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University of Mary Mission and Philosophy

The University of Mary exists to serve the religious, academic, and cultural needs of people in the region. It is Christian, it is Catholic, and it is Benedictine. It is Christian because it strives to accomplish its mission in faithfulness to the gospel of Jesus Christ. It is Catholic because it functions as part of that particular Christian community; while still open to persons of differing creeds. It is Benedictine because it identifies with that ancient tradition of thoughtful and human moderation.

Aware of its close historical ties with the immediate community, the University of Mary seeks to enhance the quality of life of the community. The University encourages each person to participate in his or her religious, social, educational and political communities. Furthermore, it promotes a setting of freedom and initiative in which each individual may attain self-identity and self-realization.

That same setting makes the University of Mary open to change. Through its continued search for innovative and experimental approaches to learning, the University seeks personalized and relevant education for all students, including those with special needs, whether these are economic, social, cultural, racial, religious or personal. All students are encouraged to seek the truth, to see themselves as whole and unique individuals responsible to God, and to become leaders in the service of truth.

As America’s Leadership University, the University provides an environment in which each student participates in those experiences essential to becoming a leader. Each student’s responsibility for the progress of society is the development of individual leadership qualities – self-direction, self-initiative, and self-actualization – to become a decision maker, problem solver and change agent to others.

School of Health Sciences Mission

The mission of the School of Health Sciences is to prepare competent, caring, and ethical health care professionals who will be servant leaders to their constituents and in their professions.

Department of Physical Therapy Mission

Ascribing to the mission of the University of Mary and the APTA mission for professional education, the mission of the University of Mary department of Physical Therapy is:

To prepare autonomous and collaborative practitioners for the profession of physical therapy who are leaders in service through evidence-based practice, education, and scholarly activity.

Department of Physical Therapy Philosophy

The philosophy of the University of Mary Physical Therapy Department is based on beliefs, values, and attitudes shared by Program faculty, the mission and philosophy of the University of Mary, and the mission and practice of physical therapy. The statements are consistent with the Benedictine values of the University, the mission of physical therapist professional education, the physical therapy practice expectations, and with cognitive, psychological and developmental theories of learning.

The faculty members of the program uphold the following beliefs about professional education for the physical therapist, professional education at the University of Mary, and the selection of teaching and learning strategies:

Professional Education for the Physical Therapist
The faculty subscribes to the APTA mission state for professional education for the physical therapist.
Professional Education at the University of Mary
The faculty believes in and subscribes to the Benedictine values of the University of Mary and advocates the University’s mission to enhance the quality of life of the community; serve the needs of the region; and encourage each person to participate in his or her religious, social, educational, and political communities.

Core Values: The faculty believes in and subscribes to the core values of the profession of physical therapy: accountability, altruism, compassion/caring, integrity, and professional duty.

Teaching and Learning
The faculty believes students should have a strong academic environment. In this regard, faculty believe they should
1. Teach in context
2. Provide a variety of creative and flexible learning experiences
3. Develop a curriculum that includes the cognitive, psychomotor and affective domains allowing students to master lower order abilities before mastering higher.
4. Pay attention to the null curriculum as well as the explicit.
5. Provide time for reflection as it is a vehicle for acquiring professional knowledge.
6. Provide learning that includes evidence based practice, service learning, and collaboration.

Beliefs about faculty
1. Faculty serves as role models in the Benedictine Values, physical therapist core values, professional behavior, and professional and community service.
2. Faculty facilitates reflective thinking and critical inquiry in their students and use and promotes evidenced based teaching and practice.
3. Faculty engage in scholarly activity that contributes to teaching, the institutional mission and the physical therapist education program.
4. Faculty engagement in clinical practice contributes to teaching effectiveness and student learning.

Beliefs about students
1. Students have many and varied learning styles and all students need to be challenged in order to develop into lifelong learners and reflective practitioners.
2. Students desire to be competent and autonomous practitioners and lifelong learners.
3. Students have the desire to make ethical decisions and to be of service to their patients and communities.

Beliefs about Scholarship and the Discovery of New Knowledge
1. Scholarship contributes to the teaching and learning process of students.
2. Scholarship should be relevant to physical therapist practice and should advance the profession to meet the needs of patients/clients.
3. The research process is ethical and respect is demonstrated to all participants.
4. Scholarship can include literature review, quantitative or qualitative empirical studies and should be related to the curriculum goals and research agenda of the University Of Mary Department Of Physical Therapy.
5. Scholarship reflects the diverse strengths and interests of faculty and students within the realm of Physical Therapy and can be concentrated in the areas of teaching, application, discovery, and integration.
<table>
<thead>
<tr>
<th>Semester</th>
<th>Year</th>
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<th>Credits</th>
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<td>PTH 405</td>
<td>Anatomy and Histology</td>
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<td>PTH 407</td>
<td>Physiology of Rehabilitation</td>
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<td>PTH 409</td>
<td>Kinesiology &amp; Pathomechanics</td>
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<td>PTH 434</td>
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<td>PTH 555</td>
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<td>PTH 675</td>
<td>Integrated Clinical Experience III</td>
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### Curriculum Descriptions

**First Year: First Semester**

**PTH 405 Anatomy and Histology**
This foundational science course is a detailed study of bony landmarks and musculoskeletal system of the human body, which underlie physical therapy assessment and intervention. Gross anatomy includes examination of the anterior and posterior abdominal wall, superficial and deep back muscles, lower extremities, head and neck, upper extremities, and thoracic organs. The histological structure and development of the musculoskeletal, connective tissue, integumentary, vascular and respiratory systems is examined. 6 semester credits

### Semester Credits

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<td>PTH 751</td>
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<td>PTH 815</td>
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<td>PTH 821</td>
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<td>PTH 823</td>
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<td>PTH 801</td>
<td>Leadership &amp; Professionalism III</td>
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<td>PTH 805</td>
<td>Advanced Patient Management</td>
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<td>PTH 827</td>
<td>Women’s Health Elective (Choose 1 of 3)</td>
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<td>PTH 829</td>
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**Spring**

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<td>PTH 852</td>
<td>Clinical Education IV</td>
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### Notes

- Semester credits may vary depending on elective choices.
PTH 407 Physiology of Rehabilitation
The physiology of the neurological, musculoskeletal, cardiopulmonary, and renal systems is the focus of this class. Special emphasis is given to the functions of the neurological and musculoskeletal systems during exercise and motor control. Intermediary metabolism is presented in terms of the conversion of chemical energy to mechanical and heat energy during exercise. Oxygen and carbon dioxide transport in healthy and sedentary/pathological subjects are presented in relationship to diffusion capacity, blood flow changes, work capacity, and training adaptations. Special attention is given to the response of the heart during exercise and blood pressure changes. The pulmonary and renal regulation of total body acid – base will also be a focus of this course.
3 semester credits

PTH 409 Kinesiology and Pathomechanics
This course covers the study of joint and muscle function applying the principles of biomechanics and motion to both normal and pathological populations including gait and gait analysis, posture and posture analysis. Students compare pathological movement to normal and analyze the probable causes. Laboratory study includes palpation of surface anatomy, application of biomechanical theory and muscle function to normal and pathological movement. Students will receive an introduction to manual therapy including non-thrust techniques to the extremities and spine.
4 semester credits

PTH 411 LAMP I
This introductory course stresses transcurricular components of Leadership, Administration, Management, and Professionalism (LAMP). Because this is a first-semester, first-year course, all elements are introduced to provide students the knowledge to integrate skills learned into the remainder of the curriculum. The components are covered under the major areas of communication (written and oral), safety, teaching/education in physical therapy, research and professionalism.
4 semester credits

PTH 413 Musculoskeletal Assessment I
This course focuses on examination of muscle strength through manual muscle testing and joint range of motion through goniometry. Students learn to identify impairments by comparing the results of their examination to normal values. Students apply their examination results to evaluate problems that can occur from limited motion and muscle strength.
1 semester credit

First Year: Second Semester

PTH 434 Neuroscience
This course is a detailed study of the central and peripheral nervous systems. The course will cover the basic gross anatomy, cell biology, physiology, development and support systems of the nervous system. Motor, sensory and autonomic systems will be covered, along with the effects of injury to these systems. The course will finish with the study of specific regions of the nervous system, examining their specific functions and the impairments seen after an injury.
3 semester credits

PTH 438 Procedural Interventions I
The course emphasizes the theory, indications, contraindications, clinical decision making, and the safe application of physical agents including heat, cold, hydrotherapy, electrotherapy, traction, compression, and soft tissue mobilization. Students will also have the opportunity to practice physical agents in a clinical setting.
4 semester credits
**PTH 442 Pathophysiology**
This course introduces students to pathological conditions as they relate to differential diagnosis in physical therapy. Normal and pathological functioning of the major systems of the body will be covered, including the endocrine, cardiovascular, reproductive, immune, nervous, gastrointestinal, hepatic, pancreatic, urinary tract, integumentary, musculoskeletal, fluid and hemodynamic, hematopoietic, respiratory, visual, auditory and vestibular systems. Course content also covers cell pathology, tumors, knowledge of common pathological conditions, and recognition of when musculoskeletal symptoms may be related to systemic diseases.
3 semester credits

**PTH 450 Pharmacology**
This course covers the basics of pharmacology for physical therapists. The course includes the basis of pharmacotherapeutics, including pharmacokinetics and pharmacodynamics. Drugs will be studied according to the uses for common pathological conditions with an emphasis on normal and pathological physiology, common drugs used for a condition, their mechanism of action, common adverse effects, and specific points of interest to physical therapy. Student learning activities include lectures, case studies, and a paper examining in detail a drug or dietary supplement.
3 semester credits

**PTH 462 Musculoskeletal Assessment II**
The course is an introduction to orthopedic evaluation skills in neuromusculoskeletal assessment. Emphasis is on basic evaluation techniques in orthopedic and manual physical therapy with an introduction to special test diagnostic accuracy and interpretation. It provides the foundation for selection of appropriate assessment and treatment planning in orthopedics. Students learn an algorithm approach to screening, examination, and evaluation which all involves a critical thinking process to establish an orthopedic impairment based physical therapy diagnosis.
3 credit hours

**PTH 475 Integrated Clinical Education Experience I**
This course allows students the opportunity to practice skills gained during the professional program. Under the guidance and supervision of full-time academic faculty, students will spend time at the University of Mary pro bono clinic. First year students will team with second year students to provide services to patients with neuromusculoskeletal, cardiopulmonary, and integumentary conditions in the outpatient setting. In addition, students will put into practice self and peer assessment, evidence-based care, and professionalism.
1 semester credit

**First Year: May/June Session**

**PTH 530 Introduction to Client Management**
This course prepares the student in the principles of body mechanics and safety precautions, transfers of patients, positioning and draping, wheelchair fitting and mobility, ambulation with assistive devices, architectural barriers and the Americans with Disabilities Act, infection control, bandaging, initial wound care, and introduction to orthotic devices.
1 semester credit

**PTH 537 Procedural Interventions II**
This course introduces the student to the theory and practice of therapeutic exercise including active and passive range of motion, proprioceptive neuromuscular facilitation, stretching, joint mobilization, strengthening, and aerobic exercises.
3 semester credits

**PTH 555 Physical Assessment**
This course implements the psychomotor and clinical decision making skills of physical screening, examination, and evaluation for the neurological, lymphatic, HEENT, musculoskeletal, cardiovascular, and integumentary systems. The concept of differential diagnosis and responsibility
to conduct medical screening will be addressed through appropriate identification, selection, and prioritization of clinical signs and systems. The course prepares students for their primary care role by increasing their ability to evaluate and interpret system assessment data while determining the parameters to refer and treat.

3 semester credits

**PTH 560 LAMP II**

This course prepares students to be successful in their first clinical internship and covers topics such as regulatory and legal issues in healthcare specific to physical therapists including supervision rules, reimbursement, HIPAA, clinical education assessment and conflict resolution. In addition, students will prepare for their first clinical experience by completing necessary paperwork, immunizations, and background checks.

1 semester credit

**First Year: July/August**

**PTH 501 Clinical Education I**

8 week clinical education experience

This first full-time internship occurs in July-August after the 1st academic year and primarily occurs in the settings of acute, outpatient orthopedic or rural sites in order to allow students the opportunity to master skills gained throughout the 1st year. By the end of the experience, and with the assistance of the clinical instructor, students will demonstrate the ability to perform and document a comprehensive patient examination; develop a physical therapy diagnosis, prognosis, and plan of care; and complete interventions included in the plan of care of a non-complex patient.

6 semester credits

**Second Year; Fall Semester**

**PTH 575 Integrated Clinical Education Experience II**

This course allows students the opportunity to practice skills gained during the professional program. Under the guidance and supervision of full-time academic faculty, students will spend time at both the University of Mary pro bono clinic and at St. Alexius Medical Center. Students will work with clients in the acute care setting and delve into the medical conditions that affect PT interventions as well as teaming with third year students in the on campus clinic to provide services to patients with neuromusculoskeletal, cardiopulmonary, and integumentary conditions. In addition, students will put into practice self and peer assessment, evidence-based care, and professionalism.

1 semester credit

**PTH 612 Orthopedic Management I**

This course emphasizes the patient/client clinical management including examination, evaluation, diagnosis, prognosis, intervention, and outcomes of neuromusculoskeletal conditions for conservative and post-operative orthopedic conditions as well as pathology that is unique to or more prevalent in women and/or men (i.e. breast cancer, osteoporosis, menopause, and female athlete issues. Laboratory activities include splinting of the wrist and hand, taping techniques, therapeutic exercise, advanced examination techniques, manual therapy, and application of rehabilitation equipment. The students will also be exposed to a clinical observation and application experience and present a case study that highlights concepts of collaborative practice within the context of practicing evidence based orthopedic physical therapy.

5 semester credits
PTH 615 Clinical Inquiry I
The course presents the components of a plan for the student’s research topic, the Research Proposal. The student selects a research topic related to physical therapy practice; provides background and justification for the topics, and a plan for data collection and analysis in a written proposal. The proposal is resented to peers and faculty as an oral presentation. The course also includes a case – based statistical analysis laboratory in which the student writes the hypotheses for the cases, performs the appropriate statistical analysis, and writes the conclusion in terms of applying the results to practice. Principles of research design are also studied in relationship to appropriate statistical analyses and application to clinical practice. Ethical considerations of authorship, the protection of subjects’ rights, and the institutional review process are also presented using a case-based approach.
2 semester credits

PTH 623 Motor Control
This course consists of the issues and theories of motor control and motor learning and the beginning process of neurological rehabilitation. Students will build on their knowledge of physiology of motor control by applying this knowledge to clinical practice. Included in the course is the theory of Motor Control and its relationship to neuroanatomy, normal postural and motor control throughout the lifespan; abnormal motor control, gait and gait analysis and neurological assessment.
4 semester credits

PTH 627 Psychosocial Management
This course addresses the psychological and psychosocial problems associated with chronic disease, traumatic injury and being in the “patient role.” It includes lectures, reading, discussion, and student presentations of his or her experience interviewing a person with a disability.
2 semester credits

PTH 631 Cardiopulmonary Management I
This course presents the central and peripheral cardiovascular system in a cellular through system format. Emphasis will be placed on the evaluation, screening, and diagnosis regarding impairment and function. Use of the pulmonary function tests, arterial blood gas analysis, oximetry, expired gas analysis, and electrocardiogram for baseline testing and subsequent monitoring is presented to include both test performance and clinical utilization. Focus is on recognition, interpretation, clinical utilization and application of examination data.
3 semester credits

PTH 635 Integumentary Management
This course emphasizes the examination, evaluation, diagnosis, prognosis, plan of care, and intervention of wounds as well as amputation/prosthetic care. The student synthesizes the knowledge of the disease process with rehabilitation management. The student collaborates with healthcare professionals to gain hands-on experiences working with patients with wounds and amputations.
2 semester credits

Second Year; Spring Semester

PTH 613 Orthopedic Management II
This course establishes an evidence based practice approach for patient/client management of disorders related to the spine and temporomandibular joint (TMJ). Emphasis is placed on the examination, evaluation, and differential diagnosis of these disorders. This course also exposes the students to the medical management of orthopedic conditions through the perspective of area physicians. Special attention is place on the workplace management of the occupational health disorders including ergonomics, work hardening/work conditioning and functional capacity evaluations. In addition, students are exposed to pathology that is unique to or more prevalent in women and/or men such as prenatal and postpartum care, prostate issues, pelvic floor dysfunction, and arthritic conditions. Laboratory study includes advanced evaluation and intervention of therapeutic exercise and manual therapy including thrust and non-thrust techniques of the spine and TMJ.
4 semester credits

**PTH 624 Neurological Management**
This course includes the concepts and principles in the examination, evaluation, ethical and collaborative treatment, and plan of care of the adult neurologically involved client. Students use case studies to manage various neurological conditions and use simulated conditions to develop therapeutic techniques for use in treatment of such conditions.
3 semester credits

**PTH 632 Cardiopulmonary Management II**
The student, already having a solid knowledge base of the cardiopulmonary system and assessment techniques (PTH 631), will advance their intervention and management strategies for a patient population having impaired pulmonary and cardiac function. Guidelines involving cardiac and pulmonary rehabilitation programs and secondary prevention programs will be augmented as per the American Association of Cardiovascular and Pulmonary Rehabilitation and American College of Sports Medicine (ACSM). The course is divided into two major segments: Cardiac and Pulmonary Disease Management. The majority of the training will occur outside of the classroom with health care professionals treating patients in a variety of clinical settings and involving a multidisciplinary approach.
3 semester credits

**PTH 638 Pediatric Management**
This course covers abnormal physical and motor development, common pediatric conditions, therapeutic theory and technique, adaptive equipment and devices, synthesis of knowledge into management of a pediatric condition, ethics, and collaboration with other professionals for development of a plan of care. There is a lab for this course of which some is outside of class time experiences including pediatric assessment, observation, and the family mentoring project.
3 semester credits

**PTH 644 Geriatric Management**
This course provides information on current issues that impact health care delivery for the older adult population. Theory of normal aging processes, sociocultural, environmental factors, psychosocial issues, and systemic changes are discussed in relation to health promotion, prevention and wellness, optimal daily function, and quality of life. Collaboration with other health care providers, the community, and family resources are addressed. The Benedictine values, particularly respect for person and hospitality are stressed as essential to the development of a therapeutic environment. A service learning component is included to offer the student a “hands-on” opportunity to work with an elderly person while developing a relationship with and assisting the person to achieve a healthy lifestyle.
3 semester credits

**PTH 675 Integrated Clinical Experience III**
This course allows students the opportunity to practice skills gained during the professional program. Under the guidance and supervision of full-time academic faculty, students will spend time at the University of Mary pro bono clinic. In addition, students will practice clinical teaching skills by mentoring first year students. Students will engage in administrative duties by managing all aspects of the clinic; and will collaborate with their peers on a committee that is in charge of marketing, supplies, scheduling, quality control, policies and procedures, or budgeting/reimbursement. In addition, students will put into practice self and peer assessment, evidence-based care, and professionalism.
1 semester credit

**Second Year: May/June**

**PTH 700 Clinical Education II**
(8 weeks clinical education experience)
This 8 week full-time clinical internship provides students opportunity to practice and gain further experience in content areas of advanced orthopedics, neurological rehabilitation, pediatrics, manual therapy, cardiac rehabilitation, rural or burn/wound therapy. The student should be near entry-level at the conclusion of this internship.
6 semester credits
Second Year: July/August

PTH 603 Service Oriented Leadership Experience

This course focuses on contributions individuals make beyond their professional role. It will enable students to begin to internalize their role as a service-oriented citizen and health care professional. Students will explore the physical therapist’s role as a servant leader by actively engaging in the APTA Core Values of altruism, compassion/caring, and social responsibility while providing culturally competent services to an underserved population. Beginning with a broad view of cultural competency and servant leadership, students will then narrow the scope to specifically discuss issues related to either the social-political issues in Guatemala and the history and mission of the GOD’s CHILD Project; or local societal issues affecting underserved people of our region specific to the student’s servant leadership project of choice. Students will then collaborate with an agency in order to develop a proposal for a service learning project locally, regionally, or internationally that will take place during the fall of the 3rd year and may include an experience in Guatemala or work with disadvantaged, underserved, or cross-cultural populations. Outcomes will be achieved through independent study and reading, group discussion, peer presentations, and self-reflection.

1 semester credit

PTH 751 Diagnostic Imaging

Diagnostic imaging covers the identification of normal and abnormal radiographic findings in spine and extremity injuries. Principles regarding clinical prediction rules (CPR’s) for imaging, identification and recognition of appropriate views isolating specific lesions, and understanding of the ABC’s approach to interpret findings will be emphasized. In addition, advanced imaging modalities including MRI, CT-Scan, ultrasound, and bone scans as they apply to physical therapy will be introduced.

1 semester credit

PTH 815 Clinical Inquiry II

The students will organize and present case studies of selected patients from their second clinical education experience (May/June Second year). The student will compose his/her research manuscript during this course; make a 15-minute oral presentation at the Annual School of Health Sciences Scholarship Colloquium (the end of spring semester third year).

2 semester credits

PTH 821 Manual Therapy

Students will be exposed to various manual therapy techniques of the UE, LE, and spine both didactically and hands-on with application to the entire body system. The techniques will be built off previously learned skills learned in year 2 and will include case study application and practice. Students will acquire basic skills to successfully perform muscle energy techniques, Strain/Counterstrain, Soft Tissue Mobilization, Joint Mobilizations (Grades I-V), Myofascial Release, directional preference classification and management, adverse neural tension testing, and special tests related to impairments. Students will study the research that supports and refutes treatment procedures as well as have an understanding for contraindications to treatment techniques and patient positioning.

3 semester credits

Electives (Choose One: PTH 823, 827, or 829)

PTH 823 Sports Medicine Elective

This course covers advanced sports injury concepts with special emphasis involving traumatic injury examination with on field injury management. Knowledge, skills, and abilities needed to work in this specialized area of sports medicine include taping, bracing, injury prevention, spine injury, spinal immobilization, head injury assessment, sports equipment evaluation, integumentary management, biomechanical analysis, return to sports testing, and nutrition. The purpose of the elective is to provide the physical therapist student with an opportunity to develop beginning skill sets in sports physical therapy while advancing their competency in the management of both on and off-field athletic injuries.

3 semester credits (1 summer/2 fall)
**PTH 801 Leadership and Professionalism III**
This course emphasizes the Leadership and Professionalism aspects of LAMP (leadership, administration, management, and professionalism). Students explore and experience leadership and professionalism as they become more familiar with the broader health care environment and the controversial issues relating to the physical therapist profession. Included topics are physical therapists as consultants, clinical educators, agents of change via legislation and the APTA House of Delegates. Included in this course is the option of an experience in a third world country or a local service learning project. This course also allows students the opportunity to practice skills gained during the professional program. Under the guidance and supervision of full-time academic faculty, students will spend time at the University of Mary pro bono clinic. Students will practice clinical teaching skills by mentoring second year students. Students will also engage in administrative duties by managing all aspects of the clinic; and will collaborate with their peers on a committee that is in charge of marketing, supplies, scheduling, quality control, policies and procedures, or budgeting/reimbursement. In addition, students will put into practice self and peer assessment, evidence-based care, and professionalism.
3 semester credits

**PTH 803 Administration & Management LAMP IV**
In this course, students study the healthcare system and the role of the physical therapist in the healthcare system. Students examine various payment systems and their impact on the healthcare delivery. Students explore different personal management styles, human resource management, financial management, and program development. They will learn record keeping, liability, malpractice, consultation, and professional communication. Additional ethical, legal, and practice issues will also be discussed throughout the course. Emphasis will be placed on developing and managing an autonomous physical therapy practice in multiple settings.
4 semester credits

**PTH 805 Advanced Patient Management**
This class is a problem based capstone class for physical therapy management of patient cases. Special emphasis will be placed on screening for differential diagnosis, management of comorbidities, and integration of other diagnostic information. Students will work in groups with a faculty mentor to develop an evidenced based management plan based on their interpretation of screening and examination. They will synthesize the information and develop a management plan, which includes all aspects of patient care. Students also present a case study from their summer clinical education experience. Finally, students will complete an independent study in differential diagnosis with regular testing. Lab and written comprehensive testing is included in this course. The service learning portion of this course will be to serve as lab instructors for beginning anatomy and kinesiology courses.
6 semester credits
PTH 827 Women’s Health Elective
This course further prepares students for practice in women’s health. A variety of women’s health conditions will be studied in greater depth and students will practice examination and intervention techniques. Students will be introduced to pelvic–floor examination and intervention. In addition, students will be exposed to other aspects of women’s health patient care management including marketing, reimbursement, and professional development. This elective is considered beyond entry-level.
3 semester credits

PTH 829 Pediatric Elective
This course will further prepare students for practice in pediatrics. Childhood onset/acquired movement disorders will be studied in greater depth to allow for knowledge translation of current evidence based practice specific to the areas of examination, evaluation, intervention, and communication/coordination for individuals across the lifespan. Students work directly with individuals with childhood onset/acquired movement disorders, and their families and develop a capstone case study project related to the experience.
3 semester credits

Third Year: Spring Semester
PTH 850 & 852
Clinical Education III and IV
The final two 8 week clinical experiences continue to progress the student to entry-level in the management of patients throughout the lifespan and throughout various patient care settings. The placements round out the student’s clinical experiences so that the student will have had practice in four diverse settings. The student must be at entry level at the completion of these experiences in order to graduate from the program.
12 credits (2 experiences @ 8 weeks each)

Curriculum Outcomes

The purpose of the physical therapy education program Curriculum Outcomes is to define the broad areas of student preparation for the effective practice of physical therapy. The Curriculum Outcomes give direction to the curriculum for the preparation of students to function within the realm of physical therapy and to discern the relationship of the practice to the broader issues of society and health care. The Curriculum Outcomes reflect the mission and philosophy of the University and Physical Therapy Program and the performance behaviors identified in APTA physical therapy practice expectation statements and form the basis for the terminal behavioral objectives for each course in the professional level program.

Graduates of the Doctorate in Physical Therapy will have the ability to perform as entry level physical therapists in a variety of roles and practice settings. In this capacity, they will:

(Curriculum Goals are bold faced, APTA practice expectations are bulleted)

1. Practice in a safe, legal and ethical manner within the scope of physical therapist practice.
   • Establish a physical therapy plan of care that is safe and effective.
   • Practice in a safe setting and manner to minimize risk to the patient, client, therapist, and others.
   • Provide direct physical therapy interventions to achieve goals that facilitate expected patient or client outcomes based on the examination and on the impairment, functional limitations, and disability.
   • Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient or client care and fiscal management.
   • Practice ethical decision making that is consistent with a professional code of ethics.
   • Have a fiduciary responsibility for all patients/clients
• Change behavior in response to understanding the consequences (positive and negative) of his or her actions.

2. **Utilize evidenced based physical therapy techniques to examine, evaluate, develop diagnosis and prognosis, plan for, provide intervention, reevaluate and discharge patients and clients of any age utilizing appropriate physical therapy techniques and personnel.**

• Independently examine and re-examine a patient or client by obtaining a pertinent history from the patient or client and from other relevant sources, by performing a relevant systems review, and by selecting appropriate age related tests and measures.
• Synthesize examination data to complete the physical therapy evaluation
• Engage in the diagnostic process in an efficient and cost effective manner consistent with the policies and procedures of the practice setting.
• Determine patient or client prognosis based on evaluation of results of examinations and medical and psychosocial information.
• Collaborate with patients, clients, family members, payers, other professionals, and individuals to determine a plan of care that is realistic and acceptable to the patient, client, family, and therapist.
• Establish goals and functional outcomes that specify expected time to achieve.
• Deliver and manage a plan of care that complies with administrative policies and procedures of the practice environment.
• Promote active involvement of the patient/client in his or her care.
• Monitor and adjust the plan of care in response to patient or client status.
• Provide patient related instruction to achieve goals that facilitate expected patient outcomes based on impairment, functional limitations, and disability.
• Complete thorough, accurate, analytically sound, concise, timely, and legible documentation that follows guidelines and specific documentation formats required by the practice setting.
• Take appropriate action in an emergency in any practice setting.
• Implement an evaluation of patient or client outcomes.

3. **Practice autonomously and collaboratively in a variety of roles and practice settings while recognizing when to refer a problem or need is outside the scope of physical therapy practice.**

• Determine the need for further examination or consultation by a physical therapist or for referral to another health care professional.
• Take responsibility for communication or discussion of diagnoses or clinical impressions with other practitioners.
• Devise achievable patient or client outcomes within available resources.
• Interact with patients or clients, family members, other health care providers, and community based organizations for the purpose of coordinating activities to facilitate efficient and effective patient or client care (e.g., referral to other health providers).

4. **Effectively utilize verbal, non-verbal, written and electronic communication with patients, families, other health care professionals, payers, and policy makers when engaged in the practice of physical therapy.**

• Expressively and receptively communicate in a culturally competent manner with patients, clients, family, caregivers, practitioners, consumers, payers, and policymakers while adhering to the standards of confidentiality.
• Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

5. **Incorporate an understanding of the implications of individual and cultural differences when engaged in physical therapist practice, servant leadership, education, and scholarly inquiry.**
• Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all professional activities.
• Exhibit caring, compassion, and empathy in providing services to patients/clients.

6. **Educate others using a variety of culturally appropriate teaching methods that are commensurate with the needs and unique characteristics of the learner.**
   
   • Educate others using a variety of teaching methods that are commensurate with the needs and unique characteristics of the learner.
   • Participate in clinical education.

7. **Demonstrate critical inquiry and clinical decision making in the evidenced based practice of physical therapy to promote activities that establish the outcomes of patient and client management.**
   
   • Participate in the design and implementation of decision-making guidelines.
   • Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes.
   • Consistently use information technology to access sources of information to support clinical decisions.
   • Critically evaluate, integrate and apply published studies related to physical therapy practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.
   • Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.
   • Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice.
   • Participate in the design and implementation of patterns of best clinical practice for various populations.

8. **Participate in the administration of a practice setting reflective of service delivery and including documentation, delegation and supervision of supportive personnel, resource management (fiscal and human), public relations, consultation, marketing and management planning.**
   
   • Delegate physical therapy related services to appropriate human resources.
   • Supervise and manage support personnel to whom tasks have been delegated.
   • Participate in management planning.
   • Participate in budgeting, billing, and reimbursement activities.
   • Participate in the implementation of an established marketing plan and related public relations activities.
   • Provide consultation to individuals, businesses, schools, government agencies, or other organizations.
   • Provide secondary care to patients referred by other practitioners, independently of or in collaboration with other team members, based on the patient’s or client’s goals and expected functional outcomes.
   • Provide tertiary care to patients in collaboration with other practitioners in settings supportive of comprehensive and complex services based on the patient’s or client’s goals and expected functional outcomes.
   • Assume responsibility for the management of care based on the patient’s or client’s goals and expected functional outcomes, including practice situations in which the physical therapist is serving as the principal provider of care.
   • Manage human and material resources and services to provide quality, efficient, and cost effective physical therapy services based on the patient’s or client’s goals.

9. **Provide prevention and wellness programs appropriate to physical therapy with**
individuals, groups, and communities.

- Provide prevention and wellness programs appropriate to physical therapy to individuals, groups, and communities.
- Promote optimal health by providing information on wellness, disease, impairment, functional limitation, disability and health risks related to age, gender, culture, and lifestyle.
- Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.

10. **Demonstrate a commitment to professionalism including lifelong learning, professional core values, servant leadership, and the Benedictine values.**

- Demonstrate professional behaviors in all interactions with patients, clients, families, caregivers, other health care providers, students, other consumers, and payers.
- Formulate and implement a plan for personal and professional career development based on self-assessment, reflection, and feedback from others.
- Participate in peer assessment activities.
- Effectively deal with positive and negative outcomes resulting from assessment activities.
- Participate in professional organizations and activities.
- Place patient's/client's needs above the physical therapist's needs
- Incorporate pro bono services into practice.

**CLINICAL EDUCATION POLICIES AND PROCEDURES**

Clinical Education is an integral part of the Program in Physical therapy at the University of Mary. In this document, the policies and procedures that govern clinical education are explicitly stated.

Each professional physical therapy student must successfully complete a total of four full-time clinical education experiences for a total of 32 weeks. The first 8 week experience is placed after the first year of the academic curriculum; the second 8 week experience is during May and June after the second academic year; and the last two 8 week experiences are placed during the spring semester of the third academic year prior to graduation. It is expected that each student will have experience in the areas of acute, outpatient, neurorehabilitation, and pediatrics. All students must be in good academic standing prior to the initiation of any clinical experience. The timing and length of a clinical experience may be modified if suggested by the academic standards committee and approved by the program director.

**Clinical Education Courses**

**PTH 501 Clinical Education I**

Students will complete their first 8 week clinical education experience in the summer following the first academic year. Please refer to the guidelines and objectives document for specific expectations. In essence, the first year student should have the technical skill to evaluate and treat a patient and document the treatment utilizing physical therapy procedures. It is expected that a first year student will need assistance devising a plan of care. Higher level neurological rehabilitation and orthopedic procedures which are taught in the second and third year should not be expected of a first year student; however, it is important that a first year student is exposed to the process of these skills.

**PTH 700 Clinical Education II**

Students’ second clinical education experience will take place during 8 weeks in May and June after the second academic year. Please refer to the guidelines and objectives document for specific expectations. In this experience, it is expected that a student can evaluate, develop a plan of care, implement a plan of care, and re-evaluate the patient condition. Practice in neurological rehabilitation, pediatrics, wound care, cardiopulmonary, and clinical orthopedics is strongly encouraged as well as exposure to the administration aspects of the facility.
PTH 850 and 852 Clinical Education III and IV

The last two 8-week experiences will occur during the spring semester of the final year. In addition to higher level patient care skills, students should be encouraged to be involved in areas such as administration, outcomes research, prevention and wellness activities, and differential diagnoses as well as experience in elective areas of women’s health, sports medicine, advanced manual therapy techniques, and/or sports medicine.

In addition to the full-time clinical education experiences, students also participate in integrated clinical experiences.

1st year: Students will spend a minimum of 4 hrs at the UMary Probono clinic during the spring semester. Students will primarily observe but will also assist with patient interviews, basic examination techniques, procedural interventions and documentation.

2nd year: During the fall semester, students will work with the 3rd year students. They will each spend a minimum of 2 weeks at the UMary clinic and 1 week at St. Alexius Hospital acute care. During the spring semester, students will spend time in the UMary clinic with initiation into clinical instruction by acting as mentors to 1st year students. In addition, 2nd year students will be in “charge” of the clinics (policies, scheduling, etc.). A class meeting will take place 2x/month to discuss strategic planning and clinic challenges.

3rd year: Students will be scheduled a minimum of 2 weeks at the UMary clinic. They will act as “clinical instructors” for the 2nd year students and are expected to be in charge of patient care as well as to teach/guide the 2nd year students. In addition, 3rd year students will be in charge of the clinic during the fall semester (policies, scheduling, etc.). A class meeting will be held 2x/month for strategic planning and to discuss clinic issues. Students will be expected to mentor and transition the 2nd year students into these roles at the end of the fall semester.

Assignment of Clinical Sites

1. All attempts are made to assign clinical sites as fairly as possible. Priority is given to:
   - Third year students over first and second year students
   - Second year students over first year students
   - All attempts are made to take into consideration personal and family needs
   - If more than one student is requesting the same clinical site, assignment will be made by lottery taking into consideration the above mentioned priorities.
   - The DCE has final authority over clinical assignments and must also take into consideration facility and student specific needs.

2. Students need to be flexible as often times, clinical internships are cancelled or changed due circumstances beyond our control. When providing a list of six choices for each placement needed to the DCE, students should expect that all choices are considered equal and priority is not given to choice #1, etc. This is due to the many requests and placements that must be made each year.

2. Consider the following criteria when selecting your sites: finances, travel distances, quality of the learning experience, your short and long-term goals, previous experience, spouse and/or family commitments.

3. Students are expected to complete their clinical education experiences at sites already established as quality clinical education sites by the Program. New sites will only be considered in special circumstances and in a case-by-case situation.

The DCE will contact the clinical site to inquire about a clinical education agreement and evaluate the quality of the clinical education site. The DCE will ensure that the written agreement between the University of Mary and the clinical education sites describe the rights and responsibilities of both, the purpose of the agreement, the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site; and the procedures to be followed in reviewing, revising, and terminating the agreement. If the clinical site meets the requirements of the University of Mary and a clinical education agreement can be arranged, the student may be placed at the new clinical site.
All contracts must be signed at least 8 weeks prior to the start date of the clinical education experience in order for the student to be approved for the clinical. If this is not possible, the student and DCE will need to choose an already established site as an alternative.

4. In order to be fair and respectful to the clinical sites, once a placement has been secured it is final.

5. The DCE is responsible for assignment of students for clinical experiences and for official contact and correspondence with the clinical education site. Students are not to contact a clinic concerning establishing an affiliation or changing scheduled clinical rotations.

6. The student is responsible for knowing the hours, where, and to whom he/she reports for each site. The student is responsible for travel to and from each site, and for room and board while at the clinical site (a few sites do offer housing). The student is responsible for arranging housing. The assistance that clinical sites offer for housing arrangements is variable. Some facilities offer housing and will make arrangement for the student, others will send a list of recommended housing options for which the student is responsible to contact and set up, and some expect the student to secure their own housing. Housing arrangements should be secured at least six weeks in advance of your clinical experience.

First year students

Prior to entry into the PT program, the DCE will send requests to sites that are rural, acute care, or a split between acute and general outpatient orthopedics. As our state is widely rural and the faculty recognize the importance and value of practicing in a rural setting, it is recommended that one of the clinical education experiences take place in a rural setting. A rural setting is defined as follows: A facility that provides therapy for all kinds of disabilities; incorporates nearly all areas of practice in musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems; and for all ages, from pediatrics to geriatrics. The practice usually takes place in more than one setting, such as schools, homes, nursing homes, hospitals, and work sites. Usually this type of practice is provided in communities of fewer than 20,000.

1st year students will be given a list of available sites for their first clinical rotation. They will draw a number in a random lottery and will be able to select their clinical site location based on the number that they draw. Students are directed to review files and the computer database for established clinical education sites.

Second year students

Early in the spring semester of the first academic year, conferences will take place with students and the DCE to arrange the eight week clinical education experience that will take place following the second academic year. All conferences should be concluded by the middle of February with clinical education site requests sent out March 1st – 15th coinciding with the national recommended clinical education mailing date. The second year experience may include advanced orthopedic, neurological rehab, pediatrics, manual therapy, cardiopulmonary rehabilitation, acute care, rural, women's health, and burn and wound care.

Third year students

Early in the spring semester of the second academic year, conferences will take place with students and the DCE to arrange the final two eight-week experiences which will take place during the spring semester of the final year just prior to graduation. All conferences should be concluded by the middle of February with clinical education site requests sent out March 1st –15th coinciding with the national recommended clinical education mailing date. The last experiences should round out the clinical education component of the student's educational experience so that they have had experience in outpatient, acute, neuro/pediatrics.

Procedure for Clinical Internship Placement

1. In accordance with the Clinical Education Special Interest Groups’ Suggested Uniform Early Mailing Date, a “request for placement” email or letter will be sent to all requested sites between March 1-15. The sites will be asked to send a response by April 30 declaring if they will be able to take the student during the spring/summer following the next academic year. In addition, DCE will choose the contracted sites that will be sent an email asking for their availability for 1st year placements. 1st year students will then choose from the list and the site will be contacted confirming that placement.
2. All confirmed sites will receive a letter re-confirming the placement as well as a CD with the Policy and Procedure Handbook for Clinical Education, a student demographic form, immunization records, criminal background information and a copy of the liability insurance policy. The site will also receive a plaque recognizing their commitment to clinical education if they don’t already have one (first issued summer 2002).

<table>
<thead>
<tr>
<th>First Year</th>
<th>Second Year</th>
<th>Third Year</th>
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<tbody>
<tr>
<td>8 weeks July-August</td>
<td>8 weeks May-June</td>
<td>2x 8-weeks spring semester</td>
</tr>
<tr>
<td>Lottery done in fall to place at pre-selected sites with confirmed placements</td>
<td>Meet Jan-Feb of 1st academic year to request –confirm early in fall of 2nd year during meeting to discuss 1st clinicals</td>
<td>Meet Jan-Feb of 2nd academic year to request - confirm early in fall of 3rd year during meeting to discuss 2nd clinicals</td>
</tr>
<tr>
<td>Rural, acute, outpatient or combination acute/OP, rural</td>
<td>Acute, OP, rural, neuro, peds, advanced orthopedic, manual therapy, cardiopulmonary, women's health, burn and wound care</td>
<td>Same – round out experiences to include acute, OP, rehab and/or peds, rural</td>
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**Evaluations**

**Student evaluations**

Clinical performance instruments (CPI) for both the student and the clinical instructor will be completed on-line via PT CPI web. All students and clinical instructors must complete on-line training prior to initiating the CPI. Instructions will be sent to all students and instructors. Students should be familiar with the criteria for evaluation prior to their clinical experiences.

**Site/Clinical Instructor Evaluation Forms**

Each student is required to fill out a clinical site/instructor evaluation on-line at the completion of each clinical. The evaluation forms will be placed in site files for future students to view. These are to be shared with your clinical instructor and/or CCCE at the site prior to leaving that site and completing the rotation. The DCE can make a copy of the survey available to the clinical instructor and CCCE per request. The information will also be analyzed to evaluate quality of sites and instructors.

**DCE evaluation by the student**

All students are required to complete an on-line evaluation of the DCE. 3rd year students are only required to complete the form during the 4th experience.

**DCE evaluation by the CI/CCCE**

Evaluation forms or a survey link will be sent to the CCCEs. The program uses the feedback to improve the clinical education program.

**Communication with Students/Clinical Instructors**

1. The DCE is the liaison between the academic faculty and the clinical site. The student, CI and CCCE are invited to communicate with the DCE anytime they feel it is necessary via email, letter, or phone call. In addition, students will have access to the my.umary.edu site during their experiences and will be required to communicate via the discussion board to their classmates.

2. The student and CI will be contacted by email, telephone or personal visit during each clinical experience at midterm and throughout the experience as needed. Students must check email daily and respond to communications from the ACCE and DCE within 48 hours of the time the email was sent from ACCE/DCE.
3. If a crisis situation should occur in the clinical education experience, the chain of events should be as follows:
   - The DCE and CCCE are notified of the situation by phone or email as soon as possible. The DCE will assist as much as possible to give suggestions on ways to resolve the situation at that time.
   - The student, CI, and CCCE (if applicable) will meet to resolve the problem.
   - If the problem is still not resolved, a conference call between the DCE, CCCE, CI, and student will take place or the DCE will make a personal visit to resolve the situation.
   - If appropriate, a learning contract will be drafted, agreed upon, and signed by all parties. Students who fail the contracted agreement fail the clinical education experience.
   - If the situation is not able to be resolved, the student may be removed from the clinical assignment with an incomplete and another assignment will be made. If appropriate, the student will be referred to academic standards (see policy).

STUDENT ASSIGNMENTS:

Student Communication to Site/demographic form

1st and 2nd year students
   - Fill out the student communication form when assigned during spring semester
   - Contact your clinical site approximately 4-6 weeks prior to your start date and speak with the CCCE or CI (as available). The "important questions" checklist (on my.umary website) may serve as a guide.

3rd year students
   - Fill out the student communication form when assigned during Fall term
   - Contact each site approximately 4-6 weeks prior to your start date and speak with the CCCE or CI (as available). The "important questions" checklist may serve as a guide.
   - The DCE will send the demographic form to each site.
   - Prior to the last clinical, 3rd year students are required to contact the DCE to let her/him know that they have contacted their CI

Electronic Postcards

The purpose of having students return postcards during the first week of each clinical is to gather information about where and how to contact students and clinical educators during clinical education especially in emergency situations as well as to insure that students and CIs are communicating the objectives. **Students are mandated to complete and return the postcards for a passing grade.**

1. Postcards will be posted on the my.umary website.
2. Students will fill in the contact information including and not limited to: personal and site addresses, phone numbers, e-mails; names of Clinical Instructor, and CCCE.
3. Student must also report the date in which the CI and student reviewed and discussed the policy and procedure manual and clinical education objectives.
4. The postcards will be e-mailed back to the PT department secretary or DCE during the first week of the clinical.
5. The PT secretary will update the student contact information in a form that will be used during the clinical rotation by the DCE during the clinical education experience. The PT secretary will also use the information to update the clinical site information files/data base

Student Clinical Reflection Assignments

1 clinical experience reflection written in format of student's choice completed within first 3 weeks of clinical and 1 reflection done on an administration topic to be completed prior to the last day of clinical with both reflections being emailed to DCE.

Forum Postings

Each student is responsible to write two original topic forum postings and 2 replies onto the my.umary.edu course online forum prior to the last day of each clinical rotation
Inservice
All students are required to conduct an inservice or project for the department staff during their internship. The student should discuss this with their CI to determine an appropriate topic. Assignment specifics are posted on my.umary.edu.

Case Report
Students will be required to write and present a case regarding a patient seen during the second clinical. More information will be given to students prior to their second clinical.

Student Responsibilities for Clinical Education
Health Requirements: Up-to-date immunization records must be on file prior to acceptance into the physical therapy program. It is the student's responsibility to obtain the necessary immunization health records, titers, or needed immunizations.

The student is responsible for providing proof of health insurance to the University and is accountable for payment of personal medical expenses as a result of illness or injury during the course of clinical education. Student may review contractual agreement between the University of Mary and the clinical site facility to information regarding whether the facility has agreed to provide the student access to emergency medical services in the event of an illness or injury while on the clinical education experience. Such emergency care will be provided at the student's expense.

Immunization requirements are defined in the Graduate Physical Therapy Students Health Requirements Policy. Please refer to the Appendix for a copy of this policy. Prior to departing for the clinical internships, all students are required to read their assigned clinical site's contract and Clinical Site Information Form (CSIF) if available. The student will sign a document indicating their reading and understanding of the contract and CSIF. This will be maintained in the student's file. On request from an affiliated organization for which the student is engaged in a learning experience, the Graduate PT Program will share student immunization information. At times, affiliated organizations may have additional health requirements. In these situations, the student will be held responsible for compliance with these requirements.

CPR certification: Each student is required to maintain current CPR certification throughout the professional program. Proof of CPR certification must be issued to the program secretary and will be sent to the site. Attempts will be made to provide the opportunity for CPR certification/recertification during the academic year on campus. CPR certification is at the student's expense.

Immunization information

Hepatitis B Information - Hepatitis B is transmitted from those who are acutely affected and from those who are carriers of the infection. Blood contains the highest concentration of Hepatitis B virus. Lesser concentrations of the virus occur in other body fluids, such as saliva and semen. The virus can be transmitted from one person to another in the following ways:

- Following the transfusion of blood or blood products
- Around time of birth
- Exposure to infected blood
- Contaminated needles and syringes
- Sexual contact with an infected person
- Unapparent transfer, probably by blood.

The major route of transmission of Hepatitis B virus is similar to that of HIV, except for the unapparent transfer. Unapparent transfer appears in household contacts. HIV is not transmitted in this way and is in general much less easily transmitted than Hepatitis B.

Reducing Spread of Hepatitis B - All University staff and students who come in contact with human blood or body fluid in such settings as a laboratory, a clinical setting and, possibly sporting settings are at risk of acquiring Hepatitis B. This risk can be reduced by observing the following safety precautions and by vaccination.
Prior to the fall of the 1st year, all students will be required to send immunization records to the program secretary. Additionally, students will need to provide the secretary with proof of updated Mantoux tests throughout the professional program. Current requirements include: 2-step MMR, Hepatitis B series, tetanus boosters, and annual 2-step Mantoux tests. Additional Immunization requirements are stated in the CSIF for each facility. It is the student's responsibility to obtain the necessary immunizations prior to attending the clinical education experience at the student's own expense. Most immunizations can be obtained on campus through student health services.

Universal Precautions - This document recommends that blood and body fluid precautions be consistently used for all patients, regardless of their blood-borne infectious status. This extension of the usually diagnosis-driven blood and body fluid precautions is referred to as "Universal Blood and Body Fluid Precautions" or Universal Precautions. Under Universal Precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV, and other blood-borne pathogens. Universal Precautions are intended to prevent parenteral, mucous membrane, and non-intact skin exposures of health care workers to blood-borne pathogens. In addition, immunization with Hepatitis B vaccine is recommended for health care workers who have exposures to blood.

Body Fluids to which Universal Precautions apply
As stated earlier, Universal Precautions are only directed towards those body fluids, which are capable of transmitting blood-borne viruses, not to all body fluids. The fluids, which are implicated, are as follows:

- Blood
- Semen
- Synovial fluid
- Cerebrospinal fluid
- Peritoneal fluid
- Breast milk
- Vaginal secretions
- Pericardial fluid
- Human tissues
- Pleural fluid
- Amniotic fluid

The fluids to which Universal Precautions do not routinely apply are feces, sweat, urine, nasal secretions, sputum, tears, and vomits. But if these fluids are blood-stained, then Universal Precautions do apply. Of course, routine infection control measures for the prevention of contact with other potential pathogens, such as Pseudomonas aeruginosa in the urine of catheterized patients, so still apply.

Implementation of Universal Precautions
Hand washing - Hands should be washed after every patient contact, and immediately if soiling with blood or body fluid occurs, and when gloves are removed. Any cuts of abrasions on the hands and forearms should be covered with occlusive tape, which should be impervious to moisture, and replaced when no longer effective.

Gloves - Should be worn when there is any likelihood of hands coming into contact with body substances, non-intact skin or mucous membranes. Gloves should be changed and the hands washed, between patients or when damaged.

Masks/eye protection - Eyes and mucous membranes should be protected when splashing with body fluids is likely, such as with irrigation of wounds or when suctioning patients.

Spills - Blood or body fluid spills should be cleaned up promptly while wearing the appropriate protective clothing. If Universal Precautions are correctly and logically applied, health care workers will be at very little risk from blood-borne pathogens in the course of their work.

Health insurance
It is the student's responsibility to maintain continuous health insurance coverage during clinical experiences. Submit a copy of your health insurance card to the program secretary. Proof of insurance may be required by the clinical site.
Physical
Some sites require a medical checkup prior to initiation of a clinical experience. It is the student's responsibility to complete this at the student's expense.

Worker Compensation Insurance
As a student in an academic setting you are exempt from Worker’s Compensation coverage. Because you are not considered to be an employee of the facility when temporarily assigned to a specific clinical site, there is no facility sponsored coverage for an injury occurring due to work being completed. It is, therefore, recommended that all students carry health insurance or disability insurance to cover any cost associated with a work related injury or illness while completing assigned clinical activities during enrollment in clinical education courses.

Professional Liability Insurance
Each student is required to purchase professional liability insurance for clinical education experience. The University of Mary purchases a blanket policy on the student's behalf that covers the student and faculty in clinical education settings. The student is assessed the cost of the policy in their university fees. A copy of the policy is mailed to each clinical site prior to the clinical education experience.

Policy on Drug Testing
If an agency requires drug testing, the student is responsible for any costs associated with this testing.

Criminal Background Checks
All students in the occupational therapy program shall complete criminal background checks in the spring of the first year. The purpose of the background check is to ensure safety for vulnerable populations which students may encounter during various learning activities and to meet the contract requirements the program has with clinical sites.

Procedures:
1. University of Mary Physical Therapy program has chosen CertifiedBackground.com as an approved provider of background checks and drug tests for students. CertifiedBackground.com is a service that allows students to order their own background check and/or drug test online. Information collected through CertifiedBackground.com is secure, tamper-proof, and kept confidential.
2. Students shall complete their order for a criminal background check by the end of May during Year 1 during the LAMP II course curriculum in the Physical Therapy Program. Background check ordering instructions:
   a. Go to www.CertifiedBackground.com and click on “Students”.
   b. Once your order is submitted, you will receive a confirmation email containing the password needed to view the results of your background check. To view your results, visit www.CertifiedBackground.com, and enter your password in the area provided on the lower right side of the homepage, then enter the last four digits of your Social Security number. Results are typically available in approximately three days, though some searches take longer. Your AFWC will automatically have access to your results.
3. Students are responsible for any fees and expenses required for background checks.
4. Students are responsible to provide their background check results to any Clinical Sites that requests to see them. Information regarding when the background checks are done, the company which provides the check is given to sites in the packet of information that the University of Mary PT Program sends out prior to the start date of the clinical experience.
5. Students may need to complete additional background check(s) within one year of the start time of their second, third or fourth clinical experience. This requirement would be specified in the contract agreement that the program has with the clinical site.
6. Any student who is aware of past felony conviction(s) is highly encouraged to contact the Director of Clinical Education and the Physical Therapy Program Director to discuss the offense and potential impact.
7. A Student who has a past felony conviction(s) is also encouraged to contact the National Board for Certification in Physical Therapy and the North Dakota State Board of Physical Therapy or the State Board in which they plan to practice upon graduation to determine if they would be eligible for state licensure.
8. In the event that a student has a prior felony conviction, a meeting with the Director of Clinical Education will occur, upon receipt of the criminal background check to determine the impact of the past criminal offense
upon fieldwork placement and continuation in the physical therapy program. The committee will review each situation on a case by case basis. Students should be aware offenses on their criminal background may prevent clinical placement or practical experiences at various agencies and therefore may impact their academic progression.

9. Students will be required to sign and return the criminal background policy and release of information found Appendix. This allows advisors and graduate program coordinators the authority to access and release a criminal background report to clinical agencies upon their request. The criminal background check will be kept confidential and in a file separate from the student’s academic file.

CONFIDENTIALITY POLICY: HIPAA BUSINESS ASSOCIATE AGREEMENT
The University of Mary has students studying in fields such as social work, nursing, physical therapy and occupational therapy. As part of their education, a student may participate in a training program at a facility which is a health care provider. Health care providers are now subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA establishes privacy standards for protected health information (PHI), which is individually identifiable medical information maintained in any form or medium. Pursuant to HIPAA, many health care providers at which university students are trained have required the university to enter into a HIPAA Business Associate Agreement. These agreements limit the use and disclosure of PHI.

To ensure compliance with its Business Associate Agreements, this university policy is established:

1. This policy shall be distributed to all university departments that require students to participate in training programs with health care providers.
2. Students returning from training programs may participate in classroom case discussion. In all events, no individually identifying information (such as name, geographical location, dates, telephone or fax number, email address, social security number or any other unique identifying number, characteristic or code, biometric identifier, or photographic image) whatsoever shall be disclosed. All discussion shall be limited to the classroom setting, shall remain confidential and shall not be further disclosed.

All students are required to sign Confidentiality & Privacy Oath found in the appendix and return to the Physical Therapy Program Office. Additional confidentiality statements may be required for specific practice sites.

Student Expectations for Clinical Education

Attendance

1. Students are required to be in attendance at their clinical facility every day of the clinical education period or whatever is determined as full time by the facility. The student will not be tardy and may be required to stay late or come in early to finish the work.
2. In the event of sickness, the student is required to contact the site ASAP as well as the DCE. If a student takes >1 day off, he/she will be required to make up the time.
3. Absences due to funerals or for personal reasons must be approved by the DCE. Once student has made arrangements acceptable with the site they are to inform DCE so that the DCE can excuse the absence as well.
4. Students in their final clinical who are planning to take the NPTE during a normally scheduled clinical day must contact their site CCCE, CI in advance to request the testing day off. They will prepare a written proposal and plan to make up the time they would miss should they be excused to take the exam during the scheduled rotation time. It is the decision of the site CCCE, CI and DCE to excuse the absence and to accept the terms that the student offers in making up the time. DCE reserves the right to final approval for any changes in the clinical schedule 8 week time frame.
5. The DCE in cooperation with the CCCE will assist with arrangements on an individual basis. Working a weekend and/or extended hours may be an acceptable arrangement to make up absent time.
6. The length of the clinical is not to be adjusted for any reason. Students are not allowed to work longer hours or weekends to shorten the length of the clinical education experience.
7. It is not acceptable for a student to miss days for job interviews. Students are to schedule interviews in the evenings, on weekends or holidays, over the phone, or at the completion of the clinical.
8. While on clinical experiences, students follow the holidays observed by the facility; these may not be the same as UMary holidays.
Professional behavior
Students are expected to practice in a legal, ethical, and professional manner. If appropriate, documentation with the "Generic Abilities Form" (see my.umary.edu and http://www.umary.edu/faculty/mcdoc/) will be completed by the CI, CCCE, and DCE. Inappropriate behavior may result in removal of a student from an assigned clinical facility and failure of the clinical education experience as recommended by the DCE in consultation with the CI/CCCE. The student is referred to the program’s Academic and Professional Standards policy for continued program eligibility requirements.

Dress code
Students are to follow the facility’s dress code. Minimal requirement are:
- Nametag to be worn at all times indicating the Student Physical Therapist
- Dress should be neat, clean, practical, and safe and appropriate to staff duties and work area. Professional dress for females consists of dress slacks or skirt (skirts and dresses no shorter than 3 inches above the knee) and conservative top. Low cut, close fitting, or short tops which do not go below the waistline are unacceptable. Pants should fit at the waist as to not allow the showing of undergarments. Males should wear shirt and tie and dress slacks. Samples of clothing that are not allowed are: shirts with logos (UMary polos are acceptable), team names, pictures, large brand names or mottos. Students may be required to wear lab coats or scrubs. It is much easier for a clinician to tell you to dress down than to look more professional.
- Footwear should be professional. Shoes should be closed-toe and well-maintained. Tennis shoes, hiking boots, and clogs are unacceptable. White leather athletic shoes are acceptable in many clinics. Socks or hosiery must be worn.
- Hair should be clean and pulled back if appropriate. Body piercing/earrings should be avoided. Jewelry may include watches, appropriate rings and small earrings (no body piercing). Nails should be clipped and clean.
- For facilities that have swimming pool accessibility, conservative, one-piece swimsuits must be worn. Bikinis and Speedos are not allowed.
- All students should be clean with no discernable body odor. The use of fragrances and colognes is not recommended as olfactory sense is often enhanced when ill.
- Tattoos should be covered as they might be considered offensive by patients or staff.

Facility policy and procedures
The student is expected to adhere to all policies and procedures of the clinical facility. Failure to comply with facility policies and procedures may result in removal of the student from the clinical facility.

Transportation costs
The student needs to be aware that fulfillment of the clinical portion of their education may entail living and traveling outside of the Bismarck area. The student will be responsible for all living and traveling arrangements necessary at that time as well as the financial responsibilities outside of the mandatory clinical education tuition credits. In a rural setting, a student may need to travel to a clinical area during the day because of the rural type of setting. In most cases, clinical instructors use their own or a facility vehicle. Most insurance plans cover a passenger and if the student is a passenger, he/she would be covered. If the student is not covered, it may be necessary for the student to have his/her own car and drive himself/herself to the site.

Grading of Clinical Education
Students – each student will be evaluated by the clinical instructor at mid-term and at the completion of each of each clinical experience using the web-based student clinical performance instrument (SCPI). The student must also complete a web-based self-evaluation which will be reviewed with the CI and by the DCE. The grade assigned to a clinical education experience will be Pass or Fail. A passing grade will be assigned if the student “Meets the Requirements” (see guidelines and objectives) of the clinical experience (as per the Likert scales on the SCPI), and/or has favorable written and verbal comments from the CI/CCCE. The DCE has the authority to make the final determination of the grade. In addition, a grade will not be assigned until all required course materials are turned in. If all required materials are not turned in within 1 week of the completion of the clinical, a grade of Fail will be assigned. The required materials are expected to be turned in at the completion of each clinical.

Required course materials:
- Demographic Form to be sent to site
- Verification form that student has read and agreed to contract between University and site
- Verification form that student has read through the CSIF
- Forum postings (4 total)
- Reflection assignments (2)
- CPI-CI copy
- CPI-student copy
- Site/CI eval
- DCE evaluation by student
- Inservice material
- Academic evaluation-after each academic year
- Communication postcard for each site
- Assigned assessment materials

### Checklist for Materials to be Turned In

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<th>Item</th>
<th>Due Date</th>
<th>Completed</th>
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<tr>
<td>Reading of contract verification form</td>
<td>Prior to each clinical</td>
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<tr>
<td>Informed consent for clinical education</td>
<td>At beginning of PT professional program</td>
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| Demographic Form                          | 1st Year Students – Approx April 15  
2nd Year Students – Approx March 15  
3rd Year Students – Approx Nov. 15       |           |
| Communication postcard                    | Within first week of start of each clinical        |           |
| Clinical Reflections                      | 1 clinical experience reflection written in format of student’s choice completed within first 3 weeks of clinical and 1 reflection done on an administration topic to be completed prior to the last day of clinical with both reflections being emailed to DCE. |           |
| CPI - CI                                  | Within final week of each clinical                 |           |
| Site/CI evaluation                        | Within 1 week of completion of each clinical       |           |
| DCE evaluation by students                | Within 1 week of completion of each clinical (3rd year students will just complete the eval during the last clinical) |           |
| Forum Postings                            | Each student is responsible to write two original topic forum postings and 2 replies onto the my.umary.edu course online forum prior to the last day of each clinical rotation |           |
| Inservice Material                        | Within 1 week of completion of each clinical       |           |
| Academic Evaluation and assessment materials | After each academic year – within 1 week of completion of each clinical (3rd year students will just complete the eval during the last clinical) |           |
| Case Study                                | Abstract due within 1 week after completion of 2nd clinical – will present during 3rd year (fall) |           |

Students who do not pass a clinical internship will be required to spend additional time in a clinical site as determined by the DCE. If the failed clinical occurs during the first or second summer, the student will not be able to continue the program until a plan for successful remediation is in place. If the failed clinical occurs after the 3rd year, the student will be required to complete additional time in that clinical setting in order to participate in graduation. Following
determination that the student did not pass the clinical, the student, DCE, and academic standards committee (if appropriate) will meet to determine a plan of action. The student is to bring a development plan to the meeting. The student will sign a release of information form allowing the DCE to discuss the learning contract with the CCCE of the remediation site. If the student does not successfully complete the remediation clinical, the student will be dismissed from the program and is referred to the Academic Standards Policy.

**University of Mary Program expectations of Clinical Instructors**
- Demonstrates clinical competence, legal & ethical behavior
- Effective communication skills, instructional skills, supervisory skills
- Professional behavior, conduct, skills & interpersonal relationships
- Completes midterm and final CPI evaluations in a timely fashion
- Responds to phone calls, emails from DCE in a timely manner
- CI must review and discuss with student the information accessed on the U Mary Clinical Education website or emailed, sent to the site prior to student arrival. These materials include:
  - Clinical Education Handbook
  - Course Syllabus
  - Course Guidelines and Objectives
  - On-line CPI training

**University of Mary Program expectations of clinical sites**
- Physical therapy personnel provide services in an ethical and legal manner.
- The clinical education site provides an active, stimulating environment appropriate to the learning needs of students.
- Roles and responsibilities of physical therapy personnel are clearly defined.
- The physical therapy personnel are adequate in number to provide an educational program for students.
- Physical therapy clinical instructors are selected based on specific criteria.

**Rights of Clinical Instructors**
- Right to be assigned student who is appropriately prepared
- Right to skilled support from ACCE/DCE if student is experiencing difficulty
- Right to have student withdrawn from site

**Privileges of Clinical Instructors**
- DCE will send out CEU certificates to those clinical instructors practicing in states which allow for continuing education.
- Library access to clinical instructors with students at their sites – DCE sends out email with access code at start of student affiliation with site
- All students are responsible to complete an in-service or work on a project of mutual benefit to their learning process and the site/CI.

**Complaints from outside sources**
**Definition of complaint from outside source:** Any complaint that is received about a student, university or program policy, program faculty, program staff, or resources. The complaint originates from a source other than a physical therapy student, faculty or staff member.
**Procedures:** If any faculty member receives a complaint from a source outside the immediate department, i.e., other University faculty and staff, clinical and associate faculty, students other than PT students etc., regarding the program, student behavior, or policies and procedures, the following guidelines are followed:
- The faculty member receiving the complaint requests the complaint be documented in writing and signed.
Regardless if the complaint is documented in writing or submitted verbally, the following procedures are followed:

- The complaint is presented at a faculty department meeting and documented in meeting minutes.
- Action for handling the complaint is formulated and documented in meeting minutes.
- The person responsible for carrying out the action is designated.

If the complaint cannot be dealt with at the faculty level, the person making the complaint will be referred to the Dean of the School of Health Sciences. If the complaint cannot be dealt with at the level of the Dean, the person making the complaint will be referred to Academic Affairs. If the concern is not satisfied, the person will be referred to CAPTE.

The records secretary will maintain a file folder on each complaint with the following information:

- Date of complaint
- Nature of complaint
- Disposition of the complaint

**Subject: Licensing**

The following are procedures for obtaining your physical therapist license after graduation (after last clinical education experience):

1. Prior to completion of clinical, write a letter to the registrar informing her/him where you would like your completed transcripts sent i.e., ND State Examining Committee. Addresses for all SECs are located on the fsbpt.org website.
2. Registrar will be informed that the student has completed all course work and is eligible for graduation by the DCE.
3. Registrar will send transcripts to the licensing board of your choice. (Turnaround time approximately 24 hours except weekends.)
4. Application forms are available on the FSBPT website. After the State Examining Committee has received the transcripts, application, and fees, they will contact the FSBPT to let them know the student is eligible to take the test. The FSBPT will then send the student a permission to test form and the student should make arrangements with the testing center. School code is needed to take the NPTE. **University of Mary School Code: 3503**

**Additional policies** - The University of Mary Physical Therapy department reserves the right to amend or develop new policies which may affect the clinical education component of the curriculum. When a policy has been amended or created the student will be informed.

All information regarding the University of Mary DPT Clinical Education Program can be accessed on the clinical education website. Please copy/past this link to access: [http://my.umary.edu/ICS/Campus_Life/Campus_Groups/Physical_Therapy_Clinical_Education_Group/](http://my.umary.edu/ICS/Campus_Life/Campus_Groups/Physical_Therapy_Clinical_Education_Group/)
University of Mary’s Outstanding Physical Therapy Clinical Educator Of The Year Award

Recognizing that many clinical educators provide outstanding servant leadership and excel in the mentorship and clinical education of students, the Doctor of Physical Therapy Program at UMary has established the Outstanding Clinical Educator Award. Each year, nomination criteria will be provided to students who have completed clinical experiences and to UMary Faculty. Using the criteria, interested individuals will be asked to nominate a clinical educator. All nomination forms should be sent to the UMary DCE who in turn will determine whether the nominee meets the criteria. Nominations will be presented to the UMary faculty who will review past student reports, feedback received by the school concerning the clinical educator and the nomination itself. Faculty members will then vote on the selections and determine the award recipient. The recipient(s) receives a commemorative plaque. The PT alumni newsletter will recognize the award winner with an article about the award, nomination and the recipient.

Selection criteria:

1. Designs interactive teaching/learning strategies with students to model and mold excellence in the clinical setting
2. Maintains an attitude of service and a passion for therapy when interacting with patients, colleagues, and students
3. Is able to work with students at varying levels of experience and skill and adapts his/her teaching style to meet student needs.
4. Demonstrates the Benedictine Values of Service, Respect, Hospitality, Community, Moderation, and/or Prayer along with the Core APTA values: Accountability, Altruism, Respect, Professional Duty, Social Responsibility, Compassion/Caring, Excellence, Integrity.
5. Has supervised at least 3 UMary physical therapy students over a course of 10 years time,
6. Keeps informed of the UMary Physical Therapy curriculum and policies and provides feedback to DCE on a consistent basis.
7. The nominee must be a member of the APTA, and it is recommended that they also be APTA credentialed as a clinical instructor.
8. It is recommended that the nominee be involved in UMary program activities (integrated clinicals, self-study visits, advisory committee). I assume they must be APTA members?
9. Takes initiative to promote knowledge of current issues in their area of practice through self-study, and/or attendance at workshops, seminars, etc.
Learning Styles

"Learning Styles” refer to the variety of ways people take in, store, and retrieve information. It can also give a person clues about how to approach a particular task. Knowing about your learning style can help you better understand how you solve problems, work in teams, manage conflict, make career choices, and how you negotiate personal and professional relationships.

There are many standardized assessments available as well as informal assessments. The CI or CCCE is encouraged to contact the DCE for further information.

At the start of the clinical rotation, the student and CI should discuss their preferred learning styles. Even if your learning styles do not match, open communication and awareness may help to avoid potential sources of conflict in the future. It may also help to incorporate various teaching strategies into the clinical education experience. Some examples of different strategies include the use of "paper patients", observation, role play, demonstration, collaborative or group learning, mental imagery, research, and media resources.

In addition to understanding your own and your student's learning styles, it is helpful to understand the concept of "androgogy", or "adult learning theory." Students in the professional DPT program are expected to behave and learn in an adult manner. According to Knowles, some characteristics of the Adult Learner are:

A. Is self-directed
B. Brings experience to learning
C. Is problem-centered
D. Demonstrates readiness to learn
E. Seeks relevant concepts
F. Recognizes there is more than one answer

Behavioral or Instructional Objectives

One of the most basic steps in a successful clinical education experience is planning and goal setting. Developing objectives is an important step. Most authors agree that objectives should have the several components and should be written in terms of the learner's behavior. They state who the AUDIENCE is (the student), what BEHAVIOR the student will do (identify, evaluate, document), under what CONDITION (after studying the chart, after observing the clinical instructor), and the DEGREE (time limitation, number of patients).

Example: After reading a patient's chart, the student will identify 4 tests and measures that should be included in the examination.

The objectives can be both short term (today, this week) or long term (by mid-term, at the end of the clinical).

Learning occurs in 3 domains. Here are a few examples of verbs for the domains of learning:

Cognitive (knowledge and understanding): define, differentiate, select, synthesize, solve, interpret, predict, illustrate, name, and combine
Psychomotor (physical action or motor skill): perform, apply, and demonstrate
Affective (feelings and attitudes): value, to approve, debate, appreciate

References

Weekly Planning and Mentoring Forms

Dates: __________________________ Week # __________________________

Summary of Previous Week:
(Progress, Feedback)

Student:

Clinical Instructor:

Goals for the Upcoming Week:

______________________________  ______________________________
Student’s Signature  Clinical Instructor’s Signature
Weekly Mentoring and Planning Form Purpose:

1. Useful adjunct to summative evaluation
2. Promotes program assessment
3. Promotes planning
4. Allows for and promotes student self-assessment

Directions:

1. Prior to the weekly meeting between the CI and Student, the CI and student should separately write down their thoughts/progress from the previous week.
2. During the weekly meeting the CI and Student should fill in their written information on the form and discuss the information (review the information from the previous weeks form).
3. Following the discussion the CI and Student will mutually determine goals for the following week.
4. The information on the Weekly Mentoring/Planning forms can and should be used for the Midterm and Final evaluation.
Student’s Name: ______________________  Date: ______________________

Evaluator/Observer: ______________________

Setting: (place, persons involved, atmosphere, etc.)

Student Action or Behavior:

Evaluator Interpretation:

Student’s Comments:

_____________________________  ______________________
Student’s Signature  Evaluator’s Signature
**Anecdotal Record Purpose:**

1. Useful as an adjunct to Final evaluation, but does not stand alone
2. Can be used to document positive or negative behavior.
3. Useful in supporting grades, especially low affective behaviors
4. Separates interpretation form student action
5. Requires student signature.

**Directions:**

1. Evaluator fills in the information for the Setting and Student Action or Behavior. Simply record what happened. Avoid offering judgment with the facts.
2. Evaluator fills in their own interpretation of the incident.
3. Discuss the information on the record with the student as soon as possible.
4. The student then fills in their comments regarding the incident and discussion with the evaluator.
5. Finally both the student and evaluator sign the document
6. Evaluator and Student are may notify the ACCE to discuss the incident if they so desire.
Directions: Record each entry clearly and concisely without reflecting any biases

Student’s Name: ________________________________
Evaluator/Observer: ________________________________

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<thead>
<tr>
<th>Date (Time)</th>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
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Student’s Signature: ________________________________
Evaluator’s Signature: ________________________________
Critical Incident Report Purpose:
1. Useful adjunct to Final evaluation, but not useful alone
2. Can be used to document a series of similar behaviors, usually problem behaviors
3. No interpretation by observer; just states facts
4. Includes clearly stated consequences for the behavior
5. Requires student signature.

Directions:
1. Following an incident or a series of incidents the Evaluator may fill out the form (avoid including interpretation, simply state the facts) including the
   • Date (time) of the incident(s)
   • Antecedent – the procedure the student was performing at the time of the incident and/or any education the student received prior to the incident. The evaluator may include any information or instruction that preceded the incident.
   • Behavior(s) – the exact behavior that was a concern of the evaluator.
   • Consequence(s) – determine the appropriate consequences i.e. increased supervision, record on evaluation form, and possibly failure/termination of the clinical experience
2. Meet with the student as soon as possible to discuss the information.
3. Evaluator and Student sign the form
4. Review the form prior to regular student/evaluator meeting and readdress the information if necessary.
Generic Abilities**

Generic abilities are attributes, characteristics or behaviors that are not explicitly part of the profession’s core knowledge and technical skills but are nevertheless required for success in the profession. Ten generic abilities were identified through a study conducted at UW-Madison in 1991-92. The ten abilities and definitions developed are:

<table>
<thead>
<tr>
<th>Generic Ability</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Commitment to Learning</td>
<td>The ability to self-assess, self-correct, and self-direct: to identify needs and sources of learning; and to continually seek new knowledge and understanding.</td>
</tr>
<tr>
<td>2. Interpersonal Skills</td>
<td>The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.</td>
</tr>
<tr>
<td>3. Communication Skills</td>
<td>The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.</td>
</tr>
<tr>
<td>4. Effective Use of Time and Resources</td>
<td>The ability to obtain the maximum benefit from a minimum investment of time and resources.</td>
</tr>
<tr>
<td>5. Use of Constructive Feedback</td>
<td>The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.</td>
</tr>
<tr>
<td>6. Problem-Solving</td>
<td>The ability to recognize and define problems, analyzes data, develop and implement solutions, and evaluate outcomes.</td>
</tr>
<tr>
<td>7. Professionalism</td>
<td>The ability to exhibit appropriate professional conduct and to represent the profession effectively.</td>
</tr>
<tr>
<td>8. Responsibility</td>
<td>The ability to exhibit appropriate professional conduct and to represent the profession effectively.</td>
</tr>
<tr>
<td>9. Critical Thinking</td>
<td>The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.</td>
</tr>
<tr>
<td>10. Stress Management</td>
<td>The ability to identify sources of stress and to develop effective coping behaviors.</td>
</tr>
</tbody>
</table>

** Developed by the Physical Therapy Program, University of Wisconsin-Madison
May et al. Journal of Physical Therapy Education. 9:1, Spring 1995
**GENERIC ABILITIES/PROFESSIONAL BEHAVIOR ASSESSMENT**

Directions: Circle the appropriate levels. Add comments as needed. Sign and date.

<table>
<thead>
<tr>
<th>U-Unsatisfactory</th>
<th>B-Beginning Level</th>
<th>D-Developing Level</th>
<th>E-Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Commitment to Learning
   Comments:______________________________________________________________

2. Interpersonal Skills
   Comments:______________________________________________________________

3. Communication Skills
   Comments:______________________________________________________________

4. Effective Use of Time and Resources
   Comments:______________________________________________________________

5. Use of Constructive Feedback
   Comments:______________________________________________________________

6. Problem Solving
   Comments:______________________________________________________________

7. Professionalism
   Comments:______________________________________________________________

8. Responsibility
   Comments:______________________________________________________________

9. Critical Thinking
   Comments:______________________________________________________________

10. Stress Management
    Comments:______________________________________________________________

Signature___________________________________  Date________________
University of Mary Student Clinic Policies

The University of Mary Student Clinic will be operated in a professional manner, striving to meet the needs of all who walk through its doors. Patients/clients will be seen by physical therapy students with faculty direct supervision.

Standards of Conduct:
In order to provide the most efficient and beneficial clinic experience, certain standards are necessary. These standards provide protection of the rights and safety to all students and faculty as well as all patients who will be seen in the clinic. Conduct that may interfere with the operation, disgrace the reputation of the school, or is in anyway offensive to patients or other student/faculty members will not be tolerated.

All students and faculty are expected to conduct themselves professionally and behave in a manner that is beneficial to the operation of this clinic. If you have any questions regarding this policy please talk with your advisor/supervisor.

Some examples of the types of conduct subject to disciplinary action are listed below.

- Unauthorized release of confidential information
- Unethical or illegal behaviors that is detrimental to the student/faculty member’s ability to perform his/her duties
- Swearing, verbal abuse, or unprofessional conduct
- Dishonesty
- Discrimination or harassment of any kind to patients, other students, or faculty members
- Possession, consumption or being under the influence of alcohol or a controlled substance while at work or on the clinic site. Medication prescribed by a physician is allowed as long as it does not interfere with your ability to perform safely and efficiently
- Fighting / threatening behavior to patients, students, or faculty members
- Inability to work with others
- Negligence
- Tardiness or failure to show when scheduled for clinic time. It is expected that students will be at the clinic at 3:00 in order to prepare for the day.
- Failing to abide by set policies and procedures
- Inappropriate dress or poor personal hygiene

Disciplinary Actions:
If the student’s performance or behavior fails to meet the expectations of the clinic, faculty/supervisors may take the following disciplinary actions.

- If a problem arises, the clinic coordinator will address the issue with you and make a plan of action to resolve the situation. This may result in a drop of a letter grade in the course. (start date 1/15/2013)
- If the problem continues more severe action may be taken including written notice, discussion, and professional behavior probation.
- If the problem cannot be solved or corrected the student will be referred to an academic and professional behavior standards committee (See Academic Standards Policy).

Dress Code and Appearance: (updated 11/30/2012)
The University of Mary strives for excellence in all aspects including public image. Many patients form opinions about the performance of a clinic based on the image of the people serving them, so it is asked of each person providing service to dress in a professional manner. Name tags must be worn in the clinic while providing services.
Some examples of attire that are NOT permitted:
- Excessively tight clothing
- Tank tops
- Low cut blouses (no cleavage when standing or leaning forward)
- Flip flops or other open toed shoes
- Offensive tattoos, jewelry, or clothing
- Garments that expose the abdomen, lower back, or gluteal region at rest or when reaching/leaning
- Jeans
- Shorts
- Graphic shirts
- All care providers must be free from strong or excessive odor, including perfumes and colognes

*Capris and skirts can be worn if at or below the knee

**Safety Policy and Procedure: (updated 5/29/2012)**

**PURPOSE:** To ensure a safe working and learning environment for all students, faculty, and patients.

**POLICY:** All students and faculty will provide the most efficient and safe treatment available.

**PROCEDURES:**
- Any suspected unsafe conditions must be immediately reported to the supervising faculty.
- Water spillage will be wiped up immediately and mopped as necessary.
- Broken equipment is to be reported to the Clinic Director or the supervising faculty and will be isolated until it is repaired.
- Gait belts must be worn at all times for those patients at risk for falls.
- All accidents and falls will be reported immediately to the Clinic Director or the supervising faculty.
- Students will be instructed in and will practice proper transferring/lifting techniques.
- Blood pressure and heart rate will be obtained before and after therapy for patients with cardiovascular issues.

**Infection Control Policy: (start date 11/24/2010)**

It is the responsibility of each student and faculty member to provide appropriate means of infection control for the safety of patients, peers, and supervisors to ensure that the most productive and safe clinic environment is being achieved. Steps students and faculty need to take in order to promote infection control include:
- Wash hands or use hand sanitizer before and after coming in contact with patients, after removal of gloves, after contact with inanimate objects (including equipment) in the immediate vicinity of patient, before and after personal care activities (eating, drinking, covering coughs/sneezes, blowing nose, using restroom), and at the end of all patient care duties.
- Use soap/water when hands are visibly soiled or contaminated with blood or body fluids.
- Covering all coughs and sneezes
- Staying up-to-date with department required immunizations
- Using gloves, masks and protective clothing when necessary according to universal precautions
- Making tissues and hand cleaners available in treatment rooms and convenient clinic areas
- Following universal precautions when dealing with blood or contaminated items
- Stock therapy rooms with necessary linens
  - Use said linens when placing a patient on a treatment table
- Disinfect all treatment tables and change linens after patient use. NO EXCEPTIONS.
- A member of the quality assurance committee will be responsible for the oversight of these regulations.
- A member of the supplies committee will be responsible for all supplies necessary for infection control.
Hazardous Material Policy and Procedure: (start date 5/29/2012)

Hazard Communication
All products and chemicals should be labeled with information about the hazards and correct handling procedures to prevent overexposure, and with information about the actions to take in the event of an emergency. As such, you should read all information on the label before using the chemical. If a chemical is not completely labeled, damaged, or missing the label, contact your instructor immediately. The instructor will ensure that the chemical is properly labeled.

The University of Mary Program in Physical Therapy has provided material safety data sheets (MSDSs) for hazardous chemicals present in the physical therapy classroom/laboratory areas. The MSDSs present comprehensive facts about the hazards of the chemicals. If the MSDS is not available, ask your instructor to contact the Director of the Physical Plant at 355-8123 for further guidance.

Bloodborne Pathogens
Because you may be exposed to possible infectious material, human tissues and blood during your clinical education, students are required to complete the hepatitis B vaccination series.

Safety Equipment
Eye protection and protective clothing is required whenever there is a risk for airborne particles or splash of hazardous or infectious material. Lab coats and protective gloves must be worn when working with infectious materials or chemicals that are hazardous to the skin.

Chemical Spills
Chemical leaks or spills, for example, mercury spills from thermometers or blood pressure cuffs, must be reported to your instructor immediately.

Hazardous and Biomedical Waste
At no time is any person to discard a hazardous material/chemical down the drain or in the trash without prior approval of the University of Mary Director of Physical Plant.

All needles, syringes, or other sharp objects with potential for penetrating the skin which are intended for disposal, whether tainted or not, must be placed in a special “sharps container” which is puncture-resistant, leak-proof and color coded and labeled with the biohazard symbol.

Emergency Procedures
On the main University of Mary Bismarck Campus emergency assistance can be attained by contacting the Bismarck Rural Fire Department.

University of Mary students with minor injuries, including needlestick exposures, should contact the instructor immediately. The student will be referred to either the University of Mary Student Health Clinic (if during office hours), or an emergency/walk-in facility in town.

Supplies Policy: (start date 11/24/2010)
PURPOSE: To ensure that every student has the diagnostic supplies necessary to perform care.

POLICY: All students are required to be in possession of basic diagnostic equipment required to evaluate patients.

Basic diagnostic equipment includes (1) a stethoscope, (2) a blood pressure cuff, (3) a reflex hammer (4) a goniometer, (5) an inclinometer. Students are required to bring and use their basic diagnostic equipment to clinic.

Hypoglycemia Policy and Procedure: (start date 4/25/2013)
PURPOSE: To provide guidelines for patients with diabetes experiencing hypoglycemia prior to, during, or after physical therapy received at the University of Mary C.A.R.E. clinic.

POLICY: Require at least 3 juice boxes to be in refrigerator in RTC 211 at all times for use during a patient’s episode of hypoglycemia.

Hypoglycemic Definition: Blood glucose <70 mg/dl (ACSM Guidelines) or showing symptomatic signs or symptoms such as headache, dizziness, sweating, tachycardia, trembling, weakness, anxiety, or confusion.
PROCEDURE: Administer juice box if patient’s blood glucose is tested and is below 70 mg/dl and/or symptomatic. Wait a period of 5 minutes and re-test if patient’s glucometer is available and reassess patient’s signs/symptoms. Supplies committee is required to check stock of juice boxes in the refrigerator at beginning of each semester and at midterm.

Code Blue Policy and Procedure: (start date 11/24/2010; updated 11/30/2012)
PURPOSE: Ensure individuals served are provided services, supports, care, and treatment by the staff, which is properly licensed, trained, and competent to provide care.

POLICY: All students (beginning with Class of 2012) and supervising faculty will be competent and certified in AED at all times and they will recognize and respond appropriately to cardiopulmonary medical emergencies. The quality assurance committee will be responsible for determining if all CPR certifications of students/faculty are up to date.

Code Blue Definition: Immediate medical attention is needed for a person who is not breathing and/or does not have a pulse; or has a serious condition which could rapidly progress to cessation of breathing and/or pulse.

Signs and Symptoms: Unresponsiveness and/or absence of respirations and/or heartbeat

PROCEDURE:
If only one responder available:
1. Establish unresponsiveness, begin CPR procedure
2. Call 911 for help
3. Get AED (located on the bottom floor of the RTC building by football locker room)
4. Implement Automated External Defibrillator (AED) and CPR procedures.

If 2-3 responders available:
1st Responder
1. Establish unresponsiveness, begin CPR procedure
2. Implement Automated External Defibrillator (AED) and CPR procedures.

2nd Responder and 3rd Responders
1. Call 9-1-1
2. Get AED (located on the bottom floor of RTC near men’s locker rooms)
3. Assist 1st responder with CPR and AED
4. Meet ambulance at entrance and escort them to patient (use ramp entrance next to weight room)
   a. Directions for EMS to CARE clinic: building RTC (upper level of McDowell Activity Center), use NE door (outdoor ramp up to door), someone will meet you at the door and escort you to the patient

Continuation of Code Blue Procedures:
Continue until:
1. Return of spontaneous pulse and/or respirations;
2. EMS arrives and assumes charge of the Code Blue: or
3. The victim is transported by ambulance to emergency care.

Severe Weather (Code Black) Policy and Procedure: (start date 5/29/2012; updated 11/30/2012)
PURPOSE: To provide guidelines to ensure staff competency and compliance with the UMary C.A.R.E. clinic policy on medical care for emergency.

POLICY: All faculty must be registered for the University of Mary’s Emergency Messaging System (UMEMS). It is also recommended that all students be registered. See below for instructions on how to register/opt in for the
service. The faculty in the clinic on that particular day will have their cell phone on in order to be notified when inclement weather occurs.

PROCEDURE: All students and patients will be notified of a “Code Black” when a text message to the faculty in clinic is received. In the event of a tornado warning, all patients will be immediately be assisted to the basement of Richard Tschider Center by faculty/students in clinic.

1. All patients must be escorted to lower level of RTC by students and faculty members.
   a. When in RTC 217, stairway to the West will be utilized as safely as possible.
      Turn right at bottom of stairway and position body in prone against the wall shielding head with arms.
   2. When in RTC 211, stairway to the North will be utilized as safely as possible.
      Go straight to end of hallway and position body in prone against the wall shielding head with arms.
   3. A faculty member will ensure all students and patients are located in lower level of RTC building until bad weather threat has passed.

REGISTER NOW TO BECOME PART OF THE UNIVERSITY OF MARY CELLULAR PHONE EMERGENCY TEXT MESSAGING SYSTEM
Safety alerts on the University of Mary campus can now be received on cell phones via the University of Mary’s Emergency Messaging System (UMEMS).

Campus safety alerts range from a security breach to cancellation of classes due to severe weather. Users who elect this option and provide contact information may be assured that their information will not be shared.

University of Mary’s Emergency Messaging System (UMEMS) will not replace any current notification methods but will be used as one of several alert systems already in place, including email, web sites, tornado siren, and media. To become part of this vital communications network, however, you must opt in to the program.

UMEMS data will be cleared at the end of the school year (summer term). Current students & staff will be notified to opt-in at the beginning of the fall term.
Please follow the directions for your location below to register/opt-in for the service:
To opt-in: Bismarck Main Campus – Text: UMBM to 25827
Fargo Center – Text: UMFC to 25827
Jamestown – Text: UMJT to 25827
Grand Forks – Text: UMGF to 25827
Please follow the directions for your location below to unregister/opt-out for the service:
To opt-out: Bismarck Campus – Text: UMBM STOP to 25827
Fargo Center – Text: UMFC STOP to 25827
Jamestown - Text: UMJT STOP to 25827
Grand Forks - Text: UMGF STOP to 25827

Code Red Procedure: (start date 11/30/2012)
Definition: A message announced or signaled by fire alarm indicating nearby fire alert.
PROCEDURE:
1. All patients must be escorted out of building as quickly as possible by students and faculty members.
2. Exits will depend on location of fire danger.
3. Keep patient low to the ground if possible with cloth or hand over mouth to prevent smoke inhalation.
4. When in RTC 217, doorway to West will be utilized as safely as possible until patient is clear distance away from fire danger.
5. When in RTC 211, doorway to North will be utilized as safely as possible until patient is clear distance away from fire danger.
6. A faculty member will ensure all students and patients are out of RTC building until fire threat has passed.
**Patient Assistance Policy: (start date 11/24/2010)**

When patients are scheduled for an appointment at the UMARY C.A.R.E. Clinic, they will be asked as to whether they will require assistance into the building for their appointment.
- If the patient requests assistance, this should be noted on the clinic schedule.
- An entrance to the facility needs to be designated.
- Patients who need assistance need to be accompanied to and from their vehicle by a physical therapy student.

**Communication:**

It is the responsibility of each student and faculty member to provide appropriate means of communication to patients, peers, and supervisors to ensure that the most productive and safe clinic environment is being achieved.

- Prior to each clinical session, the previous student physical therapist (SPT) needs to contact the incoming SPT and summarize the patient case, condition, and treatment plan.
- All documentation needs to be completed by 8am the next day and emailed (without identifying patient information) by the student with seniority to the supervising faculty member for feedback. Once feedback has been made and changes to the documentation have been completed satisfactorily, the student must obtain the faculty signature and must place the note in the patient chart. (updated 1/15/2013)
- All documentation needs to be filed in the chart in reverse chronological order on the right hand side of the chart. The chart must then be filed in the appropriate file drawer.
- The file drawer is to be locked outside of the clinic hours. The key may be obtained from the department secretary or a faculty member if needed.
- Whenever possible patients will be told to bring or send a copy of their physical therapy records, surgical reports, radiology reports etc.
- It is the responsibility of the student therapist to obtain an intake form and informed consent from each patient.

**Chronic Patient Re-Evaluation Policy and Procedure (start date 4/25/2013)**

**PURPOSE:** To ensure patients’ status is up to date and the proper plan of care is implemented by the students.

**POLICY:** After 8 visits in the clinic students will do a re-evaluation on those patients.

**PROCEDURE:**

- Students will keep an accurate flow chart of patient visits in the patient chart
- Students will check off visit dates.
- Students will perform a re-evaluation on patients on the 9th visit.

**Functional G-Code Documentation Policy and Procedure (start date 11/1/2013)**

**PURPOSE:** To ensure patients’ status and monitor progress based on functional ability.

**POLICY:** G-codes will be assigned to patients at each initial evaluation, 8 week re-evaluation, and discharge.

**PROCEDURE:**

- Students will assign G-code and severity modifier based on functional performance seen during evaluation.
- Students will assign a G-code goal to patients based on initial level and prognosis.
- Students will record G-code in evaluation, re-evaluation, and discharge documentation.

**Scheduling:**

In order for the clinic to run smoothly, appropriate scheduling is required.

- The clinic schedule will be set by the student scheduling committee and the faculty advisor prior to each semester. One scheduling committee member will be assigned each clinical rotation. (start date 11/24/2010)
- If a student has a scheduling conflict during their assigned clinic time, they need to:
  a. Find someone to switch clinic times with you
  b. Obtain a UMARY CARE Clinic Schedule Change Form
c. Have both parties sign the form, agreeing to the change
d. Turn the form into the Director of Clinical Education at least 2 weeks prior to the date in question
   i. In the case of an unforeseen illness or conflict, as soon as the conflict or illness comes up.
   (start date 11/24/2010)

- Third year students will be scheduled to provide advisement to the second year students during fall semester.
- First year students will be scheduled during the spring semester with the second year students.
- There will be two faculty advisors at each clinic site to oversee treatment sessions.
- The clinic hours will be T/TH 3:15 – 5:00. All students/faculty are expected to be in the clinic at 3:00pm to get ready to begin therapy treatments that start at 3:15pm. From 3:00-3:15pm students and faculty can communicate therapy treatments and potential changes in plan of care. It is required that every student stay until at least 5:00. It is highly recommended that each student pair work on writing the documentation together immediately following the clinic appointments (updated 1/15/2013)
- Appointment scheduling will be limited to one patient per number of lead student physical therapists; for example in the spring semester if two second year physical therapy students are present, two patients can be scheduled per time slot. This ratio is also dependent upon the number of faculty available to supervise at clinic during the scheduled times.
- The only members of the clinic that are allowed to make changes to the patient schedule outside of clinic hours are the PT Department secretary, supervising faculty member and members of the Clinic Scheduling Committee. (start date 11/24/2010)

  a. The Third Year Committee Members will train the Second Year Committee members on this process in the fall of each year (start date 11/24/2010)
  
- Patients will be assigned in advance whenever possible, which will give each student a chance to prepare for their treatment session.
- If a student would like to work with a specific patient on the schedule, they need to contact members of the Scheduling Committee to make their requests. Be aware that all requests cannot be honored and it is up to the judgment of the Scheduling Committee members to facilitate a well-rounded clinical experience for the students. (start date 11/24/2010)
  
- Appointment times will be 3:15 and 4:00. If no patient is scheduled for a student they should use the time to assist other SPT’s, practice skills, or complete documentation with their partner. (start date 1/15/2013)
  
- New patients will be asked to arrive 15 minutes early to complete paperwork.
  
- Patient rechecks will be scheduled with the dept. secretary (355-8053), the scheduling committee member who is assigned to be at clinic during that time or the supervising faculty member through the my.umary course site (PT group)

**Quality Assurance:**

In order for the clinic to run properly, patients’ files must stay organized and efficient ensuring quality and confidentiality at all times. To achieve this level, members assigned to the Quality Assurance Committee must review and audit the patient’s files on a regular basis.

- Patients’ files will be reviewed every four weeks.
- Three to four current patient charts will randomly be chosen for review at the University of Mary.
- Patient charts will be reviewed in order to confirm that:
  - Informed consent has been signed
  - Patient history has been completed
  - Billing charge slips are being completed
  - Initial evaluations are being completed and signed by the appropriate SPT
  - Flow sheets are being utilized
  - Progress notes are being completed and signed by the appropriate SPT
and supervising physical therapist.
- Documents are being filed in the charts appropriately
- Patient check list

- Any corrections that need to be made will be addressed on a sticky note and placed in the patient’s folder and the treating student therapist will be informed through email.