



UNIVERSITY  
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**UNIVERSITY OF MARY**

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**Department of Physical Therapy**

2019-2020

## Table of Contents

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University Mission and Philosophy.....	11
Department of Physical Therapy Mission and Vision.....	12
University of Mary PT Curriculum.....	12
FERPA.....	19
Student Records.....	20
Americans with Disability Policy.....	21
Attendance.....	26
Violation of Ethics or Committing a Felony.....	26
Criminal Background Check.....	27
Drug Testing.....	28
Academic Status.....	28
Academic and Professional Performance Expectations.....	30
Professional Behavior Expectations.....	34
Complaints from Outside Sources.....	35
Dress.....	37
Social Media Policy.....	37
Hazardous Material Policy.....	38
Clinical Education Policies and Procedures.....	40
Clinical Education Courses.....	40
Assignment of Clinical Sites.....	42
Procedures for Clinical Internship Placement.....	46
Evaluations.....	47
Communication with Students/Clinical Instructors.....	48
Student Assignments.....	49
Student Responsibilities for Clinical Education.....	51
Immunization Information.....	52
Universal Precautions.....	53
Health Insurance.....	54
Physical.....	54
Worker Compensation Insurance.....	54

Professional Liability Insurance .....	54
Policy on Drug Testing .....	54
Criminal Background Checks.....	54
Confidentiality Policy.....	56
Student Expectations for Clinical Education.....	56
Attendance.....	56
Professional Behavior.....	57
Dress Code.....	57
Facility Policy and Procedure .....	58
Grading of Clinical Education .....	58
University of Mary Program Expectations of Clinical Instructor .....	60
Rights of Clinical Instructors.....	61
Privileges of Clinical Instructors.....	61
Student Clinician Award.....	61
Outstanding Physical Therapy Educator of Year Award .....	62
Behavioral or Instructional Objectives .....	64
Weekly Planning and Mentoring Forms.....	65
Anecdotal Record.....	67
Critical Incident Report.....	69
Generic Abilities .....	72
Standards of Conduct.....	75
Safety Policy and Procedure .....	77
Infection Control Policy.....	77
Hazardous Material Policy and Procedure .....	78
Supplies Policy .....	79
Hypoglycemia Policy and Procedure.....	79
Code Blue Policy and Procedure .....	80
Severe Weather (Code Black) Policy and Procedure .....	81
Code Red Procedure.....	82
Patient Assistance Policy.....	82
Communication .....	82
Patient Re-Evaluation Policy and Procedure.....	83
Scheduling.....	83

Quality Assurance..... 85  
Budget & Reimbursement..... 85  
Incident Reporting ..... 87

Dear Students and Clinical Faculty,

Clinical education is an essential part of the U Mary DPT program. The core faculty are 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, resources and handbooks are available on the Clinical Education website: <https://www.umary.edu/academics/health-sciences/physical-therapy-clinical-education-group.php>. The DCEs are available to both students and clinical faculty to answer questions and concerns.

Best regards,

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## Faculty Information

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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 School of Health Sciences in 2004, and a DPT degree from Boston University in 2007. She initiated her EdD from the University of Mary in May 2017 and will graduate from the program in spring 2020. Dr. Eckert has worked in outpatient orthopedics since 2004 and has served as a clinical instructor for the U Mary DPT program. Dr. Eckert is an orthopedic clinical specialist through the American Board of Physical Therapy Specialties (ABPTS) and has taken several continuing education courses with a focus on mobilization and treatment of the spine. Dr. Eckert is the course coordinator for Advanced Orthopedics I, teaches the section on the Spine in Musculoskeletal Assessment I, 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 (Level 2) Credentialed Clinical Instructor as well as a certified APTA Trainer for the level 1 Clinical Credentialed Instructor Program (CCIP) course. She has taught many CCIP courses over the past years.

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 Chair of the Clinical Coordinator Group in the School of Health Sciences and represents the School and Health Sciences on the University of Mary Senate. Dr. Eckert has published research in the Journal of Sport Rehabilitation and in WORK: A Journal of Prevention, Assessment, & Rehabilitation. She has presented research at the APTA Combined Sections Meeting and at the APTA Educational Leadership Conference. Her research agenda is focused on orthopedics and clinical education.

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**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 primarily in the areas of acute care and pediatrics. Dr. Emmel is a pediatric clinical specialist through the American Board of Physical Therapy Specialties (ABPTS). Dr. Emmel's teaching responsibilities include coordinating the Integrated Clinical Education Program, PTH 629: Neuromotor I and PTH 634: Health Promotion and Wellness. She is responsible for co-teaching PTH 521: LAMP II and PTH 641: Pediatrics. Additionally, Dr. Emmel works with Dr. Jody Eckert as a Director of Clinical Education. Dr. Emmel is a member of the APTA, including membership in the pediatric and education sections. Dr. Emmel serves the profession through her roles as the ethics committee chair for the North Dakota Physical Therapy Association and in developing resources for clinical educators as a credentialed trainer for the APTA Credentialed Clinical Instructor Program (Level 1). Her primary research interests are in the areas of educational interventions within pediatric physical therapy for prevention of pediatric conditions and didactic and clinical education of physical therapy students.



# University of Mary Graduate Program Information

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## University of Mary General Policies

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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.

All students in the University of Mary Program in Physical Therapy are also expected to abide by the general University policies. A complete listing of policies can be found on [my.umary.edu](http://my.umary.edu) under the “General Information” tab/General University Policies as well as in the Student Handbook found under the Student tab.

## University Course Catalog

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



# Physical Therapy

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Overview

Accreditation

Mission Statements of the University, School of Health Sciences, and  
Department of Physical Therapy

Philosophy of the Department of Physical Therapy

Curriculum Plan

Program Outcomes

## 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.

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## 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](mailto: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

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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) Communication; 2) Scholarship 3) Professional Distinction, and 4) Moral Courage.

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

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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 Vision and Mission

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Guided by the University of Mary's Benedictine values of Service, Prayer, Moderation, Respect for Person, Hospitality and Community our mission is to prepare physical therapists for life.

The program vision is that U Mary DPT graduates will be competent, ethical, compassionate and caring physical therapists who optimize the human experience through the advancement of practice, advocacy, education, and service.

## Department of Physical Therapy Curriculum Plan

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The Physical Therapy curriculum model is a plan for teaching and learning designed by the program faculty in consultation with physical therapists and other health care practitioners, PT Program Advisory Committee members, consultants, and doctorally prepared faculty from diverse disciplines at the University of Mary. The curriculum is reflective of the mission and philosophy of the University of Mary and the Program in Physical Therapy, [\*APTA Standards of Practice\*](#), [\*Evaluative Criteria for Accreditation of Education Programs for Physical Therapists\*](#), [\*Guide to Physical Therapist Practice\*](#), [\*Minimum Standards for Physical Therapists at Entry-Level\*](#), [\*Core Competencies for Interprofessional Collaborative Practice\*](#), and several APTA sections' documents detailing entry-level curricular standards.

Curriculum content and experiences build on liberal arts and basic science core coursework. By incorporating the Benedictine Values, the physical therapy core values, and the graduate competency outcomes espoused by the University of Mary, the curriculum provides the knowledge, skills, attitudes and values needed to achieve mastery of entry-level physical therapist competencies and program and curriculum goals.

The curriculum plan is reviewed at department meetings throughout the year. Revisions are made based on evaluative data justifying the change, needs assessment, compliance with mission, philosophy, and goals of the program and university, and resources available. Implementation of the revision is then formally assessed, both formatively and summatively.

**DPT CURRICULUM**

**Fall**

**Year 1**

PTH 505	Anatomy I	4
PTH 507	Physiology Foundations	2
PTH 509	Kinesiology I	3
PTH 513	Systems Screening I	4
PTH 511	*LAMP I	2
PTH 515	Essential Skills I	2
PTH 519	ICE I	1

**Semester Credits** **18**

**\*Leadership, Administration, Management, Professionalism**

**Spring Year 1**

PTH 508	Neuroscience	3
PTH 506	Anatomy II	2
PTH 510	Kinesiology II	3
PTH 512	Musculoskeletal Assessment I	4
PTH 514	Systems Screening II	2
PTH 516	Essential Skills II (ther ex)	3
PTH 520	ICE II	1

**Semester Credits** **18**

**Summer Year 1**

May/June

PTH 521	LAMP II	1
PTH 526	Systems Screening III	2
PTH 527	Essential Skills III (physical agents)	4

Summer Year 1		
July/August		
PTH 531	Clinical Experience I (6 weeks)	4
<b>Semester Credits</b>		<b>11</b>
<b>Year 2</b>		
<b>Fall</b>		
PTH 619	ICE III	1
PTH 621	Ortho Mngt I	4
PTH 627	Exercise Physiology	1
PTH 628	Psychosocial Aspects	2
PTH 629	Neuromotor Physical Therapy	3
PTH 633	Cardiopulmonary Mngt I	3
PTH 640	Lifespan I.1: Pediatric PT	2
PTH 643	Clinical Inquiry I	1
<b>Semester Credits</b>		<b>17</b>
<b>Spring Year 2</b>		
PTH 620	ICE IV	1
PTH 622	Orthopedic Mngt II	4
PTH 630	Neuromotor Physical Therapy II	3
PTH 634	Health Promotion and Wellness	2
PTH 636	Integumentary Mngt	2
PTH 641	Lifespan 1.2 Pediatric PT	2
PTH 642	Lifespan II: Geriatric Mngt	3
PTH 660	SOLE I	1
<b>Semester Credits</b>		<b>18</b>

<b>Summer Year 2</b>		
May/June		
PTH 731	Clinical Experience II (8 weeks)	6
July/August		
PTH 743	Clinical Inquiry II	1
PTH 760	SOLE II	1
PTH 761	Diagnostic Imaging and Procedures	2
PTH 765	Professional Development	2
PTH 824	Sports Med Elective*	1
PTH 835	Pediatric Elective*	1
PTH 775	Differential Diagnosis	1
Semester Credits		<b>13 or 14</b>
<b>Year 3</b>		
<b>Fall</b>		
IPE 501**	Interprofessional Education	1
PTH 811	LAMP III Administration and Mngt	2
PTH 819	ICE V	1
PTH 826	Sports Med Elective II	1
PTH 831	Clinical Experience III (10 weeks)	8
PTH 836	Pediatric Elective II	1
PTH 843	Clinical Inquiry III	1
PTH 845	Women's Health Elective *	2
PTH 855	Neuro and Vestibular Elective*	2
PTH 859	Complex Case Mngt I	2

<b>Semester Credits</b>		<b>15 or 17</b>
<b>Spring</b>		
PTH 812	LAMP IV Leadership and Professionalism	2
PTH 820	ICE VI	1
PTH 832	Clinical Experience IV (10 weeks)	8
PTH 853	Clinical Inquiry IV	1
PTH 860	Complex Case Mngt II	2
<b>Semester Credits</b>		<b>14</b>
<b>TOTAL</b>		<b>125-126</b>

\*Students choose 1 of 4 elective courses or have the option of completing an approved certificate.

\*\*If a student did not complete the undergraduate School of Health Sciences interprofessional course (IPE 401), they will need to complete the 1 credit Interprofessional course.

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.

The 3 courses in the concentration include:

**BUS 505 HR Management (offered the 3<sup>rd</sup> 5 weeks of every term)**

*This course has been developed based on the human resource body of knowledge defined by the HRCI and the Society for HR Management (SHRM). This course will study the nature of HR management, staffing the organization, developing human resources, compensating human resources and managing employee relations. The course emphasizes the need for HR professionals to effectively contribute to their organization as a strategic and knowledgeable business partner. Course competencies and outcomes focus on the importance of integrating HR knowledge with business essentials.*

**Nur 648 Healthcare Law and Policy**

*Provides a legal analysis of healthcare from a broad perspective and incorporates a discussion and study of healthcare policy; explores the role that law plays in promoting the quality of healthcare, organizing the delivery of healthcare, methods used to control the cost of health, promoting access to necessary health, and protecting human rights of those who are provided healthcare.*

## **BUS 653 Healthcare Organizations and finance (offered the 3<sup>rd</sup> 5 weeks of every term)**

*Through this course, students will gain an understanding of managed care with emphasis on organizational models and financing mechanisms. The evolution of corporate healthcare and managed care is traced and contrasted with traditional health care models and indemnity insurance. Managed care infrastructure and networks are analyzed with the relationships among access, cost and quality.*

### **CURRICULUM OUTCOMES**

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

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

- 1. Practice in a safe, legal and ethical manner.**
- 2. Practice autonomously and collaboratively and recognize when a problem or need is outside the scope of physical therapist practice.**
- 3. Effectively communicate in verbal, non-verbal, written and electronic formats with all stakeholders.**
- 4. Competently examine and manage patients/clients in diverse settings**
- 5. Apply knowledge of diversity into practice, service, and scholarship.**
- 6. Educate others using a variety of teaching methods commensurate with learner characteristics.**
- 7. Apply evidence to the clinical decision making process in the practice of PT that result in effective outcomes for patients and clients.**
- 8. Participate in the administration of the practice setting.**
- 9. Provide prevention and wellness programs appropriate to physical therapy.**
- 10. Demonstrate a commitment to professionalism including lifelong learning, advocacy and servant leadership.**
- 11. Demonstrate the ability to discover, integrate, and apply knowledge for the advancement of PT practice.**



# Academics

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FERPA

Student Records

ADA

Attendance

Violation of ethics or felony

Academic Honor Code

Criminal Background Check

Drug Testing

Academic Status

Minimal Standards for Student Competency

Academic and Professional Behavior Standards

Professional Behavior Expectations

Dress Policy

Use of cell phones and personal computers

Social Media Policy

Computing Requirements

## **FERPA (Family Educational Rights and Privacy Act of 1974)**

FERPA is a federal law designed to protect the privacy of a student's education records. The law applies to all schools which receive funds under an applicable program from the US Department of Education.

FERPA gives certain rights to parents regarding their children's education records. These rights transfer to the student or former student who has reached the age of 18 or is attending any school beyond the high school level. Students and former students to whom the rights have transferred are called eligible students. Parents or eligible students have the right to inspect and review all of the student's education records maintained by the school. Schools are not required to provide copies of materials in education records unless for reasons such as great distance, it is impossible for parents or eligible students to inspect the records personally. The school may charge a fee for copies. Parents and eligible students have the right to request that a school correct records believed to be inaccurate or misleading. If the school refuses to change the records, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still refuses the correction, the parent or eligible student has the right to place a statement in the records commenting on the contested information in the records.

Generally, the school must have written permission from the parent or eligible student before releasing any information from a student's record. However, the law allows schools to disclose records, without consent, to the following parties;

- School employees who have a need-to-know;
- Other schools to which a student is transferring;
- Parents when a student over 18 is still dependent;
- Certain government officials in order to carry out lawful functions;
- Appropriate parties in connection with financial aid to a student;
- Organizations doing certain studies for the school;
- Accrediting organizations;
- Individuals who have obtained court orders or subpoenas;

- Persons who need to know in cases of health and safety emergencies;
- State and local authorities to whom disclosures is required by state laws adopted before Nov. 19, 1974.

Schools may also disclose, without consent, “directory” type information such as a student’s name, address, telephone number, date and place of birth, honors and awards and dates of attendance. However, the school must tell parents and students of the information that is designated as directory information and provide a reasonable amount of time to allow the parent or eligible student to request the school not to disclose that information about them. Schools must notify parents and eligible student to request the school not to disclose that information about them. Schools must notify parents and eligible student s of their rights under this law. The actual means of notification (special letter, inclusion in a PT bulletin, Student Handbook, or newspaper articles) is left to each school.

Schools must adopt a written policy about complying with the FERPA. Schools must give the parent or eligible student a copy of the policy, on request. If a parent wishes to see a child’s education records, or if a person is over 18 or is attending college and would like to see his or her records, they should contact the school for the procedure to follow. If anyone has questions about the FERPA, or if they have problems in securing their rights under this Act, they may call 202-732-2057.

## **Student Records**

The purpose of the student records policy is to ensure confidentiality of student information. All educational information pertaining to a student is located in the Program in Physical Therapy Office. These records are handled confidentially.

Student records are kept in a locked file cabinet. The Chairperson and Secretary have a key. Official transcripts are on file in the University of Mary Registrar’s Office. Current student records are retained for a period of time not less than 5 years after graduation or date of last attendance.

Records are not released to other parties unless written informed consent permission is received from the student. This is in accordance with University of Mary policies. Students who have relinquished their rights to inspect letters of recommendation will not have access to that part of the file. Otherwise, students can freely access their files under supervision of the secretary.

Once applications are submitted to the Program, they will not be returned to candidates.

## Americans with Disability Policy

### ESSENTIAL FUNCTIONS (REQUIREMENTS) AND REASONABLE ACCOMMODATIONS FOR STUDENTS WITH PHYSICAL AND COGNITIVE LIMITATIONS\*

#### Essential Functions

The Doctor of Physical Therapy Program at the University of Mary has been designed to prepare students to enter the profession as a generalist with the skills, knowledge, and ability to successfully perform all of the required functions associated with the role of an entry-level physical therapist.

Student physical therapists must be able to perform, with or without reasonable accommodations, each of the Essential Functions in order to effectively participate in our program and successfully fulfill the requirements of the professional curriculum. The University of Mary must ensure that patients/clients are not placed in jeopardy by students with impaired intellectual, physical, or emotional functions.

The University of Mary Physical Therapy Program, in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, does not discriminate against qualified individuals with disabilities. Upon admission a student who discloses a properly certified disability will receive reasonable accommodations. The accommodations may not cause the University of Mary undue hardship and may not preclude the student's ability to perform all of the essential functions of the program, as outlined below. A reasonable accommodation does not change the essential nature of the academic or clinical program. Reasonable accommodations must be arranged by the student through Student Accessibility Services.

Some **reasonable accommodations** for Mobility Limitations, Visual Limitations, Hearing Limitations, and Learning Disabilities include but are not limited to the following:

- Physical changes to classroom/laboratory environment
- Modifying classroom equipment
- Lengthening time period for written examinations; alternative testing arrangements (quiet testing room, exam with oral discussion)
- Additional instruction time/academic advising
- Note-takers/scribes and/or lab assistants

- Adjustable tables, lab equipment located within reach, rolling stools
- Taped text (if commercially available), audio recording
- Large print handouts, signs, equipment labels
- Seating where the lighting and vision is best
- Sound system/amplification
- Face student when speaking
- Provide typed handouts of lecture notes
- Visual aids

The process that describes the steps for determining the need for reasonable accommodations when cognitive and/or physical limitations are present is available through the University of Mary Student Support Services. Students **must have the ability to perform the essential functions, with sufficient training and academic and clinical background, when admitted to the program. Students are expected to be able to perform all essential functions upon graduation.**

Clinical sites have the option of accepting or declining a student placement if they do not feel they can meet the accommodation request.

- Accommodations for the student at the clinical sites is coordinated by the DCE with the clinical instructor.
- An accommodation may not be considered “reasonable” if the safety of either the student with the limitation or of another member of the class or faculty, or of potential patients/clients is compromised.
- Individual consultation with the student is arranged that considers their needs and the program and clinical situations.
- Accommodations cannot be imposed on the student.
- The core faculty, clinical instructor, and student deliberate to determine the extent of reasonable accommodation necessary.

To perform the role of a physical therapist and be successful in the physical therapy program the student must be able to perform the following skills in the academic and clinical setting:

#### Observational Skills

- Observe lecture presentations, lecture and laboratory demonstrations, and laboratory dissection of syndavers
- Read and interpret information from assigned academic materials, diagnostic tests, equipment, patient charts, printouts both paper and electronic modes
- Observe the patient's activity and behavior during examinations and interventions
- Observe and recognize changes in patient status which may require modification of activity or intervention such as: color of skin, breathing regularity, and nonverbal communication
- Accurately monitor dials, displays, and equipment used in treatment of patients including exercise equipment and therapeutic modalities (ultrasound, electrical stimulation, etc)

#### Psychomotor

- Attend and access all classroom activities on and off campus
- Attend clinical internships in assigned locations
- Sit, stand, and/or walk for up to 12 hours daily in the academic and clinical setting
- Respond quickly to emergency situations and perform emergency procedures such as CPR
- Efficiently perform documentation specific to the assigned academic or clinical setting (i.e. written, electronic, dictated)
- Perform skills requiring coordination of both gross and fine muscular movement, equilibrium, and the integrated use of touch and vision
  - o Safely assist and guard patients during gait training
  - o Safely position, lift, and transfer all types of patients including bariatric (twist, bend, stoop, and/or squat)
  - o Safely and effectively administer exercise and examination procedures which require resistance or facilitation

- Manually adjust exercise equipment and assistive devices o  
Accurately set equipment buttons/dials and apply modalities
- Use palpation/fine motor skills to accurately assess changes in muscle tone, heart rate, tissue temperature, tissue consistency, joint movement
- Accurately complete blood pressure measurements and auscultation activities o Perform manual therapy/manipulation techniques (twist, bend, stoop, and/or squat)

### Cognitive

- Receive, comprehend, recall and interpret, measure, calculate, reproduce and use; to reason, analyze, integrate and synthesize information in order to solve problems, evaluate work, and generate new ways of thinking in a timely fashion.
- Comprehend three-dimensional relationships and understand spatial relationships of structures.
- Possess the emotional health required to fully use his/her intellectual abilities, exercise good judgment, prompt and safe completion of all responsibilities related to patients and caregivers.
- Perform a physical therapy evaluation, including extracting and analyzing physiological, biomechanical, behavioral, and environmental factors in a timely manner
- Analyze and apply examination data to formulate and execute a physical therapy plan, in a timely manner, appropriate to the problems identified
- Reassess and revise physical therapy plans as needed for effective and efficient management of physical therapy problems in a timely manner
- Access, input, and retrieve information from a computer or other electronic device

### Communication

- Communicate in English in many forms including: verbal and non-verbal language, reading, writing and computer literacy (including keyboarding skills) with faculty and peers in academic and clinical settings

- Effectively communicate with other students, teachers, patients, peers, staff and personnel to ask questions, explain conditions and procedures, teach home programs, and for safety in a timely manner and within the acceptable norms of academic and clinical settings
- Receive and interpret written communications in both academic and clinical settings in a timely manner
- Receive and send verbal communication in life threatening situations in a timely manner within the acceptable norms of clinical settings.
- Communicate effectively and sensitively with patients/clients and caregivers
- Elicit information regarding mood and activities, as well as perceive non-verbal communications.
- Communicate effectively and efficiently with other members of the health-care community to convey information for safe and effective care.
- Maintain written and electronic records

Affective/Behavioral (Social, Professional Behavior)

- Possess the psychological ability required for the utilization of their intellectual abilities, for the exercise of good judgment, for the prompt completion of responsibilities inherent to the diagnosis and care of patients/clients, and for the development of mature, sensitive, and effective relationships with patients/clients and other individuals with whom one interacts in the academic and clinical settings
- Tolerate physically and mentally taxing workloads and function effectively under stress
- Tolerate and adapt to a changing, unfamiliar (and perhaps, uncomfortable) environments
- Display flexibility, respect individual differences, and learn to function in the face of ambiguities inherent in the clinical problems of patients/clients
- Recognize and appropriately react to one's own immediate emotional responses to situations while maintaining a professional demeanor.
- Practice in a safe, ethical and legal manner

- Maintain general good health, hygiene, and self-care in order not to jeopardize the health and safety of self and individuals with whom one interacts in the academic and clinical settings

## **Attendance**

### **Clinic**

Students are required to be in attendance and on-time at their clinical facility every day of the clinical education period. The student will not be tardy and may be required to stay late or come in early to finish the work. In the event of sickness or other circumstances absences must be approved by the DCE and the clinical instructor. The student is allowed one excused absence for illness. The University of Mary will allow no more than one excused absent day during each clinical experience period. If more time is required, arrangements will need to be made to make up the absence. Students should work with the clinical instructor and SCCE to create arrangements to make up the time that was missed and then this plan must be approved by the DCE. Working weekend and/or extended hours may be an acceptable arrangement to make up absent time. In the event of absence greater than one day, the DCE should be notified as soon as possible. The length of the clinical (i.e. 6-10 weeks) 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. Students are required to email the CI, SCCE and DCE in the same email to communicate an agreed upon plan for absences that occur. This will serve as a final communication to close the loop with all parties involved

### **Pregnancy**

A student who is pregnant follows the same attendance requirements as outlined above. If the student needs to be absent because of complications or delivery and those absent days exceed the amount of work that a student will be able to make up, faculty will work with her to determine an appropriate plan of action including a potential leave of absence.

## **Violation of Ethics or Committing a Felony**

Consequences of a violation of professional ethics, committing a felony or having been found guilty of a felony\*: If evidence is received that a graduate physical therapy student has committed a breach of ethics or a felony, the faculty as a whole will meet to review evidence and if needed, will gather further evidence pertaining to the student's possible violations(s). The student is subject to disciplinary action up to and including dismissal from the program or expulsion. The student may be referred to the ND Board of PT or the Federation of State

Boards to determine if the felony would preclude him/her from sitting for the Physical Therapy Examination and/or becoming licensed.

If the student wishes to appeal the decision, he/she must submit to the Chair of the Physical Therapy Program a request for appeal. The student has the right to appeal to the Dean of the School of Health Sciences. If there is still disagreement, the final level of appeal at the University level is the Vice President for Academic Affairs.

## **Criminal Background Check**

This policy is pertinent to applicants and students currently enrolled in graduate education. A criminal background check is required during the first year of the Graduate Physical Therapy Program. The criminal background check is to be completed online

through Castle Branch. Instructions for this process will be provided to the student by the DCE. 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.

Updated 7/10/2015 MD

## Drug Testing

During the first semester of the physical therapy program, students begin Integrated Clinical Experiences within community hospitals and clinics. As such, students are required to complete a 12-panel drug screening upon matriculation within the program through a site determined by the program. The cost of drug testing is covered within a course fee; however, clinical sites may request additional or alternative drug testing prior to full time clinical education rotations. The cost of any additional drug testing is the responsibility of the student.

### Random Screening

If at any point the faculty suspect a student has violated the drug free policy of the University, the student will be required to complete another 12 panel urine drug screen. Any unannounced urine drug screen can be requested up until the point of graduation. All costs incurred are the responsibility of the student. If the required or requested urine drug screen is positive, the student will be dismissed from the program and referred to Academic Standards and University counseling services.

## Academic Status

**Students are entitled to know their academic standing. The following procedures are in place to assure that this happens.**

- Student/adviser meetings should take place at the following times:
  - Year 1 May
  - Year 2 April
  - Year 3 Feb

- Students have access to CANVAS and my.umary.edu where they can check their grades. They can also check their progress on credits, courses, etc.
- Review of professional behavior is done informally after the fall semester (formally if necessary) at the advisor-student meeting and formally (documentation) after the spring semester. The clinical instructor also monitors professional behavior.
- Students are formally assessed during midterm and final during their clinical education experiences. *The Clinical Performance Instrument* is used for documentation.
- Students receive formal feedback after laboratory examinations.
- There is no posting of grades for student confidentiality reasons. Students are encouraged to keep track of their own progress for each course. If there is a discrepancy between student and faculty records, the student should schedule a meeting with the faculty member to discuss the situation.

*Academic and professional behaviors and the appeals process procedures are delineated in the Academic and Professional Behavior Standards.* Approved 2002 Revised 2005, 2016

## Academic and Professional Performance Expectations

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**Policy:** Students must demonstrate mastery of and competence in all didactic information, clinical skills, and professional behavior expectations. In the Department of Physical Therapy, competence is defined as the achievement of a grade of at least "C" in each program course and "P" (Pass) in clinical education courses, appropriate professional behavior in all settings, and an overall cumulative GPA of 3.20.

Students are required to be in good academic and professional behavior standing in order to progress to a clinical placement. "Good" standing may allow for a student to be on probationary status if faculty determine the student has the necessary skills and behaviors to be successful at the placement and if a remediation plan is in place and the student is making satisfactory progress on the plan.

### *Professional Behavior Expectations*

As a student in the Physical Therapy Program, you are a representative of the University of Mary at all times which includes words, actions, behaviors, and dress. If any validated complaint from another student, faculty, or member of the public is forwarded to the Program about questionable behaviors, the faculty member and program director review and determine a course of action.

Additionally, faculty assess professional behavior throughout the Doctor of Physical Therapy curriculum. The advisor gathers input from other faculty regarding the student's professional behavior before completing the assessment. The student's professional behaviors are rated as follows:

**U-Unsatisfactory Level.      B-Beginning Level      D-Developing Level      E-Entry Level.**

Unacceptable performance includes:

1. A rating of unsatisfactory (U) in one or more individual behavioral categories
2. End of the 1<sup>st</sup> academic year-five categories still rated as Beginning (B) level.
3. End of the 2<sup>nd</sup> academic year-five categories still rated as Developing (D) or Beginning (B) level.

*Academic Expectations--Competence in Courses*

Unless otherwise stated in a course syllabus, the grading scale for PT Program courses is:

93-100	A
90-92.99	A-
87-89.99	B+
83-86.99	B
80-82.99	B-
77-79.99	C+
73-76.99	C
70-72.99	C-
67-69.99	D+
63-66.99	D
60-62.99	D-
0-59.99	F

- 100% assignments completed
- Successfully pass all lab tests  $\geq 73\%$ ; maximum of 1 retake allowed. Critical issues such as safety may be assessed pass/fail.
- Achievement of  $\geq 73\%$  on any content examination.
- Achievement of  $\geq 73\%$  on comprehensive written final course examination on the first attempt.
- 73% on all coursework (C).
- Fulfill all requirements of a course (i.e. retaking lab or written tests)

### *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 courses are graded Pass or Fail.

### *Academic Progress and Academic Standards Committees*

The Academic Progress Committee (APC) is composed of faculty of the department of physical therapy and appointed by the program director to monitor progress throughout the physical therapy curriculum. This committee meets once at the midterm of a semester and once at the conclusion of the semester to assist in identifying students with academic or behavior concerns.

The Academic Standards Committee (ASC) is composed of faculty of the department of physical therapy and appointed by the program director to uphold the Academic and Professional Performance Standards of the University of Mary Department of Physical Therapy. This committee considers evidence to aid in informing decisions executed by the program director related to student progression.

### *Compliance Criteria & Recommendations*

Probation with action plan – it is the student's responsibility to create and fulfill an agreed upon action plan (with advisor and/or course coordinator).

- In any semester of the program, semester GPA between 3.0-3.20 with no semester grades of <C, and acceptable professional behavior. (NOTE: Applies only to students who have not been on probation in any previous semester.)
- Failure to pass a cumulative semester course examination with a score of greater than 73.00%.

- Probation after being on an earlier probation in the professional program. If the second probation occurred as a result of failure to pass a cumulative semester course examination with a score of greater than 73.00%, the student and course instructor must create an action plan within 2 weeks of notification. The remediation plan should be signed by the student and course instructor and submitted to the Chair of the ASC.
- Prior to the fourth clinical education experience, each student must pass a comprehensive written examination. If the student does not pass the written exam on the first attempt: the student will meet with his or her academic advisor to develop an action plan to remediate the material and create a study plan for the NPTE. The student will not be able to enter the clinical experience without confirmation of plan of action indicated by signatures of the student, the student's academic advisor and program director.

Dismissal from program with option of appeal to Academic Standards Committee (ASC). The ASC can recommend upholding the dismissal or creation of plan for remediation. The student must notify the chair of the ASC within 48 hrs to schedule an appeal.

- In any semester of the first year (fall, spring, and summer semesters) of the program, a GPA <3.00.
- Course grade of D during a semester, regardless of the overall GPA.
- Failure to pass >1 cumulative semester examinations with a score of greater than 73.00%.
- Probation after being on an earlier probation in the professional program except when the probation is due to a failed final cumulative exam. Probation status may be assigned for any other reason, including GPA out of compliance, unprofessional behavior, unsatisfactory performance in clinical education or any combination of reasons. This can occur at the end of any semester or summer session.
- Prior to the first and third clinical experiences each student must pass a comprehensive clinical laboratory competency examination. If a student fails to pass the comprehensive lab exam, he/she is given one opportunity for a retake. If the student does not pass the retake, the student is dismissed from the program. If appealed, the ASC can recommend a plan which would address if the student can continue with the planned clinical experience as scheduled.

Dismissal from program without the option of appeal to ASC. The student has the option of appeal at the level of the Dean (see University of Mary student handbook for appeal policy)

- In any semester of the first year (fall, spring, and summer semesters) of the program, a GPA of less than 2.60.
- Two or more grades of D or one grade of F at any time in the academic program.

**Appeals:**

If the student and the Chair disagree on the course of action, the student has the right of appeal to the Dean of the School of Health Sciences. If there is still disagreement, the final level of appeal at the University level is the Vice President for Academic Affairs.

Note that the physical therapy program requires students to complete all program requirements within 5 years. This timeframe begins on the first day of coursework. *A student who cannot/does not complete all requirements in the prescribed timeframe for any reason will be dismissed from the DPT program.* Students who stop their forward progression in the DPT program for one or more semesters for any reason may be required to complete a criminal background check, immunizations, and a drug screen prior to returning.

Amended Sept 23, 2014, Dec 17, 2014, June 2016, March 2017; June 2018; August 2019

## **Professional Behavior Expectations**

Students in the PT Program are expected to develop as professional clinicians. The following is a summary of some professional behavioral principles that are expected in the classroom and clinic:

1. Timeliness. Be on time to all classes and appointments. If there is an unavoidable reason for being tardy, explain this to the professor after class. *Your colleagues and patients deserve to be respected.*
2. Pay attention to the schedules for assignments. You are accountable for your work. Assignments are due on time; there will likely be no reminders. *As a clinician, you will be adhering to patient and meeting schedules. You also need to get paper work done in a timely manner so your institution can get paid.*
3. Keep up with your studying. It is necessary to review daily. At times, there will be many tests in one week making it impossible to ‘cram’ for all of them. During the second & third years, there will be some classes where the only test is the final. *Professionally, you need to dedicate a certain amount of time to paper work. If you save it all for later, your notes will be less accurate.*

4. You need to be flexible. Classes at times may be at night or on the weekend. Due to our reliance on a large number of adjunct faculty, a class can be called at any time in the course of the curriculum without a lot of advanced notice. *In the clinic, flexibility is a must. Schedules change all the time!*
5. Do think of the next three years as a mission. Your time has to be dedicated to physical therapy school first. It will not be unusual to put in 8-10 hour/day at least 6 days/week. During the time left over, make sure you take some time for recreation. Moderation is a Benedictine Value.
6. Be a positive person. Be aware that your attitude can have a profound effect on your classmates. If you are positive about your educational experience, it goes a long way in making the educational experience a positive one. Positive people are more fun to be around. *Cultivating a positive attitude during your educational experience can only help in developing a positive attitude with your patients and colleagues.*
7. Seek knowledge independently. Try to get the answers to your questions first through independent research. You should also go to your peers prior to asking an instructor. You will learn a lot more that way. *This is the beginning of lifelong learning. It's an excellent habit to cultivate!*
8. If you have a disagreement about a test question, make an appointment with the instructor of the class and bring the source to the meeting for the discussion of the question (within 10 days). Please don't approach the faculty member right after the class or prior to the beginning of another class. *You may at some point have a disagreement with a colleague or a physician. The best practice is private discussion. It is a matter of respect.*
9. If you are having problems with a class, either academically or in a lab, don't wait until you are in trouble. See your advisor. It is up to each student to initiate this action because your advisor expects this independent action from you. If the faculty member contacts you, respond as soon as able and schedule time to discuss the issue. *A professional person needs to be responsible for his/her affairs.*

## Complaints from Outside Sources

**Policy:** The purpose of this policy is to establish procedures for handling complaints from sources outside the program and for record keeping of such complaints.

### **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
- Retaliation will not be tolerated. The types of retaliation that are prohibited include but are not limited to:
  - Intimidation;
  - Adverse actions with respect to the reporter's work assignments, salary, vacation, and other terms of employment;
  - Unlawful discrimination;
  - Termination of employment;
  - Adverse actions against a relative of the reporter who is a University employee or student; and
  - Threats of any of the above

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. Contact information for the program director and Dean are located on the program page of the University of Mary webpage.

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. <http://www.capteonline.org>

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

Date Approved 2000

Revised 2006, 2012, 2016

## **Dress**

Casual dress (jeans, shorts, sweatshirts, appropriate t-shirts) is acceptable for the classroom; however, clothing should be modest in order to respect your peers. Students should watch necklines and waist/backs so that underwear or excess skin is not shown. Hats are not allowed during lectures/labs.

Professional dress (dress pants, closed toe shoes, polos, blouses) are required when guest lecturers are scheduled. Please review your syllabus and schedule often to ensure you are prepared. Professional dress is also required for outside fieldtrips and for graded student presentations.

Laboratory classes require halter tops, sports bras, or bikini tops for females in order to expose the shoulders and rib cage. Shorts with elastic waistbands are required for all students.

Name Badges: All students are required to wear name badges on their clinical experiences, the student clinic, and for community assignments. A name badge will be given to each student during the first semester. That will be the only name badge provided by the program. In case of loss, name change, etc., contact the program secretary and she will give you information on how you can obtain another name badge. The University will purchase only the first name badge for you.

Revised:  
1999, 2002,  
2006, 2010,  
2012

## **Social Media Policy**

Demonstration of professional behavior in and out of the classroom is an essential function of the University of Mary

Program in Physical Therapy. Faculty are aware that many students subscribe to online social media, such as LinkedIn, Facebook, Twitter and Instagram. As a student in a professional program, we encourage you to revisit sites for pictures and information that you have posted to determine if current content reflects appropriate professional standards.

The following guidelines should be considered:

1. All information should be accurate and up to date
2. Complaints regarding other persons, employers, teachers, worksites, peers, should not be posted.
3. Do not post anything in your profile that you would not want your instructors, family, colleagues, supervisors, future employers, or future clients to see
4. Add applications, photos, friends and join groups selectively
5. Do not use foul, demeaning, threatening or discriminatory language.
6. Confidential information of any kind should not be shared
7. Names of supervisors, staff, administrators, comments or criticism about clinical sites, or information about what is happening at sites are not appropriate for public social network sites.

It is a HIPPA violation if you mention a client/ patient with enough information that the person might be identified, even if you avoid PHI. For more information: <http://www.aota.org/Education->

[Careers/Fieldwork/Supervisor/HIPAA.aspx](http://www.aota.org/Education-Careers/Fieldwork/Supervisor/HIPAA.aspx)

A student in breach of this policy is subject for review by the academic standards committee.

Created 3/27/2012 MD

## **Hazardous Materials Policy**

### **Hazard Communication**

All products and chemicals should be labeled with information about the hazards and correct handling procedures to prevent overexposure, and with information about the actions to take in the event of an emergency. As such, you should read all information on the label before using the chemical. If a chemical is not

completely labeled, damaged, or missing the label, contact your instructor immediately. The instructor will ensure that the chemical is properly labeled.

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

### **Bloodborne Pathogens**

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

### **Safety Equipment**

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

### **Chemical Spills**

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

### **Hazardous and Biomedical Waste**

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

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

### **Emergency Procedures**

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

University of Mary students with minor injuries, including 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.

Adopted 5/2012

## **CLINICAL EDUCATION POLICIES AND PROCEDURES**

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

Each professional physical therapy student must successfully complete a total of four full-time clinical education experiences for a total of 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 2<sup>nd</sup> 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 2<sup>nd</sup> 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
2. The DCE has final authority over clinical assignments and must also take into consideration faculty and student specific needs. DCE reserves right to make final decisions based not only on rankings but academic, professional behavior history, learning and teaching styles and other site considerations.
3. Student's academic and professional behavior will be considered for placement. Clinical education coordinators and sites have the right to place/accept students who are the best fit for their setting. Once a student has been placed on professional or behavior probation they may no longer be allowed to provide site request selections to the DCE as they consider placements for the full time clinical experiences. Students that have a history of academic and behavior probation at any time during enrollment in the DPT program may be required

to accept placement at the sites chosen by the DCE as the best fit to suit the needs of the student and DPT program. This decision is under the discretion of the DCE and students can request a meeting to discuss their process for selection if they are at any time on professional and academic behavior probation.

4. Students who desire to be placed in pediatrics, women's health, vestibular specialty sites will be given preferential placements if they have completed the elective courses offered by the program. Those students who do not take the elective course that applies to the setting they are requesting are not guaranteed placement in that specialty area.
5. Students who wish to be placed in the pediatrics inpatient or pediatric school settings need to take the pediatrics elective course offered in the third year of the program.
6. Students need to be flexible as often times, clinical internships are cancelled or changed due to circumstances beyond our control. When providing a list of choices for the 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.
7. 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.
8. 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 with site suggestions at least 6 months before the placement process begins (March 1<sup>st</sup> of each year). Students who have new site suggestions will need to request the new site suggestion form from the DCE and complete this form 6 months in advance of requesting site. Suggesting a new site does not automatically mean that site will be added to the contracted sites the program is affiliated with currently.
  - Process to add new sites: The DCE will contact the clinical site to inquire about a clinical education agreement and evaluate the quality of the clinical education site. The DCE will ensure that the written agreement between the University of Mary and the clinical education sites describe the rights and responsibilities of both, the purpose of the agreement, the objectives of the institution and the clinical education site in establishing the

agreement; the rights and responsibilities of the institution and the clinical education site; and the procedures to be followed in reviewing, revising, and terminating the agreement. If the clinical site meets the requirements of the University of Mary and a clinical education agreement can be arranged, the student may be placed at the new clinical site. All contracts must be signed at least 8 weeks prior to the start date of the clinical education experience in order for the student to be approved for the clinical. If this is not possible, the student and DCE will need to choose an already established site as an alternative.

9. In order to be fair and respectful to the clinical sites, **once a placement has been secured it is final.**
10. The DCE is responsible for assignment of students for clinical experiences and for official contact and correspondence with the clinical education site. Students are not to contact a clinic concerning establishing an affiliation or changing scheduled clinical rotations unless directed to by DCE. Students may contact the site/CI/SCCE only after demographic information has been sent to the site and after the confirmation of the student has been completed by DCE.
11. 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 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, ho spitals, and work sites. Usually this type of practice is provided in communities of fewer than 20,000.*

1<sup>st</sup> 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 who have completed all Castle Branch clinical education pre-requisites will be given priority in the lottery

system, followed by those with pending results, and those whose pre-requisites are incomplete.

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 are available for consult to assist in creating a list of preferential sites.

### **Second year students**

2<sup>nd</sup> year, 2<sup>nd</sup> rotation 8 week rotation process:

Late in the fall semester of the first academic year, conferences will take place with students and the DCE to arrange the eight week clinical education experience that will take place following the second academic year. Students will be assigned to consult with the 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 by early February assigned date. Clinical education site requests are sent out by DCE March 1<sup>st</sup> – 15<sup>th</sup> 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.

3<sup>rd</sup> year fall 10 week rotation selection process:

1<sup>st</sup> year students in spring of 1<sup>st</sup> year will be selecting 2<sup>nd</sup> year 2<sup>nd</sup> rotation sites as well as the final two settings they prefer to have their clinical experiences in so DCE can secure Fall 3<sup>rd</sup> year placements.

1<sup>st</sup> year students will send 2<sup>nd</sup> year requests to DCE (6 choices in 1 setting of choice) by February 1 AND 1<sup>st</sup> year students will also send two remaining preferences for settings to DCE by as designated date in the spring of the 1<sup>st</sup> year. DCE will secure 48 fall 3<sup>rd</sup> year placements based on settings needed by the cohort that year. Once the 48 placements are secured, DCE will place students into groups by settings and then students will rank the clinical site confirmed placements in that setting group. DCE reserves right to make final decisions based not only on rankings but academic, professional behavior history, learning and teaching styles and other site considerations. Students will be confirmed at the secured sites before the fall of the 2<sup>nd</sup> year for the 3<sup>rd</sup> year 3<sup>rd</sup> rotation.

### **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 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 by early February assigned date.

Clinical education site requests are sent out by DCE March 1<sup>st</sup> – 15<sup>th</sup> coinciding with the national recommended clinical education mailing date. The last experiences completes the clinical education component of the student's educational experience so they have had experience in each of the required settings: outpatient, acute, neuro/pediatrics.

3rd year spring final 10 week rotation selection process:

2nd year students will send DCE 6 site selections in the final setting they have left given their preferences and the program requirements (neuro type, IP, OP or specialty). The students will send their 6 selections to DCE by Feb 1. DCE will place students for their final experiences and notify the students in May of the 2nd year the site they will be confirmed in for the final 3rd year spring experience.

## **Procedure for Clinical Internship Placement**

1. In accordance with the Clinical Education Special Interest Groups' Suggested Uniform Early Mailing Date, a "request for placement" email or letter will be sent to all requested sites between March 1-15. The sites will be asked to send a response by April 30 declaring if they will be able to take the student during the spring/summer following the next academic year. In addition, DCE will choose the contracted sites that will be sent an email asking for their availability for 1<sup>st</sup> year placements. DCE will finalize placements and send out notice to students on the confirmations once the process is complete.

All confirmed sites will receive an email/letter re-confirming the placement and are directed to the Clinical Education

Website: <https://www.umary.edu/academics/health-sciences/physical-therapy-clinical-education-group.php>

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 SCCE 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)

<b>First Year</b>	<b>Second Year</b>	<b>Third Year</b>
6 weeks July-August	8 weeks May-June	2 x 10-weeks in the fall and spring semesters
Lottery done in Sept/Oct to place at pre-selected sites with confirmed placements	Meet Nov-Feb of 1 <sup>st</sup> academic year to discuss selections for 2 <sup>nd</sup> year. Students send 6 request choices for the 2 <sup>nd</sup> experience to DCE in Feb	Meet Sept-Feb. of 2 <sup>nd</sup> academic year to discuss 2 <sup>nd</sup> clinical experience and 3 <sup>rd</sup> and 4 <sup>th</sup> rotation settings. Students send 6 choices for the final setting they would like to request placement in for the final rotation.
Rural, acute, SNF, outpatient or combination acute/OP, rural	Acute, OP, rural, neuro (rehab or SNF), peds, advanced orthopedic, manual therapy, cardiopulmonary, burn and wound care	Same as 2 <sup>nd</sup> year choices – complete experiences to include acute, OP, neuro rehab/SNF and/or peds. Other specialty options include: Women’s health, manual therapy focused sites, sports med.

## 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 SCCE at the site prior to leaving that site and completing the rotation. The DCE can make a copy of the survey available to the clinical instructor and SCCE per request. The information will also be analyzed to evaluate quality of sites and instructors.

### DCE evaluation by the student

All students are required to complete an on-line evaluation of the DCE. 3<sup>rd</sup> year students are only required to complete the form during the final clinical experience.

### DCE evaluation by the CI/SCCE

Evaluation forms or a survey link will be sent to the CI & SCCEs to evaluate the DCE. The program uses the feedback to improve the clinical education program. Each year the DCE will send out assessments for one group of CI/SCCEs to complete. Each year the time frame and course that corresponds with the CI/SCCEs asked to complete evaluations will be alternated. In this way the program can avoid sending out multiple surveys to the same clinical instructor and SCCEs each year while still achieving accurate assessment of the clinical education program and the DCE.

## Communication with Students/Clinical Instructors

1. The DCE is the liaison between the academic faculty and the clinical site. The student, CI and SCCE are invited to communicate with the DCE anytime they feel it is necessary via email, letter, or phone call. In addition, students will have access to the 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 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 DCE within 48 hours** of the time the email was sent from DCE.
3. If a crisis situation should occur in the clinical education experience, the chain of events should be as follows:

- The DCE and SCCE 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 SCCE (if applicable) will meet to resolve the problem.
- If the problem is still not resolved, a conference call between the DCE, SCCE, 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

1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year students

- Fill out the student communication/demographic form when assigned during spring semester and send to the DCE assigned to work with you and the office manager for the PT program.
- Contact your clinical site approximately 8 weeks prior to your start date and email or speak with the SCCE or CI (as available). The "important questions" checklist (on the CANVAS 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 clinical start date, students are required to communicate to the DCE that the student has contacted the SCCE and/or 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.**

Postcards will be posted on the CANVAS website.

1. 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 SCCE.
2. 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.
3. The postcards will be e-mailed back to the DCE during the first week of the clinical.
4. The DCE 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 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 midterm 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 DCE. These survey links are sent by the DCE and must be completed prior to the end of the clinical experience.

### **Evaluations for DCE and clinical education program**

Each year at the end of the calendar year the University of Mary DCE will send out evaluation surveys to the clinical instructors that worked with students during that year. DCE will send out these surveys based on the schedule below with one cohort's clinical faculty being surveyed each successive year. All new sites to the clinical education program will be surveyed the first year that they have a student for a clinical experience.

- 1st year site clinical faculty and new sites clinical faculty year 1
- 2nd year site clinical faculty and new sites clinical faculty year 2
- 3rd year final rotations clinical faculty and new sites clinical faculty year 3

## **Student Responsibilities for Clinical Education**

Health Requirements: Up-to-date immunization records must be on file prior to matriculation into the physical therapy program. It is the student's financial and personal responsibility to obtain the necessary immunization health records, titers, or needed immunizations. Required immunizations for participation in clinical education experiences (full-time and integrated) include: MMR vaccination, varicella vaccination, Hepatitis B vaccination, annual influenza vaccination. Students must also complete TB screening at matriculation and as requested by clinical site affiliates.

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. Students are required to review affiliation agreements between the University of Mary and clinical site facilities to review 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, unless the affiliation agreement indicates otherwise.

Prior to departing for clinical experiences, all students are required to read their assigned clinical site contract and Clinical Site Information Form (CSIF), if available. The student will sign a document indicating their reading and understanding of the affiliation agreement and CSIF. This document is 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, background check and drug testing information. At times, affiliated organizations may have additional health or other 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 American Heart Association or American Red Cross CPR certification for Healthcare Providers must be maintained through CastleBranch. 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 1<sup>st</sup> year, all students will be required to demonstrate compliance with immunization requirements through a tracking system called CastleBranch. 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. Immunizations can be obtained on campus through student health services. In addition to immunization requirements, students must have valid CPR certification and health insurance valid throughout the length of the curriculum.

## 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 or 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 bloodborne 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 Castle Branch. Proof of insurance may be required by the clinical site.

## **Physical Examination**

Some clinical 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 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. This cost is included once as a course fee in PTH 519: ICE I. 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 CastleBranch®. Instructions for this process will be provided to the student by the DCE. 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 maintained in CastleBranch.

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.

### **Student Expectations for Clinical Education**

#### ***Clinical Education Courses***

Successful completion of each clinical education course is based on the judgment of the director 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 DCE. If a student takes >1 day off, he/she will be required to make up the time.
3. Absences due to funerals or for personal reasons must be approved by the DCE. Once student has made arrangements acceptable with the site they are to inform DCE so that the DCE can excuse the absence as well.
4. Students in their final clinical who are planning to take the NPTE during a normally scheduled clinical day must contact their site SCCE, 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 SCCE, CI and DCE to excuse the absence and to accept the terms that the student offers in making up the time. DCE reserves the right to final approval for any changes in the clinical scheduled time frame.

5. The DCE in cooperation with the SCCE will assist with arrangements on an individual basis.
  - a. 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.
9. Students are required to email the CI, SCCE and DCE in the same email to communicate an agreed upon plan for absences that occur. This will serve as a final communication to close the loop with all parties involved.

## **Professional Behavior**

Students are expected to practice in a legal, ethical, and professional manner. If appropriate, documentation with the "Generic Abilities Form" may be completed by the CI, SCCE, and DCE. Inappropriate behavior may result in removal of a student from an assigned clinical facility and failure of the clinical education experience as recommended by the DCE in consultation with the CI/SCCE. 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 requirements 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 (CPI). The student must also complete a web-based self-evaluation which will be reviewed with the CI and by the DCE.

The grade assigned to a clinical education experience will be Pass or Fail. A passing grade will be assigned if the student “Meets the Requirements” (see guidelines and objectives) of the clinical experience (as per the Likert scales on the CPI), and/or has favorable written and verbal comments from the CI/SCCE. The DCE has the authority to make the final determination of the grade. In addition, a grade will not be assigned until all required course materials are turned in. If all required materials are not turned in within the completion of the clinical, a grade of Fail will be assigned. The required materials are expected to be turned in at the completion of each clinical.

Required course materials:

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

### Checklist for Materials to be Turned In

Item	Due Date	Completed
Clinical Education Pre-Requisite Assignments <ul style="list-style-type: none"> <li>• Reading of contract verification form and CSIF</li> <li>• Demographic form</li> <li>• Verification of Initial Site Contact</li> </ul>	Prior to <b>each</b> clinical	
Informed consent for clinical education	At beginning of PT professional program	
Communication postcard	Within first week of start of <b>each</b> clinical	
Clinical Reflections	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 DCE.	
CPI - CI	Within final week of <b>each</b> clinical	
Site/CI evaluation	Within final week of <b>each</b> clinical	

Student Evaluation of DCE	Within final week of <b>each</b> clinical (3rd year students will just complete the eval during the last clinical)	
Forum Postings	Each student is responsible to write two original topic forum postings and 2 replies onto the course online forum prior to the last day of each clinical rotation. Two discussion posts due prior to mid term	
Inservice Material	On the final day of the clinical education experience	
Academic Evaluation and assessment materials	After each academic year by the final date of the clinical education experience (3rd year students will just complete the eval during the last clinical)	
Case Study	Due Dates as assigned by Research Chair following 2 <sup>nd</sup> clinical education experience	

Students who do not pass a clinical internship will be required to spend additional time in a clinical site as determined by the DCE. If the failed clinical occurs during the first or second summer, the student will not be able to continue the program until a plan for successful remediation is in place. If the failed clinical occurs after the 3<sup>rd</sup> year, the student will be required to complete additional time in that clinical setting in order to participate in graduation. Following determination that the student did not pass the clinical, the student, DCE, and academic standards committee (if appropriate) will meet to determine a plan of action. The student is to bring a development plan to the meeting. The student will sign a release of information form allowing the DCE to discuss the learning contract with the SCCE of the remediation site. If the student does not successfully complete the remediation, 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
- Demonstrates effective communication skills, instructional skills, supervisory skills
- Demonstrates 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
- Review and discuss with student the information accessed on the U Mary Clinical Education website or emailed, sent to the site prior to student arrival. These materials include:
  - Clinical Education Handbook
  - Course Syllabus
  - Course Guidelines and Objectives
  - On-line CPI training

- 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 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.

## **Student Clinician Award**

This award is intended to recognize outstanding third year DPT graduate students who are providing exceptional contributions to the field of physical therapy through their work on full time and integrated clinical experiences. Winners will be selected based criteria given below, dedication, and exceptional performance during the clinical experiences in the final year of the U Mary DPT Program. Selected students will be awarded a clock at the Hooding Ceremony on graduation day. Nominations must be received by April 1 of the graduation year.

Eligibility: Only third year DPT graduate students will be considered for nomination. Graduate students must be in good standing academically and professionally in the U Mary DPT program.

Nomination: Students may be nominated by their clinical instructor, SCCE or another colleague at one of the sites they had a full time or integrated clinical experience at in the final year of the program. Nominations may also be provided by faculty in the U Mary DPT program. Nominations may include a letter of recommendation which should be sent directly by the DCE. The letter of recommendation should specifically speak to characteristics that make this individual stand out as an outstanding clinician.

Criteria include:

- Effectively uses evidence and outcomes measures in clinical practice
- Student goes “above and beyond” as a clinician
- Student volunteers time to participate in community activities while on the full time clinical rotation
- Student has contributed to clinic/program in some exceptional way
- Student must be efficient and competent in all aspects of clinical patient care
- Student has exhibited exceptional professionalism and is highly motivated and proactive in seeking patient experiences
- Student works well with interprofessional colleagues and exhibits a positive attitude
- Student demonstrates compassion for patients and strong interpersonal communication skills
- Student must demonstrate successful completion of requirements for all clinical education courses on or before due dates
- Student must be in good academic and behavioral standing in DPT program without having been on probation at any time while enrolled in the U Mary program.

### **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 University of Mary 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

## 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

1. Sonbuchner, G. *Help Yourself - How to take advantage of your learning styles*. New Readers Press; 1991
2. *Learning Style Inventory Manual Version 3*. Boston, MA: HayGroup; 1999.
3. Laskey, M. and Gibson, P. *College Study Strategies - Thinking and Learning*. Allyn & Bacon; 1997.
4. Knowles, M., Holton, E., and Swanson, R. *The Adult learner: The Definitive classic in adult education and human resource development (5<sup>th</sup> Ed)*. Woburn, MA: Butterworth-Heinemann; 1998.

Weekly Planning and Mentoring Forms

Dates: \_\_\_\_\_ Week # \_\_\_\_\_

Summary of Previous Week:

(Progress, Feedback)

Student:

Clinical Instructor:

**Goals for the Upcoming Week:**

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**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:**

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**Student's Signature**

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**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 from 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 DCE 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: \_\_\_\_\_

Date (Time)	Antecedents	Behaviors	Consequences

<p><b>Student's Signature:</b> _____</p> <p><b>Evaluator's Signature:</b> _____</p>			



**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:

	<b>Generic Ability</b>	<b>Definition</b>
1.	Commitment to Learning	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.
2.	Interpersonal Skills	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.
3.	Communication Skills	The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.
4.	Effective Use of Time and Resources	The ability to obtain the maximum benefit from a minimum investment of time and resources.
5.	Use of Constructive Feedback	The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
6.	Problem-Solving	The ability to recognize and define problems, analyzes data, develop and implement solutions, and evaluate outcomes.
7.	Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively.
8.	Responsibility	The ability to exhibit appropriate professional conduct and to represent the profession effectively.
9.	Critical Thinking	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.
10.	Stress Management	The ability to identify sources of stress and to develop effective coping behaviors.

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**\*\* 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.**

**U-Unsatisfactory B-Beginning Level D-Developing Level E-Entry Level**

1. **Commitment to Learning** U B D E

Comments: \_\_\_\_\_

\_\_\_\_\_

2. **Interpersonal Skills** U B D E

Comments: \_\_\_\_\_

\_\_\_\_\_

3. **Communication Skills** U B D E

Comments: \_\_\_\_\_

\_\_\_\_\_

4. **Effective Use of Time and Resources** U B D E

Comments: \_\_\_\_\_

\_\_\_\_\_

5. **Use of Constructive Feedback** U B D E

Comments: \_\_\_\_\_

\_\_\_\_\_

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6. **Problem Solving** U B D E

Comments: \_\_\_\_\_

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7. **Professionalism** U B D E

Comments: \_\_\_\_\_

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8. **Responsibility** U B D E

Comments: \_\_\_\_\_

---

9. **Critical Thinking** U B D E

Comments: \_\_\_\_\_

---

10. **Stress Management** U B D E

Comments: \_\_\_\_\_

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o 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.

**Bloodborne Pathogens**

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

**Safety Equipment**

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

**Chemical Spills**

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

**Hazardous and Biomedical Waste**

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

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

## **Emergency Procedures**

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

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

### **Supplies Policy:** *(start date 11/24/2010)*

**PURPOSE:** To ensure that every student has the diagnostic supplies necessary to perform care.

**POLICY:** All students are required to be in possession of basic diagnostic equipment required to evaluate patients. Basic diagnostic equipment includes (1) a stethoscope, (2) a blood pressure cuff, (3) a reflex hammer (4) a goniometer, (5) an inclinometer. Students are required to bring and use their basic diagnostic equipment to clinic.

### **Hypoglycemia Policy and Procedure:** *(start date 4/25/2013)*

**PURPOSE:** To provide guidelines for patients with diabetes experiencing hypoglycemia prior to, during, or after physical therapy received at the University of Mary C.A.R.E. clinic.

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

**Hypoglycemic Definition:** Blood glucose <70 mg/dl (ACSM Guidelines) or showing symptomatic signs or symptoms such as headache, dizziness, sweating, tachycardia, trembling, weakness, anxiety, or confusion.

**PROCEDURE:** Administer juice box if patient's blood glucose is tested and is below 70 mg/dl and/or symptomatic. Wait a period of 5 minutes and re-test if patient's glucometer is available and reassess patient's signs/symptoms. Supplies committee is required to check stock of juice boxes in the refrigerator at beginning of each semester and at midterm.

**Code Blue Policy and Procedure:** *(start date 11/24/2010; updated 09/09/2014; updated 7/27/2017)*

**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 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:**

**1<sup>st</sup> 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

**2<sup>nd</sup> Responder and 3<sup>rd</sup> Responders**

1. Call 9-1-1
2. Get AED (located at the north end of the faculty hallway adjacent to Dr. Allen's office)
3. Assist 1<sup>st</sup> 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.

**Registration for emergency notifications can be completed at:** <https://www.umary.edu/student-life/campus-safety-security/>

**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:** *(Updated 7/27/2017)*

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 within 24 hour of the conclusion of patient care and uploaded to Canvas for review by 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.
- 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.

To optimize communication and efficiency of patient treatment time, all students will designate a treatment room for each patient prior to the beginning of clinic each day using the spots provided on the clinic schedule.

Procedures:

1. Write the first name of the SPT in the box under the time slot and space corresponding to the treatment room you want to claim for use with your patient.
2. Assigned rooms will be discussed during rounds before clinic starts. If any issues arise, they will be handled at that time.

**Patient Re-Evaluation Policy and Procedure** *(start date 4/25/2013; updated 7/27/2017)*

**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 8th visit.

**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 to two scheduling committee members 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, which is available on Canvas PTH 0000
  - 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 and second year students will be paired with a peer in the same cohort to provide collaboration and support for care of patients during fall semester. *(Updated 7/27/2017)*
- First year students will be scheduled during the spring semester and paired with the second year students.
- There will be faculty advisors at each clinic date 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 2:50-3:15pm 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 7/27/2017)*
- Appointment scheduling will be limited to one patient per number of lead student physical therapists; for example in the spring semester if two second year physical therapy students are present, two patients can

be scheduled per time slot. This ratio is also dependent upon the number of faculty available to supervise at clinic during the scheduled times.

- The only members of the clinic that are allowed to make changes to the patient schedule outside of clinic hours are the PT Department secretary, supervising faculty member and members of the Clinic Scheduling Committee. *(start date 11/24/2010)*
  - a. The Third Year Committee Members will train the Second Year Committee members on this process in the fall of each year *(start date 11/24/2010)*
- The schedule will become FINALIZED at 3:00pm the day before clinic. Any information on the schedule prior to that time is subject to change. As we all know, last minute things come up, and the scheduling committee may need to move or cancel patients. If changes are made to the schedule after 3:00pm the day before clinic, you will be contacted by the scheduler to be notified of any changes.
- 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 and the Director of Pro Bono Clinic to facilitate a well-rounded clinical experience for the students. *(start date 11/24/2010; updated 7/27/2017)*
- 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.
  
- If the patient is running late to clinic, call after 10 minutes has passed to remind them of their appointment. It is the responsibility of the SPT to contact your patient if they do not show up for clinic. The SPT should confirm that the patient is returning the following week for their scheduled appointment. If the patient needs to make a change to their appointment, direct them to the scheduling committee. Please leave Chris's front desk number (701)-355 -8053 for contact information when leaving a message.

### **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
- and supervising physical therapist.
- Documents are being filed in the charts appropriately
- Patient check list
- Any corrections that need to be made will be addressed on a sticky note and placed in the patient's folder and the treating student therapist will be informed through email.

### **Budget & Reimbursement** *(updated 1/31/2019)*

Purpose: To ensure billing of insurance is completed with uniform and consistency among students in the Pro Bono clinic.

Policy: All students will bill Medicare if patient is over 65 years old and/or if patient meets Medicare standards for enrollment. If patient is under 65 years old, bill BCBS insurance.

Procedures:

1. Students in the quality control committee will ensure correct insurance is billed each visit.
2. Students further along in the program are responsible for teaching and ensuring their mentee(s) are billing the correct insurance company.
3. If billing is incorrect, the quality control committee will contact the student(s) responsible for corrections to be made either by email and/or in person.
4. At the end of the spring semester, the committee will make a budget for supplies for the upcoming academic year to assist with guiding spending on supplies for the coming year. *(Updated 7/27/2017)*

### **Incident Reporting (Initiated 7/27/2017)**

Purpose: To provide a guideline for steps to document adverse patient care.

In the case of an adverse incident during or adjacent to receipt of care within pro bono clinic, the SPT will fill out an incident report immediately following Pro Bono clinic. This report should be signed by your PT supervisor and submitted to the director of pro bono clinic. Incident reports will be filled in the director of pro bono clinic's office until the patient is discharged from the University of Mary Pro Bono clinic.

# Incident Reporting Form

Return completed form to Supervisor PT in ProBono Clinic.

**Details of person injured or involved** (to be filled in by person injured / involved if possible)

Person Completing Report: \_\_\_\_\_ Date: \_\_\_\_\_

Person(s) Involved: \_\_\_\_\_

## Event Details

Date of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_ Witnesses: \_\_\_\_\_

**Description of Events** (Describe tasks being performed and sequence of events):

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\*If more space is required please use the back of this sheet

**Was event / injury caused by an unsafe act (activity or movement) or an unsafe condition (machinery or weather)?** Please explain:

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<b>TO BE COMPLETED ONLY IF LOST TIME/INJURY OR FIRST AID WAS REQUIRED</b>	
Type of injury sustained:	
Was medical treatment necessary?	Yes_____ No_____ If yes, name of hospital or physician:

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_