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Dear Students and Clinical faculty,

Clinical education is an essential and important part of the U Mary DPT program. The program faculty is committed to assisting both students and clinical educators in having successful clinical experiences. The Physical Therapy Clinical Education Handbook is intended to be used as a guide related to expectations required by the faculty in the Department of Physical Therapy. Additional policies and handbooks, available on the my.umar.edu Clinical Education website available as additional resources. The DCE and ACCE are available to both students and clinical faculty to answer questions and concerns.

Best regards,

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NOTICE: The reader should take notice that while every effort is made to ensure the accuracy of the information provided herein, this institution reserves the right to make changes at any time without prior notice. The institution provides the information herein solely for the convenience of the reader and, to the extent permissible by law, expressly disclaims any liability which may otherwise be incurred.
Faculty Information

The University of Mary Program in Physical Therapy has faculty with experience in clinical education. Here is a brief summary of the PT faculty's credentials and expertise that assist in directing the clinical education program:

**Jody Eckert** received her BA in Exercise Science from Concordia College in Moorhead MN in 2001, MPT from Mayo College of Medicine in 2004, and her DPT from Boston College in 2007. Dr. Eckert has worked in outpatient orthopedics since 2004 and has served as a clinical instructor for the U Mary DPT program. She is APTA board certified in orthopedics and has taken several continuing education courses with a focus on mobilization and treatment of the spine. Dr. Eckert is the course coordinator Orthopedic Management I, teaches the section on the Spine in Kinesiology, serves as a lab instructor for the Essential Skills course and is a faculty advisor/clinical instructor in the Pro Bono Clinic in the spring and fall semesters. Dr. Eckert is the Director of Clinical Education for the Program and coordinates the full-time clinical education courses as well as the preparatory course for the first clinical experience in LAMP II. She is a credentialed APTA Level 1 and Advanced Clinical Education Clinical Instructor as well as a certified APTA Trainer for the level 1 Clinical Instructor credentialing course.

Dr. Eckert graduated from the CTB Women’s Leadership Program and is involved professionally in the Northern Plains Clinical Education Consortium and Clinical Education Special Interest Group. She has served on the Nominating Committee for the NDPTA since 2008. Dr. Eckert is the advisor for the PT Club and represents the School and Health Sciences on the University of Mary Senate. Dr. Eckert has published research in the Journal of Sport Rehabilitation a Case Study Report on Clinical Education published in WORK: A Journal of Prevention, Assessment, & Rehabilitation and she has presented research at the APTA Combined Sections meeting. Her research agenda is focused on orthopedics and clinical education.

**Lauren Emmel** received her BS in Exercise and Sport Science from the College of St. Catherine in 2007, and her DPT from the College of St. Catherine in 2009. She has worked clinically in the areas of geriatrics, acute care, and pediatrics. Dr. Emmel is a pediatric certified specialist through the American Board of Physical Therapy Specialties (ABPTS). Dr. Emmel’s teaching responsibilities include coordinating the Integrated Clinical Education Program and PTH 623: Motor Control. She is responsible for co-teaching PTH 638: Pediatrics; PTH 829: Pediatric Elective with Dr. Heather Lundeen. Additionally, Dr. Emmel works with Dr. Jody Eckert as the Academic Coordinator of Clinical Education. Dr. Emmel is a member of the APTA and a member of the pediatric and education sections. Dr. Emmel serves the profession through her roles on the ethics committee for the North Dakota Physical Therapy Association and in developing resources for clinical educators in pediatrics through the Section on Pediatrics. Dr. Emmel has taken a variety of continuing education courses focused on pediatric physical therapy assessment and intervention.

Graduate physical therapy students are obliged to the University of Mary General Policies, Graduate Catalog, and Student Handbook as electronically published. Students are expected to satisfy the graduation requirements in effect at the time of their admission to the graduate program.
University of Mary General Policies

Several general policies applicable to any University of Mary student are listed below. To review a university general policy related to a specific topic, click on the link.

- Academic Honor Code
- Acceptable Use Policies for Information Technology at the University of Mary
- Amendments to General University Policies
- Annunciation Monastery Property and Grounds
- Appropriate Relationships
- Campus Security Report
- Communication of Official University Business
- Conduct Grievance Board and Procedure
- Conduct Grievance Procedure Complaint Form
- Copyright Infringement Policy
- Disability-related Accommodations for Visitors Policy
- Discrimination and Harassment Policy
- Drug Free Schools Policy
- Drug Free Workplace
- Fundraising
- General Grievance Policy for Students
- Hazing
- Identity Theft Red Flag Policy
- Inclement Weather Policy
- Institutional Review Board
- Liturgy and Prayer
- Marketing and Advertisement Policy
- Non-Discrimination Statement
- Parking Services and Traffic Safety
- Plan for Success
- Policy Enforcement
- Posting Policy
- Retaliation
- Sexual Misconduct Policy
- Student Health Clinic
- Student Records
- Tobacco Policy
- Weapons Policy

Graduate Studies Catalog

The Office of Academic Affairs regularly updates and publishes the University of Mary Graduate Studies Catalog. This catalog serves as the foundation to graduate studies containing a variety of general and program specific information. Please visit the Graduate Studies Catalog at http://www.umary.edu/academics/

Overview
The Program in Physical Therapist Education at the University of Mary is a component of the School of Health Sciences. Graduates of the program are granted a Doctor of Physical Therapy degree (DPT). Students enter the program with an earned bachelor’s degree and successful completion of the prerequisites. The education program involves 32 continuous months of didactic study and clinical education in the professional level program for those students accepted into the professional program.

**Accreditation**

The University of Mary Department of Physical Therapy is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association, 1111 North Fairfax St., Alexandria, VA, 22314; telephone: 703-706-3245; email: accreditation@apta.org; The next review date is 2022. The North Central Association of Colleges and Schools (NCA) have accredited the University to offer the DPT.

**University of Mary Mission and Philosophy**

Founded to prepare leaders in the service of truth, the University of Mary is distinctive in our education and formation of servant leaders with moral courage, global understanding, and commitment to the common good. As America’s Leadership University, we are deeply devoted to our mission:

*The University of Mary exists to serve the religious, academic and cultural needs of the people in this region and beyond. It takes its tone from the commitment of the Sisters of Annunciation Monastery. These Sisters founded the University in 1959 and continue to sponsor it today. It is Christian, it is Catholic, and it is Benedictine.*

In its search for truth and its commitment to develop the whole person, the University of Mary Graduate Programs prepares graduates in four areas of competence: 1) scholarship; 2) environmental contexts; 3) professional competence, and 4) valuing.

In addition, the University of Mary strives to incorporate its Benedictine values of hospitality, community, respect for persons, prayer, moderation, and service in university curriculum instruction, and student life experiences.

**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**

The mission of the University Of Mary Department Of Physical Therapy is to prepare competent, ethical, compassionate, and caring physical therapists who serve the diverse healthcare needs of society through the advancement of practice, advocacy, education, and service in accordance with the Benedictine values.

**Department of Physical Therapy Curriculum Plan**
The Physical Therapy curriculum model is a plan for teaching and learning designed by the program faculty in consultation with physical therapy and other health care practitioners, PT Program Advisory Committee members, consultants, and doctorally prepared faculty from diverse disciplines at the University of Mary.

<table>
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<th>Semester</th>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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<tr>
<td>Fall Year 1</td>
<td>PTH 505</td>
<td>Anatomy I</td>
<td>4</td>
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<tr>
<td></td>
<td>PTH 507</td>
<td>Physiology Foundations</td>
<td>2</td>
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<tr>
<td></td>
<td>PTH 509</td>
<td>Kinesiology I</td>
<td>3</td>
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<tr>
<td></td>
<td>PTH 513</td>
<td>Systems Screening I</td>
<td>4</td>
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<tr>
<td></td>
<td>PTH 511</td>
<td>*LAMP I</td>
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<td></td>
<td>PTH 515</td>
<td>Essential Skills I</td>
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<tr>
<td></td>
<td>PTH 519</td>
<td>ICE I</td>
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<td></td>
<td><strong>Semester Credits</strong></td>
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<tr>
<td></td>
<td></td>
<td><strong>Leadership, Administration, Management, Professionalism</strong></td>
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<tr>
<td>Spring Year 1</td>
<td>PTH 508</td>
<td>Neuroscience</td>
<td>3</td>
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<tr>
<td></td>
<td>PTH 506</td>
<td>Anatomy II</td>
<td>2</td>
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<tr>
<td></td>
<td>PTH 510</td>
<td>Kinesiology II</td>
<td>3</td>
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<tr>
<td></td>
<td>PTH 512</td>
<td>Musculoskeletal Assessment I</td>
<td>4</td>
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<td></td>
<td>PTH 514</td>
<td>Systems Screening II</td>
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<td>PTH 516</td>
<td>Essential Skills II (ther ex)</td>
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<td>PTH 520</td>
<td>ICE II</td>
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<td>PTH 521</td>
<td>LAMP II</td>
<td>1</td>
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<td>May/June</td>
<td>PTH 526</td>
<td>Systems Screening III</td>
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<td>PTH 527</td>
<td>Essential Skills III (physical agents)</td>
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<td><strong>July/August</strong></td>
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<td>PTH 531</td>
<td>Clinical Education I (6 weeks)</td>
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<td><strong>Semester Credits</strong></td>
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<tr>
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<td>PTH 619</td>
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<tr>
<td>Fall</td>
<td>PTH 621</td>
<td>Ortho Mngt I</td>
<td>4</td>
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<td></td>
<td>PTH 627</td>
<td>Exercise Physiology</td>
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<td></td>
<td>PTH 629</td>
<td>Neuromotor Physical Therapy</td>
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<tr>
<td></td>
<td>PTH 633</td>
<td>Cardiopulmonary Mngt I</td>
<td>3</td>
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<tr>
<td></td>
<td>PTH 641</td>
<td>Lifespan I: Pediatric PT</td>
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<td>PTH 643</td>
<td>Clinical Inquiry I</td>
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<td>PTH 622</td>
<td>Orthopedic Mngt II</td>
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<td></td>
<td>PTH 630</td>
<td>Neuromotor Physical Therapy II</td>
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<td>PTH 634</td>
<td>Cardiopulmonary Mngt II</td>
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<td></td>
<td>PTH 636</td>
<td>Integumentary Mngt</td>
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<td>PTH 642</td>
<td>Lifespan II: Geriatric Mngt</td>
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<td>PTH 660</td>
<td>SOLE I</td>
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<td><strong>Semester Credits</strong></td>
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Students choose 1 of 4 elective courses

Students in the final year of the University of Mary’s Doctor of Physical Therapy Program have the option of completing additional coursework that will lead to a concentration in business. Students can complete on-line courses in an interprofessional format that will improve their business acumen to better meet the demands of modern healthcare practice.
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 34 weeks. The first 6 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 10 week experiences are placed during the fall and 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 and neurorehabilitation or 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 531: Clinical Education I**
Students will complete their first 6 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 developing 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 731: 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 831 & PTH 832: Clinical Education III and IV**
The last two 10 week experiences will occur during the fall and spring semester of the final year. In addition to increased independence with 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 pediatrics, 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 (ICE).

**PTH 519: Integrated Clinical Experience I (ICE I):**
During the first semester of the first year of the physical therapy curriculum, students will gain experience in applying the information learned throughout the didactic curriculum by completing integrated, short-term clinical experiences in the collaborative model with three to four students paired with one clinical faculty, a physical therapist in the local community, in the acute and outpatient settings. Students will spend 12 hours in both the acute and outpatient settings throughout the first semester.
**PTH 520: Integrated Clinical Experience II (ICE II):**
During the second semester of the first year of the physical therapy curriculum, students will gain experience in applying the information learned throughout the didactic curriculum by completing integrated, short-term clinical experiences in the collaborative model with three to four students paired with one clinical faculty, a physical therapist in the local community, in the neurologic setting, which could include inpatient rehabilitation, long term care, or care provided in a skilled nursing facility. Students will spend 12 hours in the neurologic settings throughout the second semester. In addition, students will spend 8 hours in the pro bono clinic, under the mentorship of a 2nd year student and supervised by a physical therapist.

**PTH 619: Integrated Clinical Experience III (ICE III):**
During the first semester of the second year of the physical therapy curriculum, students will gain experience in applying the information learned throughout the didactic curriculum by completing integrated, short-term clinical experiences in the collaborative model with three to four students paired with one clinical faculty, a physical therapist in the local community, in the pediatric and cardiopulmonary settings. In addition, students will spend 8 hours in the pro bono clinic, under the mentorship of a 3rd year student and supervised by a physical therapist.

**PTH 620: Integrated Clinical Experience IV (ICE IV):**
During the second semester of the second year of the physical therapy curriculum, students will gain experience in applying the information learned throughout the didactic curriculum by completing integrated, short-term clinical experiences in the collaborative model with three to four students paired with one clinical faculty, a physical therapist in the local community, in the cardiac and pulmonary rehabilitation settings. In addition, students will spend time in the pro bono clinic, mentoring a 2nd year student and supervised by a physical therapist.

**PTH 819 & 820: Integrated Clinical Experience V (ICE V):**
During the final year of the physical therapy curriculum, students will gain experience in applying the information learned throughout the didactic curriculum by completing integrated, short-term clinical experiences in the collaborative model with three to four students paired with one clinical faculty. Experiences in the final year of the curriculum will include experiences in: home care, chronic pain, orthotics and prosthetics, and occupational medicine.

**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 ACCE/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 on behalf of students.

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. Many sites will assist in housing options or provide resources to assist students in obtaining reasonable housing accommodations.
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. New sites need to be established months before the site selection process begins. Students should contact DCE/ACCE with site suggestions.

Process to add new sites: The DCE/ACCE will contact the clinical site to inquire about a clinical education agreement and evaluate the quality of the clinical education site. The DCE/ACCE 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/ACCE 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/ACCE 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. Students may contact the site/CI/CCCE only after demographic information has been sent to the site and after the confirmation of the student has been completed by DCE/ACCE.

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 DPT program, the DCE/ACCE will send requests to sites that are rural, acute care, OP, SNF or a split between acute and general outpatient orthopedics. As our state is widely rural and the faculty recognizes 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 the site files, contract binders and search through the CSIF Web computer database for established clinical education sites. Second and third year students are also a good source of information on the available sites and the DCE/ACCE are available for consult to assist in creating a list of preferential sites.

**Second year students**

Late in the fall semester of the first academic year, conferences will take place with students and the DCE/ACCE to arrange the eight week clinical education experience that will take place following the second academic year. Students will be assigned to consult with either the ACCE or DCE with questions regarding clinical sites, placements,
etc. All conferences should be concluded by the beginning of February and students will send their preferences for placement to DCE/ACCE by early February assigned date. Clinical education site requests are sent out by DCE/ACCE 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
Throughout the fall semester of the second academic year, conferences will take place with students and the DCE to arrange the final two ten 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 beginning of February and students will send their preferences for placement to DCE/ACCE by early February assigned date. Clinical education site requests are sent out by DCE/ACCE 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/ACCE will choose the contracted sites that will be sent an email asking for their availability for 1st year placements.

All confirmed sites will receive an email/letter re-confirming the placement and are directed to the Clinical Education Website (http://my.umary.edu/ICS/Campus_Life/Campus_Groups/Physical_Therapy_Clinical_Education_Group/) Here they will find the Policy and Procedure Handbook for Clinical Education and a copy of the liability insurance policy. Approximately 6 weeks before the start date for the clinical experience the site CCCE will receive an email containing the confirmed student’s student demographic form, immunization records, criminal background information. The site will also receive a plaque recognizing their commitment to clinical education if they don’t already have one and a year tag to place on the plaque signifying they had a student at the site that year (first issued summer 2002).

<table>
<thead>
<tr>
<th>First Year</th>
<th>Second Year</th>
<th>Third Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 weeks July-August</td>
<td>8 weeks May-June</td>
<td>2 x 10-weeks in the fall and spring semesters</td>
</tr>
<tr>
<td>Lottery done in Sept/Oct to place at pre-selected sites with confirmed placements</td>
<td>Meet Nov-Feb of 1st academic year to discuss selections for 2nd year. Students send 6 request choices for the 2nd experience to DCE/ACCE in Feb</td>
<td>Meet Sept-Feb. of 2nd academic year to discuss 2nd clinical experience and 3rd and 4th rotation selections. Students send 6 choices for each of the final settings they would like to request placement in for the final two rotations.</td>
</tr>
<tr>
<td>Rural, acute, SNF, outpatient or combination acute/OP, rural</td>
<td>Acute, OP, rural, neuro (rehab or SNF), peds, advanced orthopedic, manual therapy, cardiopulmonary,</td>
<td>Same as 2nd year choices – round out experiences to include acute, OP, neuro rehab/SNF and/or</td>
</tr>
</tbody>
</table>
burn and wound care

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 ACCE/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.

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

ACCE/DCE evaluation by the CI/CCCE
Evaluation forms or a survey link will be sent to the CI & CCCEs to evaluate the ACCE/DCE. The program uses the feedback to improve the clinical education program.

Communication with Students/Clinical Instructors
1. The ACCE/DCE is the liaison between the academic faculty and the clinical site. The student, CI and CCCE are invited to communicate with the ACCE/DCE anytime they feel it is necessary via email, letter, or phone call. In addition, students will have access to the CANVAS Clinical experience website during their experiences and will be required to communicate via the discussion board to their classmates and through reflections submitted to the ACCE/DCE.

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, 2nd and 3rd year students

- Fill out the student communication/demographic form when assigned during spring semester and send to the DCE/ACCE assigned to work with you and the office manager for the PT program.
- Contact your clinical site approximately 4-6 weeks prior to your start date and email or speak with the CCCE or CI (as available). The "important questions" checklist (on my.umary website) may serve as a guide. Students are required to read contract agreements that the program has with the site they are assigned to in advance of contacting the site in order to clarify any questions they may have regarding the clinical agreement.
- Prior to the clinicals, students are required to contact the DCE/ACCE 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 CANVAS 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 as well as what method of communication (phone, visit, email) the CI prefers from the DCE/ACCE.
4. The postcards will be e-mailed back to the ACCE/DCE during the first week of the clinical.
5. The DCE/ACCE will update the student contact information in a form that will be used during the clinical rotation by them during the clinical education experience. The information will also be used to update the clinical site information files/data base and CPI web pairings.

Student Clinical Reflection Assignments

One clinical experience reflection written in format of student’s choice completed within first 3 weeks of clinical and one reflection done on an administration topic to be completed prior to the last day of clinical. The Final reflection is done in a format posted on the CANVAS website and contains data used by the DCE/ACCE to evaluate the site/CI and the student’s depth and breadth of clinical experiences throughout the clinical education program. All reflections are uploaded onto the Clinical course site.

Online Discussion Postings

Each student is responsible to write two original topic forum postings and 2 replies onto the CANVAS course online discussion forum prior to the last day of each clinical rotation. One original and one reply must be completed by mid-term of the experience.

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 CANVAS.
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. Students should contact the research director with questions on this assignment.

Surveys
Students are required to complete a survey on the Site/CI, the Academic curriculum for that particular year in the program and the ACCE/DCE. These survey links are sent by the DCE/ACCE and must be completed prior to the end of the clinical experience.

Student Responsibilities for Clinical Education
Health Requirements: Up-to-date immunizations 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 skins 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 may be required to obtain Worker’s Compensation coverage. There are some clinical sites that require this type of insurance during the clinical experience. If the clinical site contract states that worker’s compensation insurance is required by that site please discuss this in advance with DCE/ACCE and they will communicate with the proper University channels to assist you in obtaining this prior to starting the clinical experience.

**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 a clinical site requires drug testing, the student is responsible for any costs associated with this testing. The testing must be done well in advance of the start date for the experience to prevent any delays to the clinical experience.

**Criminal Background Checks**

This policy is pertinent to applicants and students currently enrolled in graduate education.

A criminal background check is required prior to the first year of the Graduate Physical Therapy Program. The criminal background check is to be completed online through Certified Background®. Instructions for this process will be provided to the student by the DCE/ACCE. The student shall be responsible for any costs associated with completing this process. In addition, some clinical facilities may require updated background checks which will be the student’s responsibility. Failure to comply may implicate the student’s ability to participate in clinical or practical learning experiences and will prevent successful academic progression.
Criminal background documentation is frequently required by organizations affiliated with the University for which students will be participating in clinical or practical experiences. An agency may request a copy of the student’s criminal background check. The criminal background report will be shared with agencies upon their request. Students who do not consent to disclosure of the criminal background report may not be allowed in the clinical site and therefore would not be able to progress academically. On occasion, an agency may have a differing criminal background check policy. In this instance, a student would be required to be in compliance with both the individual agency policy and this policy. In addition, students should be aware of licensure and certification requirements in relationship to criminal background reporting. The criminal background process employed by this academic program may differ and/or not comply with policies from licensure or certification boards. Criminal background reports will undergo administrative review within the Department of Physical Therapy. Certain convictions may be considered a disqualifying factor for academic progression in the Physical Therapy Program. It is the student’s responsibility to report any new criminal conviction(s) within 14 days from the date of the conviction(s) to the Director of the PT Program (regardless of whether an appeal is pending). Failure to do so may result in disciplinary action. The criminal background report is kept in the student file.

1. 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 upon request.
2. 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.
3. 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.
4. 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.
5. 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.

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 be present for training on HIPAA prior to time spent in the clinical setting and proof of HIPAA training is available upon request from clinical sites.

Student Expectations for Clinical Education

Clinical Education Courses

Successful completion of each clinical education course is based on the judgment of the directors of clinical education. Their judgments are based on students’ successful completion of three components of clinical education: 1) formal and informal evaluation of the student's knowledge, skills, attitudes, and values using feedback from clinical instructors; 2) satisfactory professional behavior relative to the course; and 3) satisfactory completion of all clinical assignments. All clinical education and fieldwork courses are graded Pass or Fail.

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 as soon as possible as well as the ACCE/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 ACCE/DCE. Once student has made arrangements acceptable with the site they are to inform ACCE/DCE so that the ACCE/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 ACCE/DCE to excuse the absence and to accept the terms that the student offers in making up the time. ACCE/DCE reserves the right to final approval for any changes in the clinical schedule 8 week time frame.
5. The ACCE/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 ACCE/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 ACCE/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 ACCE/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 ACCE/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 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 (3)
- 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**

<table>
<thead>
<tr>
<th>Item</th>
<th>Due Date</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading of contract verification form and CSIF</td>
<td>Prior to each clinical</td>
<td></td>
</tr>
<tr>
<td>Demographic form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informed consent for clinical education</td>
<td>At beginning of PT professional program</td>
<td></td>
</tr>
<tr>
<td>Communication postcard</td>
<td>Within first week of each clinical</td>
<td></td>
</tr>
<tr>
<td>Clinical Reflections</td>
<td>1 clinical experience reflection written in format of student’s choice completed within first 2 weeks of clinical and 1 reflection done on an administration topic to be completed prior to the last day of clinical. Final reflection in format provided by ACCE/DCE.</td>
<td></td>
</tr>
<tr>
<td>CPI - CI</td>
<td>Within final week of each clinical</td>
<td></td>
</tr>
<tr>
<td>Site/CI eval</td>
<td>Within final week of each clinical</td>
<td></td>
</tr>
<tr>
<td>ACCE/DCE evaluation by students</td>
<td>Within final week of each clinical (3rd year students will just complete the eval during the last clinical)</td>
<td></td>
</tr>
<tr>
<td>Forum Postings</td>
<td>Each student is responsible to write two original topic forum postings and 2 replies onto the course online forum prior to the last day of each clinical rotation. Two discussion posts due prior to mid term</td>
<td></td>
</tr>
<tr>
<td>Inservice Material</td>
<td>Within final week of each clinical</td>
<td></td>
</tr>
<tr>
<td>Academic Evaluation and assessment materials</td>
<td>After each academic year - Within final week of each clinical (3rd year students will just complete the eval during the last clinical)</td>
<td></td>
</tr>
<tr>
<td>Case Study</td>
<td>Abstract due within 1 week after completion of 2nd clinical – will present during 3rd year (fall)</td>
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</tbody>
</table>

Students who do not pass a clinical internship will be required to spend additional time in a clinical site as determined by the ACCE/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, ACCE/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 ACCE/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:
  o Clinical Education Handbook
  o Course Syllabus
  o Course Guidelines and Objectives
  o 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:
  • complaint is presented at faculty department meeting and documented in meeting minutes
  • action for handling complaint is formulated and documented in meeting minutes
  • 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/

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, and 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).
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\(^1\). 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\(^2,3\).

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\(^4\), 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 either 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.
Anecdotal Record

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.
## Critical Incident Report

Directions: Record each entry clearly and concisely without reflecting any biases.

**Student’s Name:** ________________________________

**Evaluator/Observer:** ________________________________

<table>
<thead>
<tr>
<th>Date (Time)</th>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**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>Commitment to Learning</td>
<td>U</td>
<td>B</td>
<td>D</td>
</tr>
<tr>
<td>Comments: ________________________________________________________________</td>
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<tr>
<td>Interpersonal Skills</td>
<td>U</td>
<td>B</td>
<td>D</td>
</tr>
<tr>
<td>Comments: ________________________________________________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Skills</td>
<td>U</td>
<td>B</td>
<td>D</td>
</tr>
<tr>
<td>Comments: ________________________________________________________________</td>
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<tr>
<td>Effective Use of Time and Resources</td>
<td>U</td>
<td>B</td>
<td>D</td>
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<tr>
<td>Comments: ________________________________________________________________</td>
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<tr>
<td>Use of Constructive Feedback</td>
<td>U</td>
<td>B</td>
<td>D</td>
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<tr>
<td>Comments: ________________________________________________________________</td>
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<tr>
<td>Problem Solving</td>
<td>U</td>
<td>B</td>
<td>D</td>
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<td>Comments: ________________________________________________________________</td>
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<tr>
<td>Professionalism</td>
<td>U</td>
<td>B</td>
<td>D</td>
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<td>Comments: ________________________________________________________________</td>
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<tr>
<td>Responsibility</td>
<td>U</td>
<td>B</td>
<td>D</td>
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<tr>
<td>Comments: ________________________________________________________________</td>
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<tr>
<td>Critical Thinking</td>
<td>U</td>
<td>B</td>
<td>D</td>
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<tr>
<td>Comments: ________________________________________________________________</td>
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</tr>
<tr>
<td>Stress Management</td>
<td>U</td>
<td>B</td>
<td>D</td>
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<tr>
<td>Comments: ________________________________________________________________</td>
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</tbody>
</table>

- 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 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.

**Blood borne 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 needle stick 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 09/09/2014)
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 out for help of another person who is nearby.
3. Get AED (located at the north end of the women’s faculty hallway)
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.
   a. AED is located at the north end of the women’s faculty hallway

2nd Responder and 3rd Responders
1. Call 9-1-1
2. Get AED (located at the north end of the women’s faculty hallway)
3. Assist 1st responder with CPR and AED
4. Meet ambulance at front entrance (in front of receptionist’s desk) and escort them to patient
   a. Physical location: 2600 East Rosser Avenue, Bismarck

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 09/09/2014)
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 immediately proceed to the closest room without windows.

1. All patients must be escorted to the closest room without windows.
2. A faculty member will ensure all students and patients are located in proper rooms throughout the building.

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; updated 09/09/2014)

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. Patients will be escorted out of the closest exit to their current location.
5. A faculty member will ensure all students and patients are out of the building until fire threat has passed.
   a. In event of a small fire, a fire extinguisher is located at the north end of the women’s faculty hall, next to the AED.

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)
  - 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 paper work.

- 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 and supervising physical therapist.
  - Flow sheets are being utilized
  - Progress notes are being completed and signed by the appropriate SPT
  - 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.