligation states that the physical therapist reports to the “relevant authority, when appropriate.” Before examining the meaning of these words it is important to note that reporting intersects with corporate policies and legal obligations. It is beyond the scope of this interpretation to provide legal advice regarding laws and policies; however, an analysis of reporting cannot end with understanding one’s ethical obligations. One may need to seek advice of legal counsel who will take into consideration laws and policies and seek to discover the facts and circumstances.

With respect to ethical obligations, the term “when appropriate” is a fact-based decision and will be impacted by requirements of the law. If a law requires the physical therapist to take an action, then, of course, it is appropriate to do so. If there is no legal requirement and no corporate policy, then the physical therapist must consider what is appropriate given the facts and situation. It may not be appropriate if the physical therapist does not know what occurred, or because there is no legal requirement to act and the physical therapist does not want to assume legal responsibility, or because the matter is being resolved internally. There are many different reasons that something may or may not be appropriate.

If the physical therapist has determined that it is appropriate to report, the ethical obligation requires him or her to consider what entity or person is the “relevant authority.” Relevant authority can be a supervisor, human resources, an attorney, the Equal Employment Opportunities Commission, the licensing board, the Better Business Bureau, Office of the Insurance Commissioner, the Medicare hotline, the Office of the Inspector General hotline, the US Department of Health & Human Services, an institution using their internal grievance procedures, the Office of Civil Rights, or another federal agency, state agency, city or local agency, or a state or federal court, among others.

Once the physical therapist has decided to report, he or she must be mindful that reporting does not end his or her involvement, which can include office, regulatory, and/or legal proceedings. In this context, the physical therapist may be asked to be a witness, to testify, or to provide written information.

Sexual Harassment

Principle 4F states as follows:

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

Interpretation: As noted in the House of Delegates policy titled Sexual Harassment, “[m]embers of the association have an obligation to comply with applicable legal prohibitions against sexual harassment...” This statement is in line with Principle 4F that prohibits physical therapists from harassing anyone verbally, physically, emotionally, or sexually. While the principle is clear, it is important for APTA to restate this point, namely that physical therapists shall not harass anyone, period. The association has zero tolerance for any form of harassment, specifically including sexual harassment.

Exploitation

Principle 4E states as follows:

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

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

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

Consider this excerpt from the EJC Opinion titled Topic: Sexual Relationships With Patients or Former Patients:

A physical therapist stands in a relationship of trust to each patient and has an ethical obligation to act in the patient's best interest and to avoid any exploitation or abuse of the patient. Thus, if a physical therapist has natural feelings of attraction toward a patient, he or she must sublimate those feelings in order to avoid sexual exploitation of the patient.

One's ethical decision making process should focus on whether the patient or client, supervisee, or student is being exploited. In this context, questions have been asked about whether one can have a sexual relationship once the patient or client relationship ends. To this question, the EJC has opined as follows:

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

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

Colleague Impairment

Principle 5D and 5E state as follows:

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

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

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

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

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

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

Professional Competence Principle 6A states as follows:

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

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

Professional Growth

Principle 6D states as follows:

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

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

Charges and Coding

Principle 7E states as follows:

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

Interpretation: Principle 7E provides that the physical therapist must make sure that the process of documentation and coding accurately captures the charges for services performed. Additional resources on Documentation and Coding and Billing are available on the APTA website.

Pro Bono Services

Principle 8A states as follows:

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

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

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

Issued by the Ethics and Judicial Committee
American Physical Therapy Association October 1981

Last Amended: March 2019
Contact: ejc@apta.org

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.

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 in knowledge base

Intermediate Level:

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

Entry Level:

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

Post-Entry Level:

- Develops new knowledge through research, professional writing and/or professional presentations
- Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process
- Weighs information value based on source and level of evidence
- Identifies complex patterns of associations
- Distinguishes when to think intuitively vs. analytically
- Recognizes own biases and suspends judgmental thinking
- Challenges others to think critically

2. Communication

The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level:</i>	<i>Post Entry Level:</i>
<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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) 	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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.

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level:</i>	<i>Post Entry Level:</i>
<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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.

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level:</i>	<i>Post Entry Level:</i>
<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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.

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level:</i>	<i>Post Entry Level:</i>
<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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.

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level:</i>	<i>Post Entry Level:</i>
<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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 supervises 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.

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level:</i>	<i>Post Entry Level:</i>
<ul style="list-style-type: none"> ▪ Recognizes own stressors ▪ Recognizes distress or problems in others ▪ Seeks assistance as needed ▪ Maintains professional demeanor in all situations 	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ Recognizes when problems are unsolvable ▪ Assists others in recognizing and managing stressors ▪ Demonstrates preventative approach to stress management ▪ Establishes support networks for self and others ▪ Offers solutions to the reduction of stress ▪ Models work/life balance through health/wellness behaviors in professional and personal life

10. Commitment to Learning

The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

- Acts as a mentor not only to other PT's, but to other health professionals
- Utilizes mentors who have knowledge available to them
- Continues to seek and review relevant literature
- Works towards clinical specialty certifications
- Seeks specialty training
- Is committed to understanding the PT's role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)
- Pursues participation in clinical education as an educational opportunity

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:_____

Appendix 9: 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 List of additional text books and instructional materials that are helpful and/or share from their personal library.

4. Faculty Advisor Meetings:

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

5. UCA Counseling Center:

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

6. Other Resources:

Additional resources will be developed and implemented on an on-going basis in response to identified student need.



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Appendix 10: Individual Student-Readiness Report

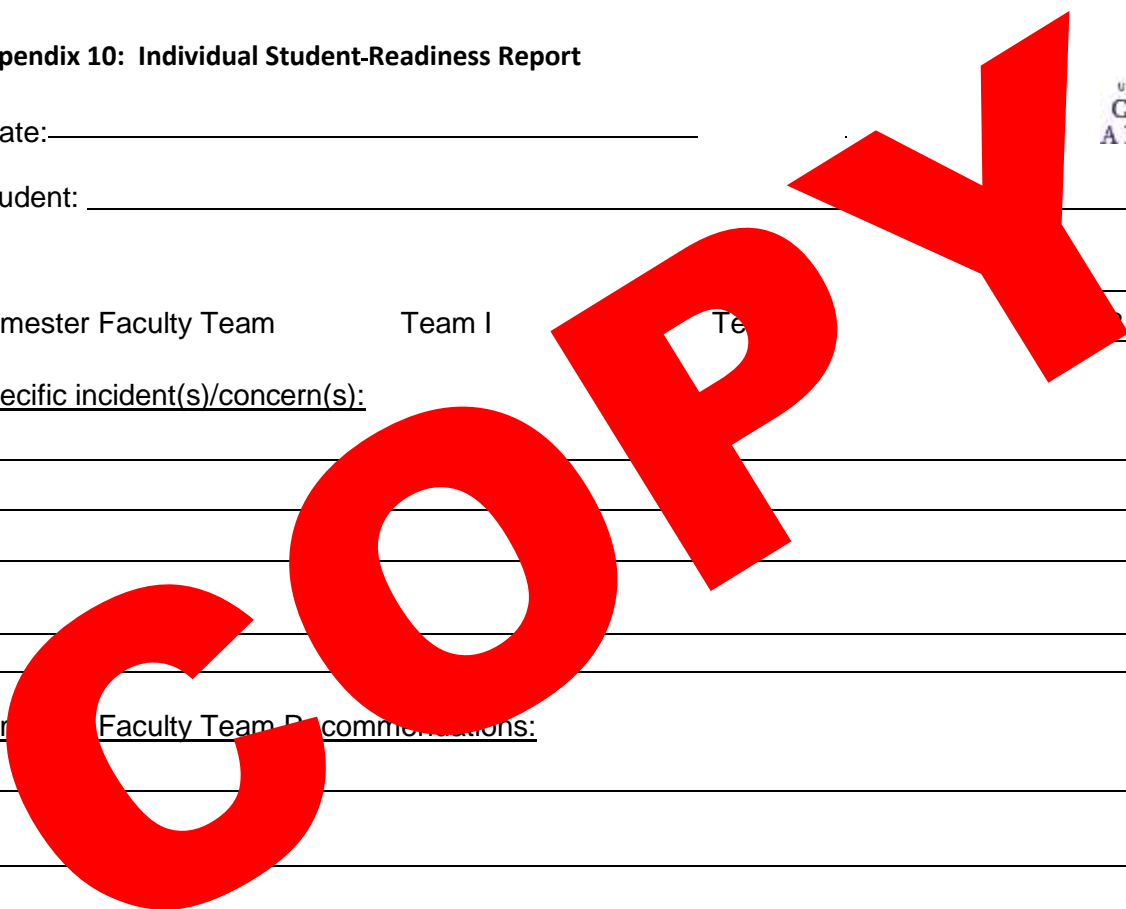
Date: _____

Student: _____

Semester Faculty Team _____ Team I _____ Team II _____

Specific incident(s)/concern(s):

Semester Faculty Team Recommendations:



This is just a copy of the form that will be filled out on DocuSign.

Team Leader _____ Date _____

Faculty Advisor _____ Date _____

Department Chair _____ Date _____

Report reviewed with student	Date:
Faculty Advisor signature: _____	
Student signature: _____	



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Appendix 11: Clinical Readiness Plan

Student: _____

Semester Faculty Team Team 1 Team 2 Team 3

Specific incident(s)/concern(s):

This is just a copy of the form that will be filled out on DocuSign.

Semester Faculty Team Recommendations:

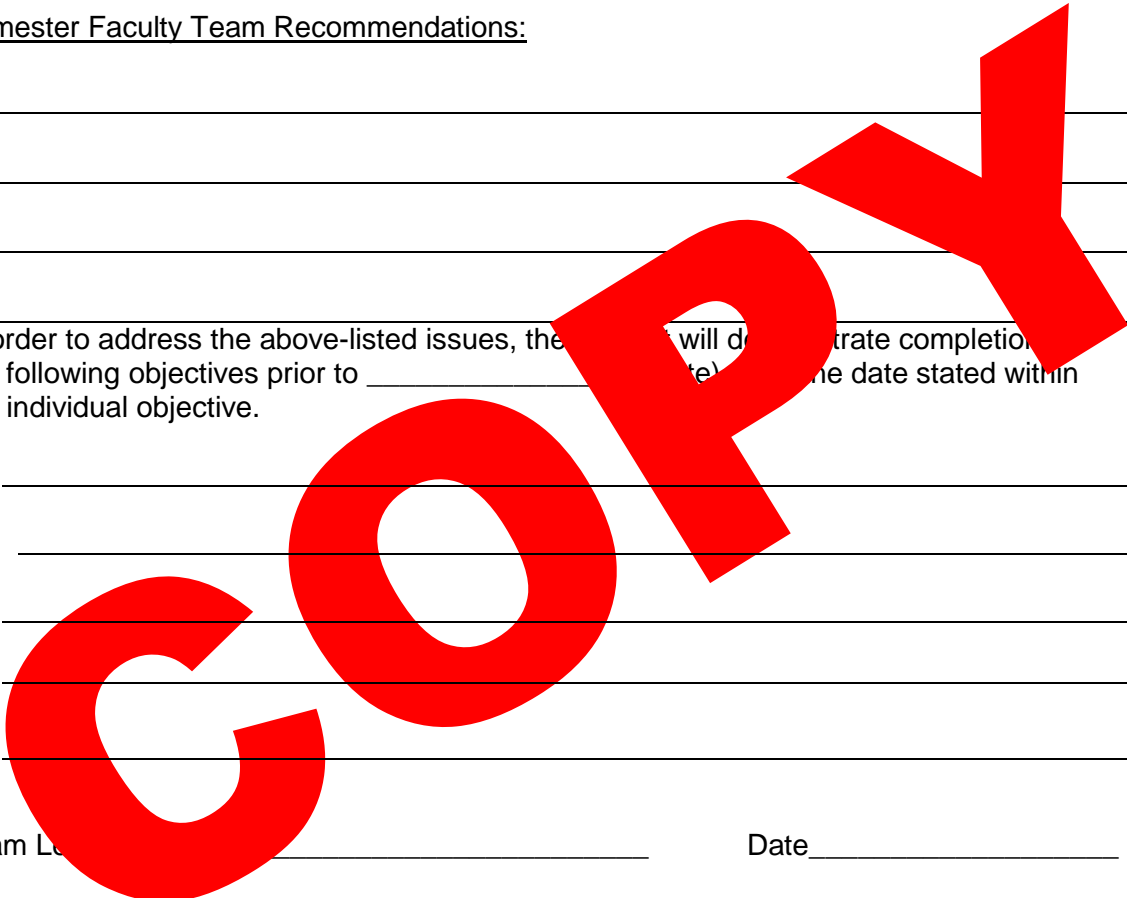
In order to address the above-listed issues, the student will demonstrate completion of the following objectives prior to _____ (date) _____ the date stated within the individual objective.

1. _____
2. _____
3. _____
4. _____
5. _____

Team Lead _____ Date _____

Department Chair _____ Date _____

Student _____ Date _____



Appendix 12: ACAPT Guidelines Student Readiness / KSA's



AMERICAN COUNCIL OF
ACADEMIC PHYSICAL THERAPY

Student Readiness for the First Full-Time Clinical Experience

The following table summarizes the minimal knowledge, skills, abilities, and professional behaviors (KSAs) identified as necessary* for physical therapist students to competently demonstrate prior to entry into the first full-time clinical experience. The KSAs are grouped into 14 themes and the recommended level of competency is indicated below.

Student Readiness Themes and KSAs		Level of Competency
Theme 1	Students should have foundational knowledge to support application and synthesis in the following content areas:	
1.1	Anatomy (i.e. functional anatomy)	At least emerging
1.2	Common diagnoses related to systems review (e.g. medical, physical therapy)	At least emerging
1.3	Kinesiology (i.e. biomechanics, exercise science, movement science)	At least emerging
1.4	Physiology / Pathophysiology (related to general systems review)	At least emerging
1.5	Tissue mechanics (e.g. stages of healing, use/disuse, load/overload)	At least emerging
Theme 2	Students should meet the specific program identified curricular requirements including:	
2.1	achieve minimum GPA	
2.2	meet minimum expectations for practical examinations	
2.3	remediation of any and all safety concerns	
Theme 3	Students should take initiative to apply evidence-based strategies to:	
3.1	generate interventions ideas	At least familiar
3.2	guide decision-making	At least familiar
3.3	measure outcomes	At least familiar
3.4	research unfamiliar information or conditions	At least emerging
Theme 4	Students should engage in self-assessment including:	
4.1	self-assessment of the impact of one's behaviors on others	At least emerging
4.2	the understanding of one's own thought processes (metacognition)	At least emerging
4.3	self-reflection and identification of areas of strength and those needing improvement, development of a plan to improve, and discussion of that plan with instructors	At least emerging
4.4	seeking out resources, including support from others when needed, to assist in implementation of the plan	At least emerging
Theme 5	Students should utilize constructive feedback by:	
5.1	being open and receptive, verbally/non-verbally	At least emerging
5.2	implementing actions to address issues promptly	At least emerging
5.3	reflecting on feedback provided	At least emerging
Theme 6	Students should demonstrate effective communication abilities within the following groups:	
6.1	diverse patient populations	At least familiar
6.2	families and other individuals important to the patients	At least familiar
6.3	healthcare professionals	At least familiar
Theme 7	Students should exhibit effective verbal, non-verbal and written communication abilities to:	
7.1	listen actively	At least emerging
7.2	demonstrate polite, personable, engaging and friendly behaviors	Proficient
7.3	independently seek information from appropriate sources	At least emerging

Appendix 12: ACAPT Guidelines Student Readiness / KSA's

7.4	build rapport	At least emerging
7.5	seek assistance when needed	At least emerging
7.6	engage in shared decision-making with patients	At least familiar
7.7	demonstrate a level of comfort and respect with patient handling	At least familiar
7.8	demonstrate empathy	At least emerging
7.9	use language and terminology appropriate for the audience	At least emerging
7.10	introduce one's self to CI, clinical staff, and patients	Proficient
Theme 8	Students should be prepared to engage in learning through demonstrating:	
8.1	accountability for actions and behaviors	At least emerging
8.2	resilience/perseverance	At least emerging
8.3	cultural competence and sensitivity	At least emerging
8.4	an eager, optimistic and motivated attitude	At least emerging
8.5	respect for patients, peers, healthcare professionals and community	Proficient
8.6	open-mindedness to alternative ideas	At least emerging
8.7	punctuality with all assignments	Proficient
8.8	self-care to manage stress	At least emerging
8.9	responsibility for learning	At least emerging
8.10	self-organization	At least emerging
8.11	taking action to change when needed	At least emerging
8.12	willingness to adapt to new and changing situations	At least emerging
8.13	appropriate work ethic	At least emerging
8.14	maturity during difficult or awkward situations with patients, families and healthcare professionals	At least emerging
Theme 9	Students should develop the following elements including the documentation of:	
9.1	examination/re-examination (History, systems review, and tests and measures)	At least familiar
9.2	establish and document the problem list	At least familiar
9.3	daily interventions	At least familiar
Theme 10	Student should recognize and address issues related to safe patient care including the ability to:	
10.1	identify contraindications and precautions	At least emerging
10.2	assess and monitor vital signs	At least emerging
10.3	identify and respond to physiologic changes	At least familiar
10.4	assess the environment for safety, including lines, tubes, and other equipment	At least familiar
10.5	appropriately apply infection control procedures including universal precautions	At least emerging
10.6	provide assistance and guarding for patient safety	At least emerging
10.7	utilize appropriate body mechanics to avoid injury to self or patients	At least emerging
10.8	provide appropriate draping during patient care activities	At least emerging
Theme 11	Student should demonstrate the following clinical reasoning skills for a non-complex patient:	
11.1	utilize the elements of the patient-client management model including: address various body systems (cardiopulmonary, integumentary, musculoskeletal, neuromuscular) during the examination	At least familiar
11.2	articulate a clinical rationale in patient evaluation	At least familiar
11.3	develop goals that are linked to the patient's activity limitations and participation restrictions	At least familiar
11.4	determine appropriateness for therapy within scope of PT practice	At least familiar
11.5	interpret examination findings	At least familiar
11.6	screen to rule in/out conditions and concerns	At least familiar
Theme 12	Student should have BOTH the understanding and skill to perform the following examination skills:	
12.1	balance assessment	At least familiar
12.2	chart review to extract relevant history	At least familiar

Appendix 12: ACAPT Guidelines Student Readiness / KSA's

12.3	dermatome screening	At least familiar
12.4	functional mobility assessment	At least familiar
12.5	gait assessment	At least familiar
12.6	goniometry	At least emerging
12.7	interview / history taking	At least emerging
12.8	lower quadrant screening	At least familiar
12.9	manual muscle testing	At least emerging
12.10	muscle length testing	At least emerging
12.11	myotome screening	At least emerging
12.12	reflex testing	At least emerging
12.13	sensory examination	At least emerging
12.14	medical screening for red flags	At least familiar
12.15	systems review	At least familiar
12.16	upper quadrant screening	At least familiar
Theme 13 Student should have the understanding and skill to perform the following interventions:		
13.1	prescribe, fit, and instruct patients in proper use of assistive devices	At least familiar
13.2	functional training (including bed mobility, transfers, and gait) with appropriate guarding and assistance	At least familiar
13.3	individualized patient education	At least familiar
13.4	therapeutic exercise: specifically strengthening	At least familiar
13.5	therapeutic exercise: specifically stretching	At least familiar
13.6	therapeutic exercise: specifically aerobic exercise	At least familiar
Theme 14 Student should recognize and follow specific professional standards, including:		
14.1	appropriate dress code	Proficient
14.2	core values identified by the APTA as accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility	At least emerging
14.3	code of ethics identified by the APTA**	
14.4	clinical expectations specific to setting	At least emerging
14.5	HIPAA regulations	At least emerging
14.6	legal aspects related to patient care	At least emerging
14.7	obligations of the patient-provider relationship	At least emerging
14.8	passion for the profession	At least emerging
14.9	patient rights	At least emerging
14.10	maintaining professional boundaries	At least emerging
14.11	understanding physical therapy's role in the healthcare system	At least emerging

** this item was added by the ACAPT membership

*This list includes only those items that were identified as necessary by greater than or equal to 80% of participants in a Delphi study involving faculty, directors of clinical education, clinical educators, and recent graduates.

KSAs identified as "at least" familiar or emerging denote some Delphi Study participants' desire for higher competency but consensus was achieved for "at least" the indicated level of competency.

At least familiar

Student has basic knowledge of the material/skill/behavior and would require guidance to apply it appropriately in the clinical setting.

At least emerging

Student understands how to apply the material/skill/behavior safely and consistently in simple situations and would require guidance to apply the concept or perform the task in more complex situations.

Proficient

Student can integrate the knowledge/skill/behavior safely and independently in all (simple and complex) clinical situations and is able to identify the need for guidance appropriately.

The results in this Table are part of a Delphi Study that has been submitted to PTJ and is currently under review.



Appendix 13: UCA DPT CLINICAL EDUCATION GUIDELINES

CE I	
Level of experience	First full-time clinical experience
Full-time clinical experience	Clinical experiences are based on an average 40-hour work week, but expected hours are dependent on typical schedules for the assigned clinical site. If clinicians do not typically work a 40-hour work week, students must average a minimum of 32 hours per week for the experience to count as full time. Students are expected to follow the typical work week in the clinic. DCE approval is required if the planned schedule will be less than 35 hours per week.
Length	5 weeks
Academics prior to experience	3.5 semesters of coursework; see curriculum outline for specific courses
Prior clinical exposure	<ul style="list-style-type: none"> Integrated clinical experiences (ICE) in Peds Neuro, Ther Ex, and MSK (ICE experiences are specific clinical opportunities that correlate to identified course objectives)
Performance expectations	<p>Student is not expected to carry a caseload, but at this point should be able to work alongside the CI and carry out related tasks with CI available for simple tasks and more close supervision/guidance for complex situations and tasks</p> <p><u>Expected skills/performance:</u></p> <ul style="list-style-type: none"> Demonstrate progressive application of knowledge and skills across the experience Demonstrate good work ethic including punctuality and timely completion of assigned tasks Demonstrate professional appearance, appropriate communication skills and professional behavior Demonstrate the ability to appropriately engage with patients, caregivers, and other health professionals Consistently demonstrate safety awareness and arrange for safe patient interactions. Apply basic knowledge and skills with guidance including chart review, documentation, communication, transfers, positioning, gait training with assistive devices, exercise selection, instruction and provision, and mobility training. Recognize the need for and seek assistance/CI input as appropriate to optimize patient care. Select and administer examination components for patients with non-complex conditions with CI guidance. Perform evaluations and develop plans of care for patients with non-complex conditions with CI guidance Select and administer interventions with CI guidance Demonstrate performance consistent with <u>advanced beginner or beyond</u> as described in CPI 3.0 criteria by the end of CE I



UCA DPT CLINICAL EDUCATION GUIDELINES

CE I	
Caseload expectations	Students on a first clinical experience are not expected to manage patients independently. Students are prepared at this point to appropriately apply knowledge and skills to perform elements of patient care as identified and assigned by the CI with close supervision and guidance and may begin to share the caseload as deemed appropriate by the CI
Supervision	<p><i>PT must be <u>on site</u>; direct supervision of student; proximity needed is dependent on CI professional judgement, facility policy, and setting specific reimbursement guidelines (i.e. Medicare guidelines for students)</i></p> <p>Direct supervision required for all students (PT on site, readily available, and aware of patient status/planned course of care to be provided by student). Students on CE 1 need close supervision. The CI should be available and prepared to intervene if needed. Ongoing direction and oversight of all activities is needed due to limited coursework to date. The student may begin to take on assigned specific tasks but should not be expected to independently manage patient care.</p>
Feedback/guidance recommendations	<p>Ongoing feedback is beneficial before and after patients. Discuss parameters of how/when feedback will be provided at the beginning of the clinical experience so students know when to expect feedback to occur. Validation of correct skills/behaviors and feedback for improvement is needed to help students form a basis for future clinical applications. Discuss patients before and after care as the schedule and privacy allow. The CI should allow progressive more independent application of knowledge and skills only after the CI has observed appropriate application in the clinical setting.</p> <p>Students on their first full-time clinical experience are laying the foundation for future experiences. While they have completed 3 semesters of academic coursework, they have limited hands-on application prior to CE I and will need to work with the CI initially to get a feel for the patient population, flow of care and dynamics of the various practice elements that are more automatic for practicing clinicians. While they know the mechanics of documentation, each setting has specific requirements, and they will need guidance to apply their skills to the patient populations seen according to facility guidelines.</p>



UCA DPT CLINICAL EDUCATION GUIDELINES

CE 2	
Level of experience	Intermediate full-time clinical experience
Full-time clinical experience	Clinical experiences are based on an average 40-hour work week, but expected hours are dependent on typical schedules for the assigned clinical site. If clinicians do not typically work a 40-hour work week, students must average a minimum of 32 hours per week for the experience to count as full time. Students are expected to follow the typical work week in the clinic. DCE approval is required if the planned schedule will be less than 35 hours per week.
Length	8 weeks
Academics prior to experience	6 semesters of coursework; see curriculum outline for specific courses
Prior clinical exposure	<ul style="list-style-type: none"> ● Integrated clinical experiences (ICE) in Peds Neuro, Ther Ex, MSK, and Adult Neuro (ICE experiences are specific clinical opportunities that correlate to identified course objectives) ● 1 previous Full-time clinical experience: CE 1
Performance expectations	<p>Student begins managing aspects of care as assigned by CI and works towards management of 50 percent or more of a typical entry level PT caseload for the site/setting including non-complex and complex patients by the end of CE 2. The student should demonstrate the ability to manage familiar diagnoses for non-complex patients independently by the end of the experience with some assistance is expected for unfamiliar or complex patients.</p> <p><u>Expected skills/performance:</u></p> <ul style="list-style-type: none"> ○ Demonstrate progressive application of knowledge and skills across the experience ○ Demonstrate and implement safety awareness consistently guarding and arranging for safe patient interactions ○ Demonstrate professional appearance, professional behavior, and appropriate communication skills ○ Demonstrate the ability to communicate with and appropriately engage with patients, caregivers, and other health professionals ○ Demonstrate foundational knowledge relevant to patient populations commonly seen in the setting ○ Demonstrate initiative for identifying and reviewing content to prepare for effective patient care ○ Recognize the need for and seek assistance/CI input as appropriate to optimize patient care. ○ Select and administer examination components for patients with non-complex and complex conditions with CI guidance. ○ Demonstrate progressive ability to synthesize information from the examination to develop a plan of care ○ Demonstrate the ability to identify interventions appropriate for patients in the setting



UCA DPT CLINICAL EDUCATION GUIDELINES

CE 2	
	<p>Expected skills/performance (cont)</p> <ul style="list-style-type: none"> ○ Perform evaluations for non-complex patients with minimum assistance and for complex patients with minimum to moderate assistance ○ Begin to manage schedule and self-assign familiar patients with CI approval by the end of the experience ○ Demonstrate integration of current evidence in clinical practice through review, implementation, and discussion of relevant evidence with CI and patients ○ Demonstrate performance consistent with <u>intermediate or beyond</u> as described in CPI 3.0 criteria by the end of CE 2
Caseload expectations	<p>Expected to progress to managing most non-complex and occasional complex patients (<u>half-50%-or more of the typical caseload for a new graduate</u>) with progressive independence by the end of the clinical experience. Students are expected to provide care alongside CI with greater independence allowed after CI observation and confirmation of setting specific skills.</p>
Supervision	<ul style="list-style-type: none"> ● Direct supervision continues to be required for all students (PT on site, readily available, and aware of patient status/planned course of care to be provided by student). ● Students on CE 2 need close supervision initially. Confirmation of setting specific skills is needed before the student is allowed to progress towards greater independence. ● The CI provides continued oversight and feedback. CI is available and on premises with supervision provided in accordance with 3rd party payer stipulations. ● Students should be able to manage care for most non-complex patients/clients by the end of the experience.
Feedback/guidance recommendations	<p>Ongoing feedback is recommended before and after patients. Establish a routine for regular feedback processes, i.e. weekly feedback, daily wrap up, morning planning session, etc...in accordance with CI preference and with consideration of student input for preferences/needs to optimize learning and performance. Weekly planning forms may be beneficial for establishing and review progress towards weekly and overall objectives especially if the CI feels additional communication/focus on a particular area would be helpful.</p>



UCA DPT CLINICAL EDUCATION GUIDELINES

CE 3	
Level of experience	Intermediate full-time clinical experience
Full-time clinical experience	Clinical experiences are based on an average 40-hour work week, but expected hours are dependent on typical schedules for the assigned clinical site. If clinicians do not typically work a 40-hour work week, students must average a minimum of 32 hours per week for the experience to count as full time. Students are expected to follow the typical work week in the clinic. DCE approval is required if the planned schedule will be less than 35 hours per week.
Length	8 weeks
Academics prior to experience	Academic coursework complete (except Outcomes course); see curriculum outline
Prior clinical exposure	<ul style="list-style-type: none"> ● Integrated clinical experiences (ICE) in Peds Neuro, Ther Ex, MSK, and Adult Neuro (ICE experiences are specific clinical opportunities that correlate to identified course objectives) ● 2 previous Full-time clinical experience: CE 1 and CE 2
Performance expectations	<p>Student begins managing aspects of care as assigned by CI and works towards management of 75 percent or more of a typical entry level PT caseload for the site/setting including non-complex and complex patients by the end of CE 3. By the end of the clinical experiences, students should be able to determine care needs and provide care for most non-complex independently with some assistance expected for complex patients.</p> <p><u>Expected skills/performance:</u></p> <ul style="list-style-type: none"> ○ Demonstrate progressive application of knowledge and skills across the experience ○ Demonstrate and implement safety awareness consistently guarding and arranging for safe patient interactions ○ Demonstrate professional appearance, professional behavior, and appropriate communication skills ○ Demonstrate the ability to communicate with and appropriately engage with patients, caregivers, and other health professionals ○ Demonstrate consistent application knowledge relevant to patient populations commonly seen in the setting ○ Demonstrate initiative for identifying and reviewing content to prepare for effective patient care ○ Recognize the need for and seek assistance/CI input as appropriate to optimize patient care. ○ Select and administer examination components for patients with non-complex and complex conditions with minimum CI guidance.



UCA DPT CLINICAL EDUCATION GUIDELINES

CE 3	
	<p>Expected Skills/Performance (cont)</p> <ul style="list-style-type: none"> ○ Demonstrates progressive ability to anticipate patient needs, synthesize information and determine plan of care ○ Selects and administers interventions appropriate for patients in the setting ○ Perform evaluations for non-complex patients with occasional assistance and for complex patients with minimum assistance ○ Manages schedule and self-assigns patients with CI approval by the end of the experience ○ Demonstrate integration of current evidence in clinical practice through review, implementation, and discussion of relevant evidence with CI and patients ○ Demonstrate performance consistent with <u>advanced intermediate or beyond</u> as described in CPI 3.0 criteria by the end of CE 3
Caseload expectations	<p>Expected to progress to management of most non-complex and some complex patients by the end of the clinical experience (50 percent or more of a full-time, entry level PT's expected caseload in the setting) needing assistance less than 25% of the time for non-complex patients and needing assistance less than 50% of the time for complex patients.</p> <p>Initial confirmation of setting specific skills through CI oversight continues to be needed before the student is expected to manage patients more independently.</p>
Supervision	<ul style="list-style-type: none"> ● Direct supervision continues to be required. ● Initial confirmation of setting specific skills continues to be needed before the student is expected to manage assigned aspects of patient care with progressive independence during the clinical experience. Students are expected to need CI input for complex issues. ● The CI provides continued oversight and feedback. CI is available and on premises with supervision provided in accordance with 3rd party payer stipulations. ● Students should consistently be able to manage care for non-complex and some complex patients/clients by the end of the experience
Feedback/guidance recommendations	<p>Encourage progressive reflection by student; Consider use of weekly planning forms to establish and review progress towards weekly and overall objectives; Regular meetings, including daily brief check in and weekly meetings to discuss overall progress, continue to be beneficial for facilitating ongoing progression of knowledge acquisition, skill application and independence. The student should self-identify when additional input is needed to enhance practice but continues to benefit from CI validation of effective performance along with feedback for improvement as needed to optimize/elevate performance.</p>



CE 3

Feedback/guidance recommendations (cont)

The student should demonstrate progressive independence, with some time for acclimation to new settings needed with each transition to a new site.

By the conclusion of CE 3, the student should demonstrate emerging skills to engage in practice as expected of an entry-level clinician in the assigned setting. The student should demonstrate capability to consistently apply knowledge and skills independently with non-complex patients with the CI providing guidance for complex cases and continuing to assist the student in developing strategies for effective and efficient care.



UCA DPT CLINICAL EDUCATION GUIDELINES

CE 4	
Level of experience	Intermediate full-time clinical experience
Full-time clinical experience	Clinical experiences are based on an average 40-hour work week, but expected hours are dependent on typical schedules for the assigned clinical site. If clinicians do not typically work a 40-hour work week, students must average a minimum of 32 hours per week for the experience to count as full time. Students are expected to follow the typical work week in the clinic. DCE approval is required if the planned schedule will be less than 35 hours per week.
Length	9 weeks
Academics prior to experience	Academic coursework complete (except Outcomes course); see curriculum outline
Prior clinical exposure	<ul style="list-style-type: none"> ● Integrated clinical experiences (ICE) in Peds Neuro, Ther Ex, MSK, and Adult Neuro (ICE experiences are specific clinical opportunities that correlate to identified course objectives) ● 3 previous Full-time clinical experience: CE 1, CE 2 and CE 3
Performance expectations	<p>Student should progress to managing aspects of care in the assigned setting from intake to discharge and should demonstrate consistent management of 75 percent or more of a typical entry level PT caseload for the site/setting including non-complex and some complex patients by the end of CE 4. By the end of the clinical experience the student should be independent in managing care for non-complex patients with some assistance needed for more complex patients. The student should be self-identifying those aspects of care where additional CI input/assistance is needed to optimize care.</p> <p><u>Expected skills/performance:</u></p> <ul style="list-style-type: none"> ○ Demonstrates progressive application of knowledge and skills across the experience ○ Demonstrates and implements appropriate safety behaviors, anticipates patient needs, and arranges for safe patient interactions ○ Demonstrates professional appearance, professional behavior, and appropriate communication skills ○ Recognizes and appropriately responds to legal and ethical parameters and any identified issues ○ Actively participates in planning for the clinical experience and utilizes resources to optimize professional growth and patient care ○ Demonstrates the ability to communicate with and appropriately engage with patients, caregivers, and other health professionals including supervision/direction of support personnel in the setting as warranted



UCA DPT CLINICAL EDUCATION GUIDELINES

CE 4	
	<p>Expected Skills/Performance (cont)</p> <ul style="list-style-type: none"> ○ Demonstrates consistent application of knowledge relevant to patient populations commonly seen in the setting ○ Demonstrates initiative for identifying and reviewing content to prepare for effective patient care ○ Recognizes the need for and seek assistance/CI input as appropriate to optimize patient care. ○ Integrates effective clinical reasoning into clinical decision making; appropriately seeks assistance when warranted ○ Consistently and effectively completes examination, evaluation and determines diagnosis as appropriate for patients within the setting ○ Demonstrates progressive ability to anticipate patient needs, synthesize information and determine plan of care ○ Effectively and efficiently selects and administers interventions and education appropriate for patients in the setting ○ Perform evaluations for non-complex patients with occasional assistance and for complex patients with minimum assistance ○ Manages schedule and self-assigns patients with CI approval by the end of the experience ○ Demonstrates appropriate management of patient care within the assigned setting (intake to discharge) with input from CI. ○ Demonstrates integration of current evidence in clinical practice through review, implementation, and discussion of relevant evidence with CI and patients ○ Demonstrates performance consistent with <u>advanced intermediate or beyond</u> as described in CPI 3.0 criteria by the end of CE 4
Caseload expectations	<p>Expected to progress to consistently managing non-complex and managing some complex patients (<u>75% or more of the typical caseload for a full-time, entry level PT</u>) by the end of the clinical experience needing assistance less than 25% of the time overall for non-complex and complex patients.</p> <p>Initial confirmation of setting specific skills through CI oversight continues to be needed before the student is expected to manage patients more independently.</p>
Supervision	<ul style="list-style-type: none"> ● Direct supervision continues to be required. ● Initial confirmation of setting specific skills continues to be needed before the student is expected to manage assigned aspects of patient care more independently. Students should be initiating patient care and demonstrating self-recognition of when assistance is needed. ● The need for continued assistance with issues of greater complexity is expected. The CI provides continued oversight and feedback. ● CI is available and on premises with supervision provided in accordance with 3rd party payer stipulations. ● Students should be able to manage care for non-complex and some complex patients/clients by the end of the experience.



UCA DPT CLINICAL EDUCATION GUIDELINES

CE 4

Feedback/guidance recommendations

Encourage progressive reflection by student; Consider use of weekly planning forms to establish and review progress towards weekly and overall objectives; Regular meetings, including daily brief check in and weekly meetings to discuss overall progress, continue to be beneficial for facilitating ongoing progression of knowledge acquisition, skill application and independence. The student should self-identify when additional input is needed to enhance practice, but continues to benefit from CI validation of effective performance along with feedback for improvement as needed to optimize/elevate performance.

The student should demonstrate progressive independence, with some time for acclimation to new settings needed with each transition to a new site.

By the conclusion of CE 4, the student should demonstrate emerging skills approaching readiness to engage in practice as expected of an entry-level clinician in the assigned setting, with the CI providing guidance for complex cases and continuing to assist the student in developing strategies for effective and efficient care.

The student should self-identify areas for additional growth needed and routinely identify for the CI when assistance/CI input is needed to ensure optimal patient care.



UCA DPT CLINICAL EDUCATION GUIDELINES

CE 5	
Level of experience	<u>Final</u> full-time clinical experience
Full-time clinical experience	Clinical experiences are based on an average 40-hour work week, but expected hours are dependent on typical schedules for the assigned clinical site. If clinicians do not typically work a 40-hour work week, students must average a minimum of 32 hours per week for the experience to count as full time. Students are expected to follow the typical work week in the clinic. DCE approval is required if the planned schedule will be less than 35 hours per week.
Length	9 weeks
Academics prior to experience	Academic coursework complete; see curriculum outline
Prior clinical exposure	<ul style="list-style-type: none"> ● Integrated clinical experiences (ICE) in Peds Neuro, Ther Ex, MSK, and Adult Neuro (ICE experiences are specific clinical opportunities that correlate to identified course objectives) ● 4 previous Full-time clinical experiences: CE 1, CE 2, CE 3 and CE 4
Performance expectations	<p>Student should progress to managing all aspects of care in the assigned setting from intake to discharge and should demonstrate independent management of 100 percent of a typical entry level PT caseload for the site/setting including a mix of non-complex and complex patients by the end of CE 5. By the end of the experience, the student should be reporting to the CI as supervisor and should be managing the care of the assigned caseload independently (with CI approval). Occasional assistance may be needed for more complex patients, with the student identifying and seeking CI input/assistance as needed to optimize care or complete unfamiliar tasks.</p> <p><u>Expected skills/performance:</u></p> <ul style="list-style-type: none"> ○ Integrates and consistently exhibits appropriate safety awareness and professional behaviors/appearance including appropriate communication with all stakeholders ○ Recognizes and appropriately responds to legal and ethical parameters and any identified issues ○ Self-assesses own knowledge, progress, and performance and utilizes resources to optimize professional growth and patient care ○ Demonstrates progressive application of knowledge and skills appropriate for the assigned setting across the experience ○ Demonstrates initiative for identifying and reviewing content to prepare for effective patient care ○ Integrates effective clinical reasoning into clinical decision making; appropriately seeks assistance when warranted



UCA DPT CLINICAL EDUCATION GUIDELINES

CE 5

	<p>Expected Skills/Performance (cont):</p> <ul style="list-style-type: none"> ○ Effectively and efficiently completes examination, evaluation and diagnosis as appropriate for patients within the setting ○ Demonstrates the ability to anticipate patient needs, synthesize information and determine appropriate and effective plans of care ○ Demonstrates the ability to establish and manage a daily schedule that consists of familiar and unfamiliar patients typically seen in the assigned setting. ○ Effectively and efficiently selects and administers interventions appropriate for patients in the setting ○ Identifies the need for and provides appropriate education for patients and other stakeholders. ○ Demonstrates appropriate management of patient care within the assigned setting (intake to discharge including equipment recommendations and management as well as transitions to other levels of care). ○ Self-identifies when additional input is needed to optimize care. ○ Supervises support personnel in the setting appropriately and communicates effectively with other healthcare providers. ○ Completes documentation in an appropriate and timely manner consistent with facility requirements. ○ Demonstrates integration of current evidence in clinical practice through review, implementation, and discussion of relevant evidence with CI and patients ○ Functions as a team member within the setting by the conclusion of the experience ○ Demonstrates performance consistent with <u>entry level or beyond</u> as described in CPI 3.0 criteria by the end of CE 5
<p>Caseload expectations</p>	<p>Expected to demonstrate capability of independent management of a full caseload expected of <u>an entry level therapist by the end</u> of the clinical experience. Initial confirmation of setting specific skills through CI oversight continues to be needed as the student may not have been in a similar setting previously. The student should be able to consistently manage non-complex and complex patients on the caseload by the end of the clinical experience but may still need occasional assistance for very complex cases, working with the CI to problem solve.</p>
<p>Supervision</p>	<ul style="list-style-type: none"> ● Direct supervision continues to be required. ● Initial confirmation of setting specific skills continues to be needed before allowing the student to progress to independent management of the expected caseload with the CI providing continued oversight and feedback. CI is available and on premises with supervision provided in accordance with 3rd party payer stipulations. ● The student should be able to recognize when assistance is warranted but should be able to manage patients with both simple and complex issues, with assistance for very complex issues/co-morbidities by the end of the experience with CI oversight. ● The student should self-identify when additional input/assistance is needed to optimize patient/client care.



UCA DPT CLINICAL EDUCATION GUIDELINES

CE 5

Feedback/guidance recommendations

Encourage progressive reflection by student; Consider use of weekly planning forms to establish and review progress towards weekly and overall objectives; Regular meetings, including daily brief check in and weekly meetings to discuss overall progress, continue to be beneficial for facilitating ongoing progression of knowledge acquisition, skill application and independence. The student should self-identify when additional input is needed to enhance practice, but continues to benefit from CI validation of effective performance along with feedback for improvement as needed to optimize/elevate performance.

The student should demonstrate progressive independence, with some time for acclimation to new settings needed with each transition to a new site.

By the conclusion of the final clinical experience (CE 5), the student should demonstrate the ability to engage in practice as expected of an entry-level clinician in the assigned setting, with the CI functioning in a consultative role, although the CI maintains the role of supervisor throughout all experiences.



UNIVERSITY OF
CENTRAL
ARKANSAS

UCA Department of Physical Therapy
Professional Behavior Reporting Form

Student's Name: _____

Observer: _____

Positive

Setting:

Student Action:

Evaluator Action:

COPY

This is just a copy of the form that will be filled out on DocuSign.

Evaluator Signature

Date

I have been informed that a Professional Behavior Report was filed on _____ (date) and discussed the contents of the report with my faculty advisor (or designated surrogate advisor).

Student Signature

Date



UCA Department of Physical Therapy
Professional Behavior Reporting Form

Student written response to Professional Behavior Report
(Optional—submit to Department Chairperson within 5 days
following student notification of Professional Behavior Report)

Student: _____

Date: _____

Date of Professional Behavior Report: _____

Student Response:

COPY

This is just a copy of the form that will be filled out on DocuSign.

Student Signature

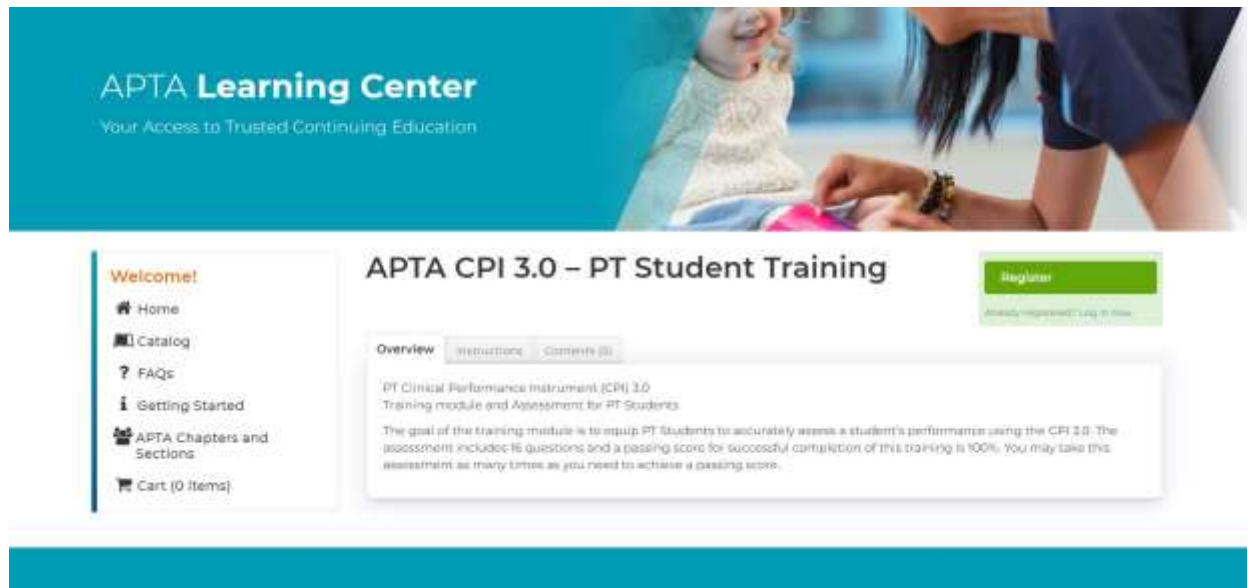
Date

Appendix 15: APTA CPI 3.0 Training

The APTA Learning Center provides training for the APTA CPI 3.0. A link to the Student Training and a link to the CI / SCCE Training are provided below.

LINK TO STUDENT TRAINING

[American Physical Therapy Association: APTA CPI 3.0 – PT Student Training](#)



The screenshot shows the APTA Learning Center website interface for PT Student Training. The header features the APTA Learning Center logo and tagline, "Your Access to Trusted Continuing Education," over a background image of a physical therapist interacting with a child. A navigation menu on the left includes links for Home, Catalog, FAQs, Getting Started, APTA Chapters and Sections, and Cart (0 items). The main content area is titled "APTA CPI 3.0 – PT Student Training" and includes a "Register" button. Below the title, there are tabs for "Overview," "Instructions," and "Contents (3)". The overview text states: "PT Clinical Performance Instrument (CPI) 3.0 Training module and Assessment for PT Students. The goal of the training module is to equip PT Students to accurately assess a student's performance using the CPI 3.0. The assessment includes 16 questions and a passing score for successful completion of this training is 100%. You may take this assessment as many times as you need to achieve a passing score."

LINK TO CI / SCCE TRAINING

[American Physical Therapy Association: APTA CPI 3.0 – CI/SCCE Training](#)



The screenshot shows the APTA Learning Center website interface for CI/SCCE Training. The header features the APTA Learning Center logo and tagline, "Your Access to Trusted Continuing Education," over a background image of a physical therapist interacting with a child. A navigation menu on the left includes links for Home, Catalog, FAQs, Getting Started, APTA Chapters and Sections, and Cart (0 items). The main content area is titled "APTA CPI 3.0 – CI/SCCE Training" and includes a "Register" button. Below the title, there are tabs for "Overview," "Instructions," and "Contents (3)". The overview text states: "PT and PTA Clinical Performance Instrument (CPI) 3.0 Training module and Assessment for CIs and SCCEs (addresses both PT and PTA CPI). The goal of the training module is to equip CIs and SCCEs to accurately assess both PT and PTA student's performance using the CPI 3.0. The assessment includes 21 questions and a passing score for successful completion of this training is 100%. You may take this assessment as many times as you need to achieve a passing score."



Appendix 16: Clinical Education Action Plan

Student: _____

Clinical Instructor: _____

Clinical Facility: _____

Specific incident(s)/concern(s):

DCE contacted ____ Yes ____ No

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

1. _____
2. _____
3. _____
4. _____
5. _____

Action plan:

CI plan to facilitate achievement of objectives:

Student plan to complete objectives:

Student Signature

CI Signature



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.

Skill Category	Description of Minimum Skills
<p>Screening</p> <ul style="list-style-type: none"> • <i>Systems review for referral</i> • <i>Recognize scope of limitations</i> 	<ol style="list-style-type: none"> 1. Perform review of systems to determine the need for referral or for physical therapy services. 2. Systems review screening includes the following: <ol style="list-style-type: none"> A. General Health Condition (GHC) <ol style="list-style-type: none"> (1) Fatigue (2) Malaise (3) Fever/chills/sweats (4) Nausea/vomiting (5) Dizziness/lightheadedness (6) Unexplained weight change (7) Numbness/Paresthesia (8) Weakness (9) Mentation/cognition B. Cardiovascular System (CVS)* <ol style="list-style-type: none"> (1) Dyspnea (2) Orthopnea (3) Palpitations (4) Pain/sweats (5) Syncope (6) Peripheral edema (7) Cough C. Pulmonary System (PS)* <ol style="list-style-type: none"> (1) Dyspnea (2) Onset of cough (3) Change in cough (4) Sputum (5) Hemoptysis (6) Clubbing of nails (7) Stridor (8) Wheezing D. Gastrointestinal System (GIS) <ol style="list-style-type: none"> (1) Difficulty with swallowing (2) Heartburn, indigestion (3) Change in appetite (4) Change in bowel function E. Urinary System (US) <ol style="list-style-type: none"> (1) Frequency (2) Urgency (3) Incontinence F. Genital Reproductive System (GRS) <ol style="list-style-type: none"> Male <ol style="list-style-type: none"> (1) Describe any sexual dysfunction, difficulties, or concerns Female <ol style="list-style-type: none"> (1) Describe any sexual or menstrual dysfunction, difficulties, or problems

Skill Category	Description of Minimum Skills
<p>Screening (cont.)</p>	<ol style="list-style-type: none"> 3. Initiate referral when positive signs and symptoms identified in the review of systems are beyond the specific skills or expertise of the physical therapist or beyond the scope of physical therapist practice. 4. Consult additional resources, as needed, including other physical therapists, evidence-based literature, other health care professionals, and community resources. 5. Screen for physical, sexual, and psychological abuse. <p><u>Cardiovascular and Pulmonary Systems*</u></p> <ol style="list-style-type: none"> 1. Conduct a systems review for screening of the cardiovascular and pulmonary system (heart rate and rhythm, respiratory rate, blood pressure, edema). 2. Read a single lead EKG. <p><u>Integumentary System*</u></p> <ol style="list-style-type: none"> 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. <p><u>Musculoskeletal System*</u></p> <ol style="list-style-type: none"> 1. Conduct a systems review for screening of musculoskeletal system, the assessment of gross symmetry, gross range of motion, gross strength, height and weight. <p><u>Neurological System*</u></p> <ol style="list-style-type: none"> 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).
<p>Examination/ Reexamination</p> <ul style="list-style-type: none"> • <i>History</i> • <i>Tests and Measures (refer to Licensure Examination Outline, Guide to Physical Therapist Practice, PT Normative Model: Version 2004)</i> • <i>Systems Review for Examination</i> 	<ol style="list-style-type: none"> 1. Review pertinent medical records and conduct an interview which collects the following data: <ol style="list-style-type: none"> 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.*

Skill Category	Description of Minimum Skills
Examination/ Reexamination (cont.)	<ol style="list-style-type: none"> 4. Perform gait, locomotion and balance tests including quantitative and qualitative measures such as*: <ol style="list-style-type: none"> A. Balance during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment B. Balance (dynamic and static) with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment C. Gait and locomotion during functional activities with or without the use of assistive, adaptive, orthotic, protective, supportive, or prosthetic devices or equipment to include: <ol style="list-style-type: none"> (1) Bed mobility (2) Transfers (level surfaces and floor)* (3) Wheelchair management (4) Uneven surfaces (5) Safety during gait, locomotion, and balance D. Perform gait assessment including step length, speed, characteristics of gait, and abnormal gait patterns. 5. Characterize or quantify body mechanics during self-care, home management, work, community, tasks, or leisure activities. 6. Characterize or quantify ergonomic performance during work (job/school/play)*: <ol style="list-style-type: none"> A. Dexterity and coordination during work B. Safety in work environment C. Specific work conditions or activities D. Tools, devices, equipment, and workstations related to work actions, tasks, or activities 7. Characterize or quantify environmental home and work (job/school/play) barriers: <ol style="list-style-type: none"> A. Current and potential barriers B. Physical space and environment C. Community access 8. Observe self-care and home management (including ADL and IADL)* 9. Measure and characterize pain* to include: <ol style="list-style-type: none"> A. Pain, soreness, and nociception B. Specific body parts 10. Recognize and characterize signs and symptoms of inflammation. <p><u>Cardiovascular and Pulmonary Systems</u></p> <ol style="list-style-type: none"> 1. Perform cardiovascular/pulmonary tests and measures including: <ol style="list-style-type: none"> A. Heart rate B. Respiratory rate, pattern and quality* C. Blood pressure D. Aerobic capacity test* (functional or standardized) such as the 6-minute walk test E. Pulse Oximetry F. Breath sounds – normal/abnormal G. Response to exercise (RPE)

Skill Category	Description of Minimum Skills
Examination/ Reexamination (cont.)	<p>H. Signs and symptoms of hypoxia</p> <p>I. Peripheral circulation (deep vein thrombosis, pulse, venous stasis, lymphedema)*</p> <p><u>Integumentary System</u></p> <p>1. Perform integumentary integrity tests and measures including*:</p> <ul style="list-style-type: none"> A. Activities, positioning, and postures that produce or relieve trauma to the skin. B. Assistive, adaptive, orthotic, protective, supportive, or prosthetic devices and equipment that may produce or relieve trauma to the skin. C. Skin characteristics, including blistering, continuity of skin color, dermatitis, hair growth, mobility, nail growth, sensation, temperature, texture and turgor. D. Activities, positioning, and postures that aggravate the wound or scar or that produce or relieve trauma. E. Signs of infection. F. Wound characteristics: bleeding, depth, drainage, location, odor, size, and color. G. Wound scar tissue characteristics including banding, pliability, sensation, and texture. <p><u>Musculoskeletal System</u></p> <p>1. Perform musculoskeletal system tests and measures including:</p> <ul style="list-style-type: none"> A. Accessory movement tests B. Anthropometrics <ul style="list-style-type: none"> (1) Limb length (2) Limb girth (3) Body composition C. Functional strength testing D. Joint integrity* E. Joint mobility* F. Ligament laxity tests G. Muscle length* H. Muscle strength* including manual muscle testing, dynamometry, one repetition max I. Palpation J. Range of motion* including goniometric measurements <p>2. Perform orthotic tests and measures including*:</p> <ul style="list-style-type: none"> A. Components, alignment, fit, and ability to care for orthotic, protective, and supportive devices and equipment. B. Evaluate the need for orthotic, protective, and supportive devices used during functional activities. C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions with use of orthotic, protective, and supportive device. D. Residual limb or adjacent segment, including edema, range of motion, skin integrity and strength. E. Safety during use of orthotic, protective, and supportive device. <p>3. Perform prosthetic tests and measures including*:</p> <ul style="list-style-type: none"> A. Alignment, fit, and ability to care for prosthetic device. B. Prosthetic device use during functional activities.

Skill Category	Description of Minimum Skills
Examination/ Reexamination (cont.)	<ul style="list-style-type: none"> C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions, with use of prosthetic device. D. Evaluation of residual limb or adjacent segment, including edema, range of motion, skin integrity, and strength. E. Safety during use of the prosthetic device. <p>4. Perform tests and measures for assistive and adaptive devices including*:</p> <ul style="list-style-type: none"> A. Assistive or adaptive devices and equipment use during functional activities. B. Components, alignment, fit, and ability to care for the assistive or adaptive devices and equipment. C. Remediation of impairments in body function and structure, activity limitations, and participation restrictions with use of assistive or adaptive devices and equipment. D. Safety during use of assistive or adaptive equipment. <p><u>Neurological System</u></p> <p>1. Perform arousal, attention and cognition tests and measures to characterize or quantify (including standardized tests and measures)*:</p> <ul style="list-style-type: none"> A. Arousal B. Attention C. Orientation D. Processing and registration of information E. Retention and recall F. Communication/language <p>2. Perform cranial and peripheral nerve integrity tests and measures*:</p> <ul style="list-style-type: none"> A. Motor distribution of the cranial nerves (eg, muscle tests, observations) B. Motor distribution of the peripheral nerves (eg, dynamometry, muscle tests, observations, thoracic outlet tests) C. Response to neural provocation (e.g. tension test, vertebral artery compression tests) D. Response to stimuli, including auditory, gustatory, olfactory, pharyngeal, vestibular, and visual (eg, observations, provocation tests) <p>3. Perform motor function tests and measures to include*:</p> <ul style="list-style-type: none"> A. Dexterity, coordination, and agility B. Initiation, execution, modulation and termination of movement patterns and voluntary postures <p>4. Perform neuromotor development and sensory integration tests and measures to characterize or quantify*:</p> <ul style="list-style-type: none"> A. Acquisition and evolution of motor skills, including age-appropriate development B. Sensorimotor integration, including postural responses, equilibrium, and righting reactions <p>5. Perform tests and measures for reflex integrity including*:</p> <ul style="list-style-type: none"> A. Deep reflexes (eg, myotatic reflex scale, observations, reflex tests) B. Postural reflexes and reactions, including righting, equilibrium and protective reactions C. Primitive reflexes and reactions, including developmental D. Resistance to passive stretch E. Superficial reflexes and reactions

Skill Category	Description of Minimum Skills
Examination/ Reexamination (cont.)	F. Resistance to velocity dependent movement 6. Perform sensory integrity tests and measures that characterize or quantify including*: A. Light touch B. Sharp/dull C. Temperature D. Deep pressure E. Localization F. Vibration G. Deep sensation H. Stereognosis I. Graphesthesia
Evaluation <ul style="list-style-type: none"> • <i>Clinical reasoning</i> • <i>Clinical decision making</i> 	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. 2. Use available evidence in interpreting the examination findings. 3. Verbalize possible alternatives when interpreting the examination findings. 4. Cite the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support a clinical decision.
Diagnosis	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 <i>Guide</i>) 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.*
Prognosis	1. Determine the predicted level of optimal functioning and the amount of time required to achieve that level.* 2. Recognize barriers that may impact the achievement of optimal functioning within a predicted time frame including*: A. Age B. Medication(s) C. Socioeconomic status D. Co-morbidities E. Cognitive status F. Nutrition G. Social Support H. Environment
Plan of Care <ul style="list-style-type: none"> • <i>Goal setting</i> • <i>Coordination of Care</i> • <i>Progression of care</i> • <i>Discharge</i> 	<u><i>Design a Plan of Care</i></u> 1. Write measurable functional goals (short-term and long-term) that are time referenced with expected outcomes. 2. Consult patient/client and/or caregivers to develop a mutually agreed to plan of care.* 3. Identify patient/client goals and expectations.* 4. Identify indications for consultation with other professionals.* 5. Make referral to resources needed by the patient/client (assumes knowledge of referral sources).*

Skill Category	Description of Minimum Skills
<p>Plan of care (cont.)</p>	<ol style="list-style-type: none"> 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.* <p><u>Coordination of Care</u></p> <ol style="list-style-type: none"> 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 rationale for a referral. 5. Advocate for patient/client access to services. <p><u>Progression of Care</u></p> <ol style="list-style-type: none"> 1. Identify outcome measures of progress relative to when to progress the patient further.* 2. Measure patient/client response to intervention.* 3. Monitor 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. <p><u>Discharge Plan</u></p> <ol style="list-style-type: none"> 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.

Skill Category	Description of Minimum Skills
<p>Interventions</p> <ul style="list-style-type: none"> • <i>Safety, Emergency Care, CPR and First Aid</i> • <i>Standard Precautions</i> • <i>Body Mechanics and Positioning</i> • <i>Categories of Interventions (See NPTE List and Guide)</i> 	<p><u><i>Safety, Cardiopulmonary Resuscitation Emergency Care, First Aid</i></u></p> <ol style="list-style-type: none"> 1. Ensure patient safety and safe application of patient/client care.* 2. Perform first aid.* 3. Perform emergency procedures.* 4. Perform Cardiopulmonary Resuscitation (CPR).* <p><u><i>Precautions</i></u></p> <ol style="list-style-type: none"> 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.* <p><u><i>Body Mechanics and Positioning</i></u></p> <ol style="list-style-type: none"> 1. Apply proper body mechanics (utilize, teach, reinforce, and observe).* 2. Properly position, drape, and stabilize a patient/client when providing physical therapy.* <p><u><i>Interventions</i></u></p> <ol style="list-style-type: none"> 1. Coordination, communication, and documentation may include: <ol style="list-style-type: none"> A. Addressing required functions: <ol style="list-style-type: none"> (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: <ol style="list-style-type: none"> (1) Home care agencies (2) Equipment suppliers (3) Schools (4) Transportation agencies (5) Payer groups E. Communication across settings, including: <ol style="list-style-type: none"> (1) Case conferences (2) Documentation (3) Education plans F. Cost-effective resource utilization. G. Data collection, analysis, and reporting of: <ol style="list-style-type: none"> (1) Outcome data (2) Peer review findings (3) Record reviews H. Documentation across settings, following APTA's Guidelines for Physical Therapy Documentation, including: <ol style="list-style-type: none"> (1) Elements of examination, evaluation, diagnosis, prognosis, and intervention

Skill Category	Description of Minimum Skills
Interventions (cont.)	<ul style="list-style-type: none"> (2) Changes in body structure and function, activities and participation. (3) Changes in interventions (4) Outcomes of intervention I. Interdisciplinary teamwork: <ul style="list-style-type: none"> (1) Patient/client family meetings (2) Patient care rounds (3) Case conferences J. Referrals to other professionals or resources.* <p>2. Patient/client-related instruction may include:</p> <ul style="list-style-type: none"> A. Instruction, education, and training of patients/clients and caregivers regarding: <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> 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 <p>3. Therapeutic exercise may include performing:</p> <ul style="list-style-type: none"> A. Aerobic capacity/endurance conditioning or reconditioning*: <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (1) Body mechanics training* (2) Postural control training* (3) Postural stabilization activities* (4) Posture awareness training*

Skill Category	Description of Minimum Skills
Interventions (continued)	<ul style="list-style-type: none"> D. Flexibility exercises: <ul style="list-style-type: none"> (1) Muscle lengthening* (2) Range of motion* (3) Stretching* E. Gait and locomotion training*: <ul style="list-style-type: none"> (1) Developmental activities training* (2) Gait training* (3) Device training* (4) Perceptual training* (5) Basic wheelchair training* F. Neuromotor development training: <ul style="list-style-type: none"> (1) Developmental activities training* (2) Motor training (3) Movement pattern training (4) Neuromuscular education or reeducation* G. Relaxation: <ul style="list-style-type: none"> (1) Breathing strategies* (2) Movement strategies (3) Relaxation techniques H. Strength, power, and endurance training for head, neck, limb, and trunk*: <ul style="list-style-type: none"> (1) Active assistive, active, and resistive exercises (including concentric, dynamic/isotonic, eccentric, isokinetic, isometric, and plyometric exercises) (2) Aquatic programs* (3) Task-specific performance training I. Strength, power, and endurance training for pelvic floor: <ul style="list-style-type: none"> (1) Active (Kegel) J. Strength, power, and endurance training for ventilatory muscles: <ul style="list-style-type: none"> (1) Active and resistive 4. Functional training in self-care and home management may include*: <ul style="list-style-type: none"> A. Activities of daily living (ADL) training: <ul style="list-style-type: none"> (1) Bed mobility and transfer training* (2) Age appropriate functional skills B. Barrier accommodations or modifications* C. Device and equipment use and training: <ul style="list-style-type: none"> (1) Assistive and adaptive device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing)* (2) Orthotic, protective, or supportive device or equipment training during self-care and home management* (3) Prosthetic device or equipment training during ADL (specifically for bed mobility and transfer training, gait and locomotion, and dressing)*

Skill Category	Description of Minimum Skills
Interventions (cont.)	<ul style="list-style-type: none"> D. Functional training programs*: <ul style="list-style-type: none"> (1) Simulated environments and tasks* (2) Task adaptation E. Injury prevention or reduction: <ul style="list-style-type: none"> (1) Safety awareness training during self-care and home management* (2) Injury prevention education during self-care and home management (3) Injury prevention or reduction with use of devices and equipment 5. Functional training in work (job/school/play), community, and leisure integration or reintegration may include*: <ul style="list-style-type: none"> A. Barrier accommodations or modifications* B. Device and equipment use and training*: <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (1) Simulated environments and tasks (2) Task adaptation (3) Task training D. Injury prevention or reduction: <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> A. Passive range of motion B. Massage: <ul style="list-style-type: none"> (1) Connective tissue massage (2) Therapeutic massage C. Manual traction* D. Mobilization/manipulation: <ul style="list-style-type: none"> (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*: <ul style="list-style-type: none"> A. Adaptive devices*:

Skill Category	Description of Minimum Skills
Interventions (cont.)	<ul style="list-style-type: none"> (1) Hospital beds (2) Raised toilet seats (3) Seating systems – prefabricated B. Assistive devices*: <ul style="list-style-type: none"> (1) Canes (2) Crutches (3) Long-handled reachers (4) Static and dynamic splints – prefabricated (5) Walkers (6) Wheelchairs C. Orthotic devices*: <ul style="list-style-type: none"> (1) Prefabricated braces (2) Prefabricated shoe inserts (3) Prefabricated splints D. Prosthetic devices (lower-extremity)* E. Protective devices*: <ul style="list-style-type: none"> (1) Braces (2) Cushions (3) Helmets (4) Protective taping F. Supportive devices*: <ul style="list-style-type: none"> (1) Prefabricated compression garments (2) Corsets (3) Elastic wraps (4) Neck collars (5) Slings (6) Supplemental oxygen - apply and adjust (7) Supportive taping 8. Airway clearance techniques may include*: <ul style="list-style-type: none"> A. Breathing strategies*: <ul style="list-style-type: none"> (1) Active cycle of breathing or forced expiratory techniques* (2) Assisted cough/huff techniques* (3) Paced breathing* (4) Pursed lip breathing (5) Techniques to maximize ventilation (eg, maximum inspiratory hold, breath stacking, manual hyperinflation) B. Manual/mechanical techniques*: <ul style="list-style-type: none"> (1) Assistive devices C. Positioning*: <ul style="list-style-type: none"> (1) Positioning to alter work of breathing (2) Positioning to maximize ventilation and perfusion 9. Integumentary repair and protection techniques may include*: <ul style="list-style-type: none"> A. Debridement*—nonselective:

Skill Category	Description of Minimum Skills
Interventions (continued)	<ul style="list-style-type: none"> (1) Enzymatic debridement (2) Wet dressings (3) Wet-to-dry dressings (4) Wet-to-moist dressings <p>B. Dressings*:</p> <ul style="list-style-type: none"> (1) Hydrogels (2) Wound coverings <p>C. Topical agents*:</p> <ul style="list-style-type: none"> (1) Cleansers (2) Creams (3) Moisturizers (4) Ointments (5) Sealants <p>10. Electrotherapeutic modalities may include:</p> <p>A. Biofeedback*</p> <p>B. Electrotherapeutic delivery of medications (eg, iontophoresis)*</p> <p>C. Electrical stimulation*:</p> <ul style="list-style-type: none"> (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) <p>11. Physical agents and mechanical modalities may include:</p> <p><i>Physical agents:</i></p> <p>A. Cryotherapy*:</p> <ul style="list-style-type: none"> (1) Cold packs (2) Ice massage (3) Vapocoolant spray <p>B. Hydrotherapy*:</p> <ul style="list-style-type: none"> (1) Contrast bath (2) Pools (3) Whirlpool tanks* <p>C. Sound agents*:</p> <ul style="list-style-type: none"> (1) Phonophoresis* (2) Ultrasound* <p>D. Thermotherapy*:</p> <ul style="list-style-type: none"> (1) Dry heat (2) Hot packs* (3) Paraffin baths* <p><i>Mechanical modalities:</i></p> <p>A. Compression therapies (prefabricated)*</p> <ul style="list-style-type: none"> (1) Compression garments

Skill Category	Description of Minimum Skills
Interventions (continued)	<p>(2) Vasopneumatic compression devices*</p> <p>(3) Taping</p> <p>(4) Compression bandaging (excluding lymphedema)</p> <p>B. Gravity-assisted compression devices:</p> <p>(1) Standing frame*</p> <p>(2) Tilt table*</p> <p>C. Mechanical motion devices*:</p> <p>(1) Continuous passive motion (CPM)*</p> <p>D. Traction devices*:</p> <p>(1) Intermittent</p> <p>(2) Positional</p> <p>(3) Sustained</p>
Outcomes Assessment	<ol style="list-style-type: none"> 1. Perform chart review/audit with respect to documenting components of patient/client management and facility procedures and regulatory requirements. 2. Collect relevant evidenced-based outcome measures that relate to patient/client goals and/or prior level of functioning.* 3. Select outcome measures for levels of impairments in body function and structure, activity limitations, and participation restrictions with respect for psychometric properties of the outcomes. 4. Aggregate data across patients/clients and analyze results as it relates to the effectiveness of clinical performance (intervention).*
Education <ul style="list-style-type: none"> • <i>Patients/clients, families, and caregivers</i> • <i>Colleagues, other healthcare professionals, and students</i> 	<p><u>Patient/Client</u></p> <ol style="list-style-type: none"> 1. Determine patient/client variables that affect learning.* 2. Educate the patient/client and caregiver about the patient's/client's current health condition/examination findings, plan of care and expected outcomes, utilizing their feedback to modify the plan of care and expected outcomes as needed.* 3. Assess prior levels of learning for patient/client and family/caregiver to ensure clarity of education. 4. Educate patients/clients and caregivers to recognize normal and abnormal response to interventions that warrant follow-up.* 5. Provide patient/client and caregiver clear and concise home/independent program instruction at their levels of learning and ensure the patient's /client's understanding of home/independent program.* 6. Educate patient/client and caregiver to enable them to articulate and demonstrate the nature of the impairments in body function and structure, activity limitations, and participation restrictions and how to safely and effectively manage the impairments in body function and structure, activity limitations, and participation restrictions (eg, identify symptoms, alter the program, and contact the therapist).* <p><u>Colleagues</u></p> <ol style="list-style-type: none"> 1. Identify patient/client related questions and systematically locate and critically appraise evidence that addresses the question. 2. Educate colleagues and other health care professionals about the role, responsibilities, and academic preparation of the physical therapist and scope

Skill Category	Description of Minimum Skills
	<p>of physical therapist practice.</p> <ol style="list-style-type: none"> Address relevant learning needs, convey information, and assess outcomes of learning. Present contemporary topics/issues using current evidence and sound teaching principles (ie, case studies, in-service, journal article review, etc.).
<p>Practice Management</p> <ul style="list-style-type: none"> <i>Billing/Reimbursement</i> <i>Documentation</i> <i>Quality Improvement</i> <i>Direction and Supervision</i> <i>Marketing and Public Relations</i> <i>Patient Rights, Patient Consent, Confidentiality, and HIPAA</i> 	<p><u>Billing/Reimbursement</u></p> <ol style="list-style-type: none"> Describe the legal/ethical ramifications of billing and act accordingly. Correlate/distinguish between billing and reimbursement. Include consideration of billing/ reimbursement in the plan of care. Choose correct and accurate ICD-9 and CPT codes. Contact insurance company to follow-up on a denial or ask for additional services including Durable Medical Equipment (DME). Describe the implications of insurers' use of the <i>Guide</i> on billing/reimbursement. <p><u>Documentation of Care</u></p> <ol style="list-style-type: none"> Document patient/client care in writing that is accurate and complete using institutional processes.* Use appropriate grammar, syntax, spelling, and punctuation in written communication. Use appropriate terminology and institutionally approved abbreviations. Use an organized and logical framework to document care (eg, refer to the <i>Guide to Physical Therapist Practice</i>, Appendix 5).* Conform to documentation requirements of the practice setting and the reimbursement system. Accurately interpret documentation from other health care professionals. <p><u>Quality Improvement</u></p> <ol style="list-style-type: none"> Participate in quality improvement program of self, peers, and setting/institution. Describe the relevance and impact of institutional accreditation (eg, Joint Commission or CARF) on the delivery of physical therapy services. <p><u>Direction and Supervision of Physical Therapist Assistants (PTAs) and Other Support Personnel</u></p> <ol style="list-style-type: none"> Follow legal and ethical requirements for direction and supervision. Supervise the physical therapist assistant and/or other support personnel. 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. 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. <p><u>Marketing and Public Relations</u></p> <ol style="list-style-type: none"> Present self in a professional manner. Promote the profession by discussing the benefits of physical therapy in all interactions, including presentations to the community about physical therapy. <p><u>Patient Rights, Patient Consent, Confidentiality, and Health Insurance Portability and Accountability Act (HIPAA)*</u></p>

Skill Category	Description of Minimum Skills
	<ol style="list-style-type: none"> 1. Obtain consent from patients/clients and/or caregiver for the provision of all components of physical therapy including*: <ol style="list-style-type: none"> 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.). <p><u>Informatics</u></p> <ol style="list-style-type: none"> 1. Use current information technology, including word-processing, spreadsheets, and basic statistical packages. <p><u>Risk Management</u></p> <ol style="list-style-type: none"> 1. Follow institutional/setting procedures regarding risk management. 2. Identify the need to improve risk management practices. <p><u>Productivity</u></p> <ol style="list-style-type: none"> 1. Analyze personal productivity using the clinical facility's system and implement strategies to improve when necessary.
<p>Professionalism: Core Values</p> <ul style="list-style-type: none"> • <i>Accountability</i> • <i>Altruism</i> • <i>Compassion/Caring</i> • <i>Excellence</i> • <i>Integrity</i> • <i>Professional Duty</i> • <i>Social Responsibility</i> 	<p><u>Core Values</u></p> <ol style="list-style-type: none"> 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.
<p>Consultation</p>	<ol style="list-style-type: none"> 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.
<p>Evidence-Based Practice</p> <ul style="list-style-type: none"> • <i>Impact of Research on Practice</i> 	<ol style="list-style-type: none"> 1. Discriminate among the levels of evidence (eg, Sackett). 2. Access current literature using databases and other resources to answer clinical/practice questions. 3. Read and critically analyze current literature. 4. Use current evidence, patient values, and personal experiences in making clinical decisions.* 5. Prepare a written or verbal case report. 6. Share expertise related to accessing evidence with colleagues.

Skill Category	Description of Minimum Skills
Communication <ul style="list-style-type: none"> • <i>Interpersonal</i> • <i>Verbal</i> • <i>Written</i> 	<u>Interpersonal (including verbal, non-verbal, electronic)</u> <ol style="list-style-type: none"> 1. Develop rapport with patients/clients and others. 2. Display sensitivity to the needs of others. 3. Actively listen to others. 4. Engender confidence of others. 5. Ask questions in a manner that elicits needed responses. 6. Modify communication to meet the needs of the audience. 7. Demonstrate congruence between verbal and non-verbal messages. 8. Use appropriate grammar, syntax, spelling, and punctuation in written communication. 9. Use appropriate, and where available, standard terminology and abbreviations. 10. Maintain professional relationships with all persons. 11. Adapt communication in ways that recognize and respect the knowledge and experiences of colleagues and others. <u>Conflict Management/Negotiation</u> <ol style="list-style-type: none"> 1. Recognize potential for conflict. 2. Implement strategies to prevent and/or resolve conflict. 3. Seek resources to resolve conflict when necessary,
Cultural Competence	<ol style="list-style-type: none"> 1. Elicit the “patient’s story” to avoid stereotypical assumptions. 2. Utilize information about health disparities during patient/client care. 3. Provide care in a non-judgmental manner. 4. Acknowledge personal biases, via self-assessment or critical assessment of feedback from others. 5. Recognize individual and cultural differences and adapt behavior accordingly in all aspects of physical therapy care.*
Promotion of Health, Wellness, and Prevention	<ol style="list-style-type: none"> 1. Identify patient/client health risks during the history and physical via the systems review. 2. Take vital signs of every patient/client during each visit. 3. Collaborate with the patient/client to develop and implement a plan to address health risks.* 4. Determine readiness for behavioral change. 5. Identify available resources in the community to assist in the achievement of the plan. 6. Identify secondary and tertiary effects of disability. 7. Demonstrate healthy behaviors. 8. Promote health/wellness in the community.

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.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure



University of Central Arkansas
 Doctor of Physical Therapy Program
2025 Clinical Commitment Form

SITE NAME: _____ SCCE: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: ____ Zip: _____

How many CIs have completed the APTA CI Credentialing? _____ Level I _____ Level II _____

Is the COVID vaccine required? Is the COVID Booster required?

What is your dress code for students? _____

Do you offer housing? If yes, describe _____

Please indicate below the number of student slots that you can offer for 2025:

DPT Clinical Experiences	ACUTE INPATIENT	REHAB INPATIENT	OUTPATIENT ADULT	SPECIALTY
Primary Population (Check All that Apply)	Adult <input type="checkbox"/> Pediatrics <input type="checkbox"/>	Adult <input type="checkbox"/> Pediatrics <input type="checkbox"/>	Ortho <input type="checkbox"/> Neuro <input type="checkbox"/>	Pediatrics <input type="checkbox"/> Pelvic <input type="checkbox"/> Other <input type="checkbox"/>
January 6 – February 28, 2025 CE3, Class of 2025 (8 weeks)				Type, if Other:
March 3 – May 1, 2025 CE4, Class of 2025 (9 weeks)				Type, if Other:
May 5 – July 4, 2025 CE5, Class of 2025 (9 weeks)				Type, if Other:
August 11 – October 3, 2025 CE2, Class of 2026 (8 weeks)				Type, if Other:
November 10 – Dec. 12, 2025 CE1, Class of 2027 (5 weeks)				Type, if Other:

Other information that you would like Students to know: _____

PLEASE RETURN BY APRIL 30, 2024

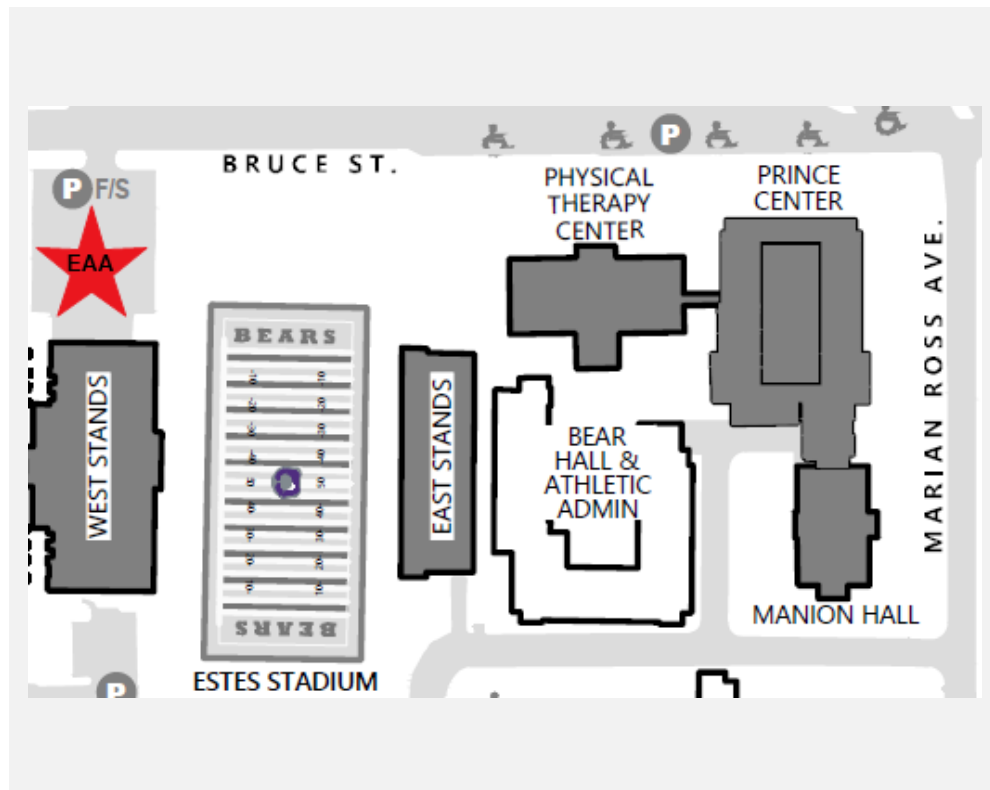
staceys@uca.edu or by MAIL

EMERGENCY

Emergency Call 911

Police Department (501) 450-3111
Physical Plant (501) 450-3196
Student Health Center (501) 450-3136
Dean of Students Office (501) 450-3133
Counseling Center (501) 450-3138
Title IX (501) 450-3247
Sexual Assault Crisis Line (866) 358-2265

Safe@UCA Mobile App



Active Shooter

- Run to a safe location and call 911
- Hide in a secure place, lock and barricade door, turn off lights
- Fight for survival if you must

Bomb Threat

- Remain calm and look around but do not touch
- Gather information in cases of phone or email threats
- Call 911
- Follow instructions from emergency dispatch personnel

Earthquake

- Drop to the ground
- Take cover under sturdy furniture
- Hold on until shaking stops

Evacuation

- Go to emergency assembly area (EAA)[★]
- Use nearest marked exit
- Assist others with disabilities if possible
- Report individuals still in the building

Fire

- Pull fire alarm station lever if needed
- Evacuate building immediately
- Use nearest marked exit
- Go to emergency assembly area (EAA)[★]

Tornado Warning

- Move to the most interior room of the lowest floor to put walls between you and the outside
- Stay off of elevators
- Move as quickly as possible but do not panic
- Watch for others

Appendix 20: Loan of Equipment Form

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 PT:7/13/06

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>