Department of Physical Therapy

Doctor of Physical Therapy

Clinical Education Handbook

2020-2021

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Welcome to the Physical Therapy Department at
The University of North Texas Health Science Center at Fort Worth

The following handbook has been compiled to help familiarize students and clinical faculty with the curriculum, responsibilities of involved parties, and expectations as well as some of the resources available to assist clinicians/students in planning and implementing clinical education experiences. We are prepared to assist you to make this an excellent experience for everyone involved.

HSC Mission

"Create solutions for a healthier community."

HSC Vision

"One University built on values, defining and producing the providers of the future."

HSC Values

Serve Others First – Encourage growth, well-being and success of each other and people we serve

- Empower one another to make values-based decisions
- Consider the impact of your decisions
- Be good stewards of people and resources
- Demonstrate compassion, care and humility
- Promote individual potential

Integrity – Uphold the highest ethical standards

- Do what is right, not just what is easy – even if no one is looking
- Conduct ourselves with honesty, trustworthiness and dependability
- Be transparent in actions
- Own, correct and learn from successes and failures
- Demonstrate loyalty to our mission and vision

Respect – Treat everyone with dignity and compassion

- Gratefully acknowledge contributions and efforts of others
- Invite other perspectives and encourage dialogue
- Communicate openly in a timely, courteous and relevant manner
- Promote diversity of thought, ideas and people
- Build trust by honoring our word through actions

Collaboration – Work together to achieve shared goals

- Combine our strengths to discover new ideas and share best practices

- Seek opportunities to engage others and break through barriers
- Inspire one another to be more, collectively, than the sum of our individual parts
- Give, ask for and value feedback
- Recognize the contributions of others and celebrate successes

Be Visionary – Create innovative solutions in the pursuit of excellence

- Respectfully challenge the way things have always been done
- Create unique ways to provide remarkable service
- Navigate change to move us forward
- Proactively implement new ideas
- Take thoughtful risks

DPT Program Mission

"Creating solutions for a healthier community by producing highly qualified doctors of physical therapy, and leading in education, professional service, and scholarly activities."

Current Program Highlights include:

- Well-rounded education in all aspects of contemporary physical therapy.
- Opportunities for exposure to rural and global health through coursework and clinical rotations, which prepares students to practice in a small community setting as well as underserved areas.
- Teaching and lab space
- Faculty experience and productivity
- Interprofessional education experiences with students in other health professions programs at the Health Science Center and other institutions. Collaborate in classroom and clinical settings as partners in shaping the health care teams of the future.
- Students will have opportunities to learn at clinical sites across the DFW area, the nation, and globally, including opportunities to train in smaller communities throughout Texas as well as international clinical experiences.

Program Approval/Accreditation:

HSC at Fort Worth is accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association (1111 North Fairfax Street, Alexandria, VA 22314; phone 703-706-3245; accreditation@apta.org).

The University of North Texas Health Science Center at Fort Worth is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award Master's and doctoral degrees.

Clinical Education Faculty can discover more about the CAPTE criteria and processes from the APTA website at www.apta.org or in dialogue with the program's core faculty. Information regarding filing complaints with CAPTE can be found at accreditation@apta.org

DPT PROGRAM'S EDUCATIONAL GOALS & OBJECTIVES

Core Professional Values, Professional Behaviors, Patient/Client Management & Professional Practice Expectations

The goals of the program are to produce competent entry-level clinicians for the practice of physical therapy. The clinical education portion of the curriculum has been designed to complement and integrate with the didactic portion.

The program of study is designed to meet these goals through a sequenced hybrid curriculum model. The progression and topics of the curriculum integrate the core professional values, patient/client management and professional practice expectations as identified by the American Physical Therapy Association (APTA) and the Commission on Accreditation in Physical Therapy Education (CAPTE). These are:

Core professional values (See Appendix A):

1. Accountability
2. Altruism
3. Compassion/Caring
4. Integrity
5. Professional Duty
6. Communication
7. Cultural Competence
8. Clinical Reasoning
9. Evidence Based Practice
10. Education

Professional Behaviors (See Appendix B):

1. Commitment to Learning
2. Interpersonal Skills
3. Communication Skills
4. Effective Use of Time and Resources
5. Use of Constructive Feedback
6. Problem Solving
7. Professionalism
8. Responsibility
9. Critical Thinking
10. Stress Management

The patient/client management expectations:

- Screening
- Examination
- Evaluation
- Diagnosis
- Prognosis
- Plan of Care
- Intervention
- Outcomes Assessment

- PT education

Practice management expectations:
- Prevention, Health Promotion, Fitness and Wellness
- Management of Care Delivery
- Practice Management
- Consultation
- Social Responsibility and Advocacy

Clinical Educational Objectives

The HSC's Physical Therapy Program includes clinical education experiences that are designed to serve the program's mission for graduating students who are prepared for entry-level practice. Consequently, clinical experiences are designed to provide students with opportunities to develop professional practice that models:

- Delivery of legal, ethical, and moral practice of physical therapy
- Safe and effective autonomous practice following contemporary regulatory requirements
- Full spectrum of duties and responsibilities of physical therapist clinicians as represented by the patient-client management model
- All-encompassing responsibilities of the physical therapy profession related to being a member of the patient care team
- Advocate, consultant, teacher, researcher, manager and leader of reflective contemporary practice, clinical reasoning, critical thinking, and evidence-based practice; and
- Lifelong learning and personal professional development
- Professional interactions with persons across the lifespan including at the minimum adults, older individuals and adolescent populations;
- Professional interactions with persons across the continuum of care including wellness and prevention; and
- Professional interactions with persons from different cultural and socioeconomic backgrounds including from rural areas of Texas.

Additionally, the goals of clinical education are for graduating students to develop clinical proficiency across the continuum of care, all clinical practice patterns and the lifespan including participation in clinical experiences in settings consistent with the range of contemporary practice.

Structure of the Clinical Education Program

Expected General Educational Competencies in Clinical Education

The physical therapist professional curriculum includes clinical education experiences for each student incorporating general competencies. By the end of all clinical education experiences, students are expected to be able to practice at entry level or above on the following:

- Learning to manage patients/clients representative of those commonly seen in practice across the lifespan and continuum of care
- Being involved in physical therapy settings representative of those in which physical therapy is commonly practiced commonly seen in practice across the lifespan and continuum of care. Interacting with physical therapist role models whose practice is consistent with the program's philosophy of practice including rural area physical therapy practice
- Having opportunities for involvement in interprofessional care teams
- Being able to participate in the delivery of legal, ethical and moral practice of physical therapy;
- Being immersed in a safe and effective autonomous practice following contemporary regulatory requirements
- Performing a full spectrum of duties and responsibilities of physical therapy clinician as represented by the patient-client management model of care
- Understanding the broader responsibilities of the physical therapy profession including patient care team member, advocate, consultant, teacher, researcher, manager and leader
- Being involved in reflective practice environment, clinical reasoning, critical thinking and evidence based practice; and other experiences that lead to the achievement of expected student outcomes

Clinical Experiences

The clinical education program at the HSC includes integrated and terminal clinical education experiences designed to meet the mission and goals of the physical therapy education program. The clinical experiences are designed to allow students frequent opportunities to integrate skills and expectations that encourage complexity in skills and practices. There are five different clinical experiences over the course of the Doctor of Physical Therapy program at the HSC. The first begins in the third semester of the first year. By the completion of the final semester's Internship, students will be able to consistently demonstrate entry-level competence as indicated in the patient-client management model across the lifespan and practice patterns.

Clinical education is designed to provide students with various supervised clinical experiences including:

- at the minimum:
    - Inpatient hospital experience (acute care or rehab)
    - Outpatient orthopedic environments
    - Neuro focused setting (inpatient, SNF, developmental pediatrics, outpatient neuro focus)
- All four clinical practice patterns including:
    - Musculoskeletal
    - Neuromuscular

    - Cardiovascular/pulmonary
    - Integumentary
- Patients/clients across the lifespan
- Patients/clients from different cultural and socioeconomic backgrounds

Exceptions to this guideline may be granted at the discretion of the clinical education team when HSC is operating on emergency status.

Description and Schedule of Clinical Curriculum

Full-time clinical education curriculum includes thirty-six weeks of full-time clinical experiences giving the opportunity for students to interact, learn, self-assess, and be mentored in culturally competent and professional clinical affiliation sites. Student outcomes are shared by the academic and clinical faculty during ongoing formative and summative clinical evaluations.

Year 1:
Preliminary Clinical Practicum 2 weeks in Summer Semester

- Beginning patient management and application of clinical skills
- Focus on knowledge, skills and behaviors

Year 2:
Clinical Practicum I 6 weeks in Fall Semester

- Patient examination and evaluation

Year 3:
Clinical Practicum II 8 weeks in Fall Semester
Clinical Practicum III 8 weeks in Fall Semester
Internship 12 weeks in Spring Semester

See Appendix C for more detailed course descriptions for both clinical education and didactic courses.

Definitions of Clinical Sites

Acute Care Setting
The acute care setting provides inpatient services to patients/clients with unstable medical conditions that may result from acute disease, change in chronic disease, injury or surgery. Patients/clients admitted into the acute care setting receive 24-hour/day highly skilled medical service from physicians, nursing and a range of health professionals including but not limited to: physical therapy, occupational, speech therapy, registered dietician services, and social services.

Examples of Acute Care facilities include: community hospitals, large medical centers, level 1 trauma centers and specialty hospitals. These facilities may house emergency rooms, medical/surgical care units, multiple varieties of intensive care units and surgical suites. Physical therapists in this environment work very closely with the entire health care team to diminish the impact of acute illness/active disease on physiological processes and functional independence. Acute care physical therapists also play a vital role in discharge

planning making recommendations regarding the patient/client's need for further rehabilitation, additional support or assistive technology.

Post- Acute Care Facilities

Post-acute care sites include facilities that provide inpatient care to residents that are relatively medically stable but unable to return to prior living arrangements.
Examples of post-acute sites include: inpatient rehabilitation centers, sub-acute care centers, skilled nursing care and long-term care facilities.

***Inpatient Rehabilitation*:**
Patients/clients in this setting require intense physical, occupational and/or speech therapies to maximize functional outcomes after incurring diagnoses such as CVA, traumatic brain injury, spinal cord injury, complicated post-surgical/medical conditions or other neurological disease processes. These clients require 24 hour nursing care, a minimum of weekly physician visits, and must be able to participate in at least three hours of skilled therapy including physical, occupational and/or speech therapy per day.

Sub-Acute/Skilled Nursing Facilities:
Sub-acute care and skilled nursing facilities provide inpatient care to patients/clients that require medical and/or rehabilitation services in order to maximize functional outcomes. Patients/clients in sub-acute or skilled nursing facilities require supervised living conditions, and must be able to tolerate 1 hour of skilled physical rehabilitation per day (physical or occupational therapy services) in most cases. Patients/clients seen in these settings may be recuperating from any host of diagnostic categories including recovery from post-operative/medical conditions.

Long Term Care Facilities:
Long-term care facilities provide varying levels of supervised living arrangements for patients/clients who are unable to safely manage independent living. Physical therapists interact with these patients/clients to provide skilled interventions in cases when a change in functional status has the potential for improvement to occur.

Home Health Care:
Home health refers to services including skilled nursing and rehabilitation services delivered in the home setting. Patients/clients are medically stable or sufficiently stable to be discharged from an acute or post-acute facility but are unable to travel out of the home to receive services in the outpatient setting. Patients/clients receiving home health care have a broad range of clinical problems that require a high degree of clinical problem solving.

Outpatient non-specialized

Outpatient non-specialized sites include ambulatory care environments that offer treatment to patients/clients in a variety of age groups for a broad range of clinical problems, such as an orthopedic sports medicine facility that also sees neurological or other cases. Varying levels of complexity in the problem solving and practice patterns may determine what level internship the facility will accept students. These facilities typically offer the large exposure to the musculoskeletal practice pattern.

Outpatient specialized

Outpatient specialized sites include ambulatory care environments specializing in a narrow range of ages and/or clinical problems. Some examples of areas of practice include: work hardening, hand therapy, women's health, pediatric rehabilitation, specialized manual

therapy and CORF (Certified Outpatient Rehabilitation Facility). These specialized settings typically prefer to provide placements to students in their final clinical experiences only. These sites may require a high degree of match between the student and facility; the student must be motivated to increase depth of knowledge and skills in the specialty area of practice at the facility. The facility may require additional learning assignments either during or prior to the start of the experience. The facility may also want to interview students prior to accepting them for a clinical rotation.

In order to ensure students are prepared to sufficiently manage patients across the continuum of care, each student will be required to have clinical experience in each of the following practice settings: inpatient hospital (acute or rehab), outpatient orthopedic care, and one neuro-based setting that will add breadth to the student experience. The DCE reserves the right to make decisions regarding site type and patient population on a case-by-case basis regarding program requirements related to types of experiences.

ACADEMIC & CLINICAL FACULTY EXPECTATIONS RELATIVE TO CLINICAL EDUCATION

Roles of the DCE and Core Faculty

To ensure continuity between didactic education and clinical education in the HSC DPT Program, the Core Faculty holds the following responsibilities:

- Assure that only students who meet academic and other professional expectations are referred to a clinical site
- Require all students to comply with bylaws, rules and regulations and policies/procedures of the clinical site in addition to the state practice act for PT, as well as JCAHO, HIPAA, OSHA regulations for health care workers
- Communicate any additional placement requirements of a site including, but not limited to, criminal background check, drug-testing, instructing potential students to prepare a curriculum vitae/resume, schedule and attend an interview with site staff or other such procedures specific to an individual site
- Support the clinical site's decision to dismiss students from the facility for lack of professional behavior or poor clinical performance if such dismissal is warranted due to illegal, unsafe, unprofessional and/or unethical performance
- Determine expectations for professional development, skill acquisition, and clinical competence for each clinical experience
- Assess student performance during academic preparation, make recommendations for improvement, and assist in clinical site visits.

The Director of Clinical Education (DCE) Responsibilities

The DCE is the core faculty member at the HSC DPT Program primarily responsible for supervising the implementation and ongoing evaluation of the clinical education plan. The DCE is responsible for communicating with the clinical education faculty all necessary information to facilitate planning and execution of a student's experience at the clinical site. The DCE also assists clinical education faculty in management of any issues that arise during the course of a clinical experience. The DPT Program also has a Clinical Site Coordinator that assists the DCE.

Responsibilities of the DCE include:

- Serves as a liaison between HSC and the clinical site
- Maintains current clinical education affiliation agreements and list of clinical experiences
- Assesses clinical sites to ensure quality in education provided to students
- Provides development activities for clinical education faculty, including instruction in the use of the Physical Therapy Manual for the Assessment of Clinical Skills (PT MACS)
- Assures current University coverage for general and professional liability insurance
- Assigns physical therapy students to appropriate clinical sites based on an optimal match between student educational needs and clinical site availability
- Makes periodic visits and/or telephone calls to the clinical site and make suitable recommendations regarding training, supervision, and overall clinical experience of the student
- Serves as a liaison to clinical education faculty in order to problem-solve strategies and activities to maximize the educational experience for a student

- Evaluates student achievement and progress; monitor student performance, and submit grades for clinical courses
- Notifies clinical sites of clinical development and training offerings
- Collects and summarizes clinical education program outcome data
- Provides formal feedback and recommendations to the Program Director and core faculty about curricular needs identified by trends in the data collected and summarized
- Maintains contact with SCCE or other designated individual (CI, facility director/manager) and provides facility with required information and paperwork prior to and during clinical affiliation
- Negotiates clinical education agreement
- Sends requests for slots to the SCCE or other designated individual during the voluntary national mail-out dates between March 1 and 15 of each year
- Assists the SCCE and the CI at the clinical site in planning student's clinical experience
- Assists students with their clinical education planning

Clinical Faculty:

Clinical Education Faculty members include the Site Coordinator of Clinical Education (SCCE) and Clinical Instructor (CI). Clinical education faculty members provide direct development, supervision and mentoring to student physical therapists and may contribute to the design, implementation, and assessment of the curriculum plan, mission, and philosophy of the HSC's PT Program through formal and informal feedback processes.

Site Coordinator of Clinical Education's Role - SCCE

- Administers, manages, and coordinates the assignment of Clinical Instructors (CIs) to incoming physical therapy students.
- Develops the clinical education program for the clinical site including designing and coordinating learning activities available at the clinical facility, determining the readiness of facility-based physical therapists to serve as clinical instructors, and developing the instructional skills of the clinical instructors.
- Works with the Program's clinical education team to execute a clinical affiliation agreement. The SCCE is the focal point for communication between the clinical site and the academic program including completing and updating the clinical site information form (CSIF) and providing oversight to the student's clinical education experience.
- Acts as a resource to students and clinical instructors, including addressing conflict when needed
- The SCCE of a facility may be anyone on the healthcare team (PT, PTA, OTR, SLP, etc.)

Clinical Instructor's (CI) Role

- Directly supervises and instructs the student during the clinical education experience
- Alter learning experience based on the student's level of competence and developmental needs or interests
- Inform students of all pertinent policies and procedures specific to the facility to ensure compliance
- Provide students with an appropriate level of supervision to ensure patient safety and high quality care

- Provide feedback to the program regarding trends in student performance relative to demands of contemporary professional practice.
- Implement teaching methods that are conducive to the individual student's learning needs
- Provide critical feedback in order to enhance the student's current level of competence
- Assess student achievement with formative and summative tools provided by the school for the experience
- Be familiar with the HSC's Program in Physical Therapy curriculum in order to understand the program's expectations for student performance during and upon completion of a given clinical affiliation
- Minimum requirements for an individual to serve as a CI for a student physical therapist include:
    - Licensed physical therapist in the jurisdiction in which they practice
    - Minimum of one year of experience in clinical practice
    - Possess clinical competence (determined by the SCCE or clinic supervisor) in area of practice in which they will be providing clinical instruction
    - Expressed interest in working with physical therapy students and pursuing learning experiences to develop knowledge and skills in clinical teaching
- Preferred qualifications for a clinical instructor also include:
    - APTA CI credentialing and/or
    - Texas Consortium (or other state Consortium) CI credentialing
    - ABPTS clinical specialist certification

RIGHTS AND PRIVILEGES OF CLINICAL EDUCATION FACULTY

Mentorship
The DPT program at the HSC supports the development of clinical education faculty members' role as teachers and student mentors in the clinical setting. The DCE and other members of the core faculty are available to serve as consultants for clinical education faculty as needed. The clinical education faculty or core faculty may also provide individual training/mentorship during an interaction with DPT students at any point during an affiliation to assist a clinical instructor and student in creating a successful learning experience.

Clinical Education Advisory Board
The DPT Program supports clinical education faculty professional development with opportunities to engage in discussions using the Clinical Instructor Advisory Board. The Advisory Board will schedule meetings as needed.

Collaboration
The DPT Program supports clinical education faculty professional development with potential opportunities to engage in collaborative projects, such as clinically relevant research and publication/dissemination of case studies, posters, and articles.

Continuing Education Credits
The DPT program offers continuing education courses, many of which are offered for free or at a discounted rate for active CI's. Some states, including Texas, recognize the mentorship of student physical therapists as professional development. These jurisdictions may accept documentation from the program in physical therapy to fulfill continuing education requirements necessary for license renewal. Please refer to your state's practice act for details. The Exxat Clinical Educaiton Management System should automatically send you a CCU certificate, but if you need assistance or an additional copy, please contact Ana Rodriquez, the Clinical Site Coordinator, for documentation. ana.rodriquez@unthsc.edu

Gibson H. Lewis Library Access
Upon request, the DPT program will offer library privileges allowing clinical education faculty to access all databases including e-databases, e-journals and e-texts. In order to obtain access, a clinical instructor must accept at least one student each year and comply with all rules and security training as dictated by library personnel. For access, please contact Ana Rodriquez, Clinical Site Coordinator at: ana.rodriquez@unthsc.edu

STUDENT RESPONSIBILITIES IN CLINICAL EDUCATION

In general, for a student to enter into any clinical experience he/she must demonstrate the following:

- Successful completion of all previous course work with a passing grade or permission from DCE and Chair for those with special circumstances
- Professional comportment as deemed appropriate by the faculty
- Safe, legal and ethical performance
- Proof of current CPR certification and required immunizations
    - It is the responsibility of the student to maintain current status and provide proof to the Program and/or the clinical site upon request.
    - Though required immunizations vary, typical requirements include TB, Hepatitis B, Td, Varicella, and MMR. Students must maintain updated records through the HSC system, Medicat. Flu shots are also a common seasonal requirement.
    - TB tests must be completed annually and must remain current through the end of the clinical rotation.
    - When possible, students will be notified ahead of time of special requirements specific to their clinical site.
    - The student is responsible for all costs associated with maintaining current CPR and immunizations
    - CPR certification by the American Heart Association BLS for Healthcare Provider is the most widely accepted. CPR certification must remain current through the entire duration of the clinical rotation.
- Attendance at all scheduled Clinical Education preparation classes during the program is required.
- Successful completion of HIPAA training (available on Canvas during Semester 1)
- Training in Blood-Bourne pathogens/Standard Precautions/Body Substance Isolation. Blood-Bourne pathogen training can be completed at: https://www.unthsc.edu/research/biosafety/bloodborne-pathogen/
- Successful completion of a criminal background check upon matriculation into the program. If requested by the clinical site, students are responsible for obtaining a copy of their background check. Some sites may also require a more current background check. For help in obtaining a new background check, please contact Dr. Emily Mire at Emily.Mire@unthsc.edu.
- Drug/Alcohol Screening:
    - Drug screening will be conducted through Certiphi Screening twice during the course of the program, once prior to PCP, and once approximately 1 year later prior to CPII. All screenings must be completed through the Certiphi system set up through the school unless explicit written permission is given by the DCE.
    - A clear drug screen is required for progression to the clinic.
    - It is the student's responsibility to complete all drug screens in a timely manner
    - The student is responsible for all costs related to drug screening
    - Students will note that many facilities have adopted a "Zero Tolerance" policy on substance abuse in the workplace. Therefore, any positive screening results may have severe consequences for the student.

Many facilities may require criminal background checks/drug screens within a specified time of beginning the affiliation. The background screening a student undergoes, as part of admission or programmatic requirements may not suffice. If the student is required to complete an additional background or drug screens for a clinical site, the student is responsible for all associated costs.

All information gathered in the process of drug/alcohol screening and criminal background checks is governed by HIPAA and FERPA and is strictly confidential. This information is to remain between the facility and the University and may not be revealed to any other party without written permission from the student. The student may be required to supply the DCE or Clinical Coordinator with a copy of their background check, immunizations, CPR card, and other documentation so that an attestation can be signed on their behalf. If a facility requests actual copies of this student information, the student will be required to supply all documentation directly to their clinical rotation facility.

Students are responsible for maintaining their own documentation and should not rely on HSC staff or faculty to keep track of student records. Students are expected to maintain their own original documentation and provide a copy to the HSC if requested.

Students will be responsible for completing any clinical time lost due to incomplete requirements. Either the CI or DCE must approve the timing of the make-up requirements.

At HSC's DPT Program, students are expected to:

- Uphold the legal and ethical standards of the profession and the jurisdiction of their clinical rotations
- Uphold all policies and procedures governing the delivery of physical therapy services at the clinical site
- Uphold standards of the profession including Core Values, Professional Behaviors, Code of Ethics, and standards of practice
- Integrate and apply information taught within the academic curriculum
- Demonstrate professionalism in all interactions
- Demonstrate effective verbal and written communication skills
- Demonstrate measurable progress toward clinical and professional competence
- Complete all assignments, paperwork and documentation prior to the conclusion of the clinical experience
- Complete all formal and informal assignments given by clinical faculty during clinical experience to facilitate knowledge base, clinical reasoning and professional development;
- Engage in reflective practice evidenced by:
    - Assessing own learning needs and developing strategies to address those needs
    - Seeking and incorporating constructive criticism/feedback into future interactions
    - Demonstrating effective use of time and available resources
    - Developing and utilizing critical thinking and problem solving skills
    - Maintaining contact with the DCE throughout the clinical experiences
- Additional goals and expectations have been developed for each clinical rotation in order to assist the student in progressing towards entry-level competency and in taking on the roles and responsibilities of a physical therapist functioning in a doctoring profession. See Syllabus for each course in Appendix D.

Clinical Education Handbook
The Clinical Education Handbook (CEH) is the required text for all clinical courses. Updated information for inclusion in the CEH will be provided as appropriate and will be posted to the Canvas site for the clinical education courses.

The Physical Therapy Manual for the Assessment of Clinical Skills (PT-MACS) is also required for all clinical courses. The PT MACS assessment will be administered through the Exxat Clinical Management System.

Professional Liability Insurance
All students who will registered for clinical education courses in the Doctoral Program in Physical Therapy will be covered by professional liability protection by an actuarially funded self-insurance trust administered by Accord. Students are covered by a policy of professional liability insurance or self-insurance with limits of no less than $1,000,000 per claim and $3,000,000 in the annual aggregate. Insurance coverage verification letters are available to students and clinical facilities upon request. If a student wishes to have additional coverage, they may also secure professional liability insurance if they desire through the plans offered by the American Physical Therapy Association (www.apta.org). These cost of the optional additional coverage will be at the expense of the student.

Student Registration
Students are required to have current registration in all courses in which, there is a clinical education component. In the event that the student has difficulty with registration or otherwise has a "registration hold", the student will not be allowed to participate in clinical education experiences.

Health Insurance
All students are required to have health insurance and must obtain and maintain health insurance coverage while enrolled at the Health Science Center. Students who find themselves without coverage due to age limitations or employment changes should contact health@unthsc.edu to obtain insurance coverage information as soon as possible. Additional information on student health insurance can be found on the HSC website: https://www.unthsc.edu/students/student-health-insurance/

Primary health care services are available at the HSC Student Health Clinic.

Confidentiality of Students' Medical Records
The Health Science Center will comply with federal and state laws, regulations and policies to protect the confidentiality of medical and educational records. Agencies, students and individuals having access to such records by law or regulation will have access on a need-to-know basis but may not divulge the information to others. The Health Science Center personnel with knowledge of students or other individuals infected with a communicable disease such as HIV or hepatitis may not reveal that information to others as provided by law or regulation. A goal of this policy is to provide environments conducive to the delivery of quality health-care, academic instruction and research while providing protection for personnel and individuals.

Refer to the HSC policy on HIPAA:

https://www.unthsc.edu/research/wp-content/uploads/sites/21/HIPAA_Policy.pdf

Communicable Diseases
Refer to the HSC policy related to Communicable Diseases:
https://www.unthsc.edu/administrative/wp-content/uploads/sites/23/Occupational_Acquired_Communicable_Diseases_Policy.pdf

Attendance
Students are expected to follow the schedule of their clinical instructor(s) during clinical experiences. Clinical rotation experiences can have varied schedules including early mornings, late evenings, weekend work, and holiday coverage. Students are expected to be available a minimum of 40 hours per week, with the understanding that many clinical rotations will require more than 40 hours per week, for which the student is also expected to be present. 100% attendance is expected on all clinical rotations, and absence from the clinic is not permitted without consultation with both the DCE and the Clinical Instructor. All missed clinical days are expected to be made up, unless the DCE and CI give explicit approval. Students should not request time away from the clinic for any reason.

Unanticipated absence
If a student must miss a clinical day for illness or emergency, the student is required to:

1. Contact the clinical instructor as soon as possible and in advance of the scheduled arrival time.
2. Contact the DCE after contacting the clinical site. 817-735-2977
3. If the DCE is unavailable, the student should contact the Program Chair, Dr. Myles Quiben at 817-735-2980 or at Myla.Quiben@unthsc.edu.
4. Fill out the DPT Student Clinical Education Absence Form and return to DCE upon return to the clinic. (See Appendix E)

***** Electronic messages and voice messages sent to the clinical site are not acceptable. Students must speak with either the clinical instructor or the supervisor of the department or facility.

* Students may be required to make up any absence from clinical experiences.

Planned Absence
For planned absences, including religious holidays, professional meetings, etc., prior notice of 4 weeks must be given to both CI and DCE.

Make-up times during clinical affiliations will be at the discretion of the DCE in consultation with the Site Coordinator for Clinical Education (SCCE) and/or the CI at the clinical site. All absences, planned or unanticipated, must be documented with the DPT Student Clinical Education Absence Form.

If the clinic or the schedule does not permit time for making up absences, alternative learning experiences and/or outside assignments may be required. The nature of this work will be determined by the CI at the clinical site and/or the DCE. Prolonged absences may require a leave of absence from the clinical education or academic experiences. In the event of a leave of absence, the student will work with his/her advisor, the DCE and Program Chair to specify the terms and conditions of the leave as well as conditions under which the student may resume clinical education experiences.

Absence due to Inclement Weather:
As a rule, clinical experiences are not canceled because of inclement weather and may not be affected by a local emergency. Even when the HSC is closed, students are expected to attend clinical experiences unless directed otherwise by the CI or supervisor at the site, the DCE or the Program Chair. The student is expected to use good judgment in the event that travel conditions between their residence and their clinical education site make travel unsafe or impossible. Should a student suspect they cannot safely attend clinic due to severe weather conditions, they must immediately alert the CI and the DCE or the Program Chair. Absences due to weather must be made up to successfully complete the clinical experience.

Holidays
The student is expected to take the same holidays that the clinical facility allows for its employees or regular full-time staff. In some settings, holiday coverage is expected. In the event of religious or personal holidays, the student follows the protocol for planned absences, providing 4 weeks of advance notice and using the DPT Student Clinical Education Absence Request Form. Students may be required to make up clinical hours lost due to holidays.

Attendance in Professional Conferences
As an academic institution, the University of North Texas Health Science Center at Fort Worth DPT program strongly encourages students to attend and participate in professional conferences. Please consult with the DCE to best balance the clinical facility needs with student attendance in professional conferences.

Dress Code
Please refer to the dress code guidelines listed in the current Department of Physical Therapy Student Handbook.

Communication Expectations
The clinical education team maintains an “open door” policy with regard to communication throughout a student’s tenure. While on clinical experiences, the DCE is in contact with students in a variety of ways.

Several documents, including the Early Assessment of Clinical Experience, Midterm visit planning form, and Clinical Experience Planning Form, provide opportunities for students and clinical faculty to communicate with the core faculty.

Students are expected to continue to check their e-mail **daily** and respond within **one business day** unless directed otherwise during the clinical experience.

Students receive a “Midterm Assessment” in the form of an on-site visit or conference call for every clinical experience. The purpose of the contact is to assess the student’s clinical progress at that facility, as well as the student’s progress toward completing the course objectives for the experience. In order to facilitate calls and arranging site visits, the student is responsible for completing and returning a form with contact information to the Program. See Appendix F. In the event that a mutually agreeable time cannot be scheduled, the midterm check in may occur via email correspondence.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
Many clinical facilities in which students may be assigned are accredited by JCAHO. Students are required to have an orientation to key JCAHO regulations prior to the start of clinical education experiences. These include National Patient Safety Goals; organization-wide performance improvement activities; ethics, rights and responsibilities of healthcare workers and patients; provision of care requirements that enhance positive patient outcomes; infection control processes; and security of information systems. Orientation to JCAHO regulations will occur during program's coursework.

NOTE: Patients have the right to refuse treatment as any time and students must respect a patient's right to refuse participation.

Privacy and Confidentiality
Information contained within a patient's medical record is strictly confidential and may not be released to anyone without written permission from the patient. Students have the right to access specific patient information only as it relates to the physical therapy evaluation and treatment of that patient or screening for the appropriateness of physical therapy services.

Students are not allowed access to information of patients not on the physical therapy service. Discussions of patient problems or identifying the patient by name or other patient health information will occur with the highest standards of confidentiality and privacy in mind. Students will be aware of the environment and the potential for being overheard and their comments taken out of context. Breaches in privacy and or confidentiality may result in the immediate termination and potential failure of a clinical experience.

Confidentiality Outside of Patient Care
Students are reminded that all information related to a given clinical site is the property of that site. If a student would like to use/present information related to patients or administrative aspects of clinic management beyond that facility, they must obtain the expressed permission of the SCCE.

Occupational Safety and Health Administration (OSHA) Requirements
OSHA Requirements *s*pecify the protective measures all health care personnel are required to perform in order to prevent the spread of communicable disease. Completion of OSHA training ensures students are able to demonstrate proper hand-washing technique, apply personal protective devices in the presence of potential or confirmed infections, integrate isolation precautions, and provide proof of current immunization records and screening for active tuberculosis. Training in OSHA requirements must be completed prior to the start of any clinical experience.

Needle Sticks: Physical therapy students are as susceptible to exposure from biohazards as any health care provider. To minimize the risk of exposure, students receive training at the HSC and orientation during the first semester of the program. In the event of a needle stick or other biohazard exposure, students are to follow the institution's guidelines for managing and reporting. Equal regard and attention must be paid to the patient, the student and any facility staff involved in the incident. In general, the student must complete any cleansing and immediate first aid associated with the biohazard material. The student must take any steps required by the clinical affiliation site for reporting and documenting the incident with the assistance of the CI, SCCE, and/or physical therapy director/manager. In

some cases, immediate prophylaxis and follow up medications are indicated. The student will be fully informed about all treatment options.

The student will assume full financial responsibility for any and all treatment associated with a biohazard exposure. If the student or facility has any questions, please direct them to the DCE. Typical clinical affiliation agreements indicate clinical sites shall provide students with access to emergency care if necessary while the student is assigned to the facility. However, the student shall be responsible for the cost of all emergency services rendered.

Americans with Disabilities Act (ADA) Requirements

Due to the ADA privacy requirements, the faculty and staff of the Program in Physical Therapy at the HSC are prohibited from discussing any disability with the clinical site without specific authorization from the student. If written permission to disclose is provided by the student, the DCE will discuss the disability with the SCCE/CI and request for the appropriate accommodations to be made *prior* to the student's arrival. In addition, students are strongly encouraged to continue a pro-active, open dialogue about their educational needs with both the academic and clinical faculty. If problems arise which cannot be resolved, the DCE should be contacted immediately. Retroactive disclosure of a documented disability will not change performance assessment. It is strongly suggested that students disclose relevant information prior to beginning a clinical rotation to ensure successful completion.

Facility Policies and Procedures

The student is expected to adhere to all facility policies/procedures during the duration of the clinical assignment. It is the responsibility of the student to request Policies/Procedural Manuals in the event it is not provided during orientation. Failure to comply with the facility policies/procedures will result in removal of the student from that clinical facility and potential failure of that clinical experience.

Legal Limitations/Regulations on Clinical Activities

Students should recognize the serious nature of and potential liability involved with clinical education. Patients being treated by a student in a clinical facility have the right to know the level of training of the person administering treatment, the right to receive the same standard of care as provided by licensed therapists, and the right to refuse treatment administered by any health care provider. The clinical instructors are responsible for the care given patients and must, therefore, guide and supervise a student's activities.

Students are expected to know and abide by the Practice Acts of all jurisdictions in which they are completing clinical experiences. Students will also be held accountable for performance consistent with Physical Therapy Practice Regulations for the State of Texas or any other states in which they are engaged in clinical experiences, as well as the requirements set forth in the APTA's *Guide for Professional Conduct* the *Code of Ethics and Core Values* (www.apta.org).

Students and Medicare Beneficiaries

Regulations regarding student interaction with Medicare patients change frequently. Students are strongly encouraged to remain abreast of these regulatory guidelines to maximize learning opportunities. The most updated information can be found on the web at www.cms.gov.

Mobile Devices (e.g.: cell phones, smart watches, etc.)
Students will not respond to phone or text messages while in the clinic. Students should discuss the mobile device policy of the clinic with their CI, as it may be permissible to use a mobile device while on a break or for urgent situations as long as it is consistent with clinic policy. Pictures (or any other patient's confidential information) **MAY NOT** be taken or transmitted via cellular picture phones or other similar devices in **ANY** circumstance due to patient privacy regulations. Students who do not adhere to this policy will be removed from the clinical site immediately if the site requests the removal of that student.

Guidelines on Use of Human Subjects in Demonstrations and Practice for Research Purposes:
As per the APTA's BOD policies and procedures (BOD Y03-06-20-52), PTs and PT students should ensure that the participation of human subjects in research is voluntary, free of coercion and deception, and based on an understanding by the subjects, or their legally authorized representatives, of the nature of the research and its expected benefits and risks. PTs and PT students should ensure that data and observations obtained on human subjects who participate in research are recorded, stored, and reported in ways that protect the individual and personal identity of the subjects. Research must be compliant with the standards set forth in HIPAA regulations. All HSC faculty, staff, and students are required to adhere to all guidelines set forth by the North Texas Regional Institutional Review Board. Additional information can be found on the HSC website.

POLICIES AND PROCEDURES OF CLINICAL EDUCATION: PRE-ASSIGNMENT, SELECTION, CLINICAL VISIT PROCESSES & GRADING

Assessing Clinical Site Availability

Clinical facilities are contacted by the DCE during the APTA voluntary national mail-out dates to identify their availability to work with students on clinical rotations. Mail-out dates are between March 1 and March 15 of each year with a requested return date of April 30. Every effort is made to confirm placements at a minimum of 1 year in advance of the beginning of clinical rotations; however, this is not possible in all situations. Ultimately, clinical facilities have the right and responsibility to assess their availability for clinical experiences and to decline student placements, even when the placement was previously confirmed.

DCE Contacting Clinical Sites

The DCE is the primary point of contact with clinical sites for the purpose of negotiating clinical education agreements, assignment of students, and the ongoing information exchange occurring between the program and the clinical site. The Clinical Site Coordinator assists the DCE with these tasks. The DCE will generally contact the Site Coordinator for Clinical Education (SCCE) or another designated individual. Students who contact clinical sites without written permission from the DCE may become ineligible to do a rotation at that site.

Establishing new clinical sites

Occasionally, students may request clinical experiences with facilities, individual practitioners, or geographic locations that are not among the program's active list of clinical facilities. The HSC program honors the requests of clinical sites that individual students do not contact them inquiring about site availability. All inquiries should be directed to the DCE.

In these circumstances, the student will provide a written request to the DCE, which includes rationale for the request and contact information. See Appendix G. The DCE will then contact the site for additional information and determine if the site meets the Program mission and philosophy. The DCE will make the decision of whether to open the new site. New clinical sites will only be established if they meet current Program needs. Current needs include sites in rural and/or medically underserved areas, Neuro Rehabilitation, Acute Care, and Specialty PT Practices.

If the requested site is approved and added, the DCE will determine whether the new site will be reserved for the requesting student or if it will be open to the entire class. If the requested site is offered to the requesting student, the student will be required to take that spot. Requests to establish a new clinical site are limited to one request per student.

Requests should be submitted/discussed a minimum of 1 year in advance of the start of the clinical experience to allow the DCE adequate time to evaluate the quality of the potential experience and the willingness of the facility to engage in contractual negotiations with the HSC. Clinical experiences are not finalized until a clinical affiliation agreement has been fully executed. Students are reminded that new contracts can take up to a year to be fully executed and no student will be placed in a site without a fully executed contract. The

Program reserves all rights to initiate and discontinue clinical agreements, as it deems appropriate.

Under no circumstances should a student try to establish a new clinical site without following the process outlined.

Assessment of Clinical Sites

The selected clinical sites should have the capability to provide quality experiences that meet the mission of the HSC's Program in Physical Therapy. The DCE evaluates a facility's professional staff to ensure they function as role models who adhere to standards of practice that are legal, ethical and moral. In addition, the clinical faculty must demonstrate clinical autonomy consistent with contemporary physical therapy practice.

Sites are also evaluated for depth/breadth in patient management, professional management and practice management paradigms representing all the roles/responsibilities of physical therapists. Additionally, there is ongoing evaluation of all sites affiliated with the HSC to ensure the program has adequate representation of a variety of experiences.

Prerequisites to each Clinical Experience

Students have the option of a clinical education planning meeting with the DCE. Each student will be assigned to a clinical facility, which will allow that student to achieve both curricular and personal clinical education goals. Due to changes in the clinical environment (e.g. facility staffing, patient type, changing regulations, etc.) cancellation of previously confirmed clinical assignments may occur resulting in a new assignment that must be planned and confirmed. The DCE will inform the student of such an occurrence and a discussion of alternative assignments will be completed prior to a new assignment.

The student will be notified of a clinical experience assignment after it is confirmed. A few months prior to each clinical rotation, or as soon as possible, the student will be provided with contact information for the confirmed site. It is then the student's responsibility to contact the site to provide personal contact information, as well as to manage all future interactions with that site. Any housing arrangements that must be confirmed are the responsibility of the student.

For each portion of the clinical education experience, the student must demonstrate acceptable academic performance, acceptable adherence to safety standards, and must demonstrate appropriate professional attributes. It is program policy that safety issues, red flag issues or deficits in professional behavior are sufficient to prevent a student from progressing to clinical education experiences. These issues must be addressed with the student's faculty advisor, and the DCE must be informed of student status with these issues. Decisions about students' preparation, safety and readiness to engage at each level of clinical experience are the sole responsibility of the core faculty. The DCE facilitates this decision-making process by reporting to the core faculty in faculty meetings, consultation with individual student advisors and course instructors and the program director.

It is the intent of the Doctoral Program in Physical Therapy to provide the student with high quality clinical educational experiences sequenced to promote an increasing level of complexity and autonomy in clinical decision-making processes. To meet the mission of the Department in Physical Therapy and prepare the student to practice as a ***generalist*** upon

graduation, students are required to participate in clinical affiliations that span the continuum of health care, life span and cultural diversity. Clinical placement is the sole responsibility of the DCE. Decisions are made in consultation with core faculty.

Clinical Affiliation Agreements

Clinical education facilities are required to have a fully executed clinical affiliation agreement in effect between the site and the university in order to be considered for student placement. See Appendix H for an example of the clinical affiliation agreement used by The University of North Texas Health Science Center at Fort Worth. Clinical affiliation agreements specify the duties and responsibilities of all parties in the clinical education process. This includes the school, the clinical facility, and the students. All contracts specify that the student is appropriately prepared for the clinical experience. Because the clinical facility is ultimately responsible for the care rendered to patients/clients in their facility, the clinic has the right to terminate a student experience in the event of illegal, unsafe, unethical or unprofessional behavior of the student.

ADA Requirements for the DCE

Due to the ADA privacy requirement, the DCE is legally prohibited from discussing any disability with the clinical site without specific authorization to do so from the student. Thus, it is recommended that the student discuss any relevant information about their disability that may result in any clinical performance, scheduling, or time management difficulties with the CI during the orientation meeting. If problems arise which cannot be resolved, the DCE should be immediately notified.

If requested and written permission is given to the DCE, the DCE will discuss the disability and implications for the clinical site prior to the student's arrival at the assigned facility.

FERPA Requirements for the DCE

The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. 1232G, grants students in institutions of higher education the right of access to their educational records with the exception of confidential letters and statements of recommendation that the student has waived the right to inspect. Before disclosing any personally identifiable information, except directory information, the Health Science Center must obtain written consent from the student unless the disclosure is allowed by law.

The Family Educational Rights and Privacy Act considers certain information to be "directory information," which is subject to disclosure without prior consent from the student. Directory information relating to students includes the following: the student's name; Address; Telephone listing; Date and place of birth; Hometown; Major field of study; Participation in officially recognized activities and sports; Classification; Degrees and awards received; The most recent educational agency or institution attended by the student; and Dates of attendance.

HSC is committed to protecting the privacy rights of its students. The following information covers the basic privacy issues related to student records, under the Family Educational Rights and Privacy Act (FERPA). Questions concerning FERPA and a copy of the policy and procedures should be directed to the Office of the Registrar. FERPA students' rights begin on the first day of enrollment in an HSC academic program. Additional information relating to FERPA can be found on the HSC Policy and training page: https://www.unthsc.edu/students/registrar/ferpa/

Clinical Site Information Form (CSIF)
To assist students with their clinical education planning, clinical site information forms (CSIFs) are located on Canvas.

The CSIF form is to be completed by all facilities with an active clinical affiliation agreement. These forms provide information regarding the population of patients/clients served, information regarding Site Coordinator of Clinical Education and Clinical Instructors, site-specific policies and procedures and important contact information. The CSIF can also be a resource for estimated daily expenses including parking, meal options and information regarding any additional housing, transportation or other offerings specific to that site. Students are encouraged to carefully review the CSIF of any site they are considering for a clinical rotation.

Student Access to Care
As stated in the clinical affiliation agreement, all clinical education sites are required to have access to health care in the event of a high-risk exposure. Unless dictated by clinical facility policy, students are responsible for all costs incurred to receive care. To report an emergency (needle stick, injury, etc.), you must contact the Student Health Clinic and complete this "Needle Stick Form."

Midterm Clinical Visit
A clinical contact, by either an on-site visit or a telephone call, or email correspondence will be scheduled by the DCE or other faculty member to be held with the student, as well as the CI, near the mid-point of each clinical education experience. If needed, a clinical contact can also be made upon request of the DCE, CI, or student. The purpose of the clinical contact is to assess the student's clinical progress at that facility, as well as the student's progress toward completing the entry- level skills required for graduation.

In order to facilitate calls and arranging site visits, the student is responsible for completing and returning a form with contact information to the DCE, excluding the Preliminary Clinical Practicum. See Appendix F.

If the on-site visit or telephone call must be rescheduled it is the student's responsibility to provide alternative dates so the DCE can reschedule a time for that clinical contact. Once information has been received from all students, the DCE will work with the students needing changes in their contact time.

Each student will receive at least one on-site visit at some point within their clinical education experiences, unless Program resources or other emergency status prevent an on-site visit from occurring. If an on-site visit is not scheduled for a specific clinical education experience, but the student or CI believe an on-site visit to be necessary to resolve any problems, the student or CI should contact the DCE to schedule an on-site visit.

Description of Student Performance Assessment Tools
The students' clinical performance and experiences will be evaluated using the following instruments:

Early Student Assessment of Clinical Education Experience (See Appendix J):

This form is a student questionnaire regarding the early exposure to the clinical education experience. The form requires completion by the student early in the clinical experience.

Weekly Planning Form (See Appendix K):

This form allows the student to focus and organize his/her learning, engages student in reflective practice, and clarifies his/her weekly expectations with the CI. The form requires completion by the student with feedback from the CI. This form is optional but is made available for the student and/or CI should they feel like they need additional resources for planning and execution of a successful experience.

Clinical Experience Planning Form (See Appendix L):

This form allows the student to complete a weekly log describing his/her clinical education goals, skills performed, self-assessment, and the following week goals. This form helps to organize student-learning objectives; engages student in reflective practice; improves communication between the student and CI regarding students/CI's expectations, and student's performance and outcomes. The form requires completion, by the student, with feedback from the CI, and is returned to the DCE at the close of the clinical experience.

Educational & Behavioral Indicators Report and Learning Agreement (See Appendix M):

- The form documents students' critical educational and behavioral trends or a single grievous occurrence. The form will assist in the student's plan for change and the CI's interpretation and reevaluation. In the event of a conflict with the student as it relates to clinical experience, the CI will initiate the Educational & Behavioral Indicators Report and Learning Agreement outlining the incident that occurred. This assessment represents a critical incident report and must be used to document a series of similar behaviors or educational deficiencies (or one major educational and/or behavioral occurrence) demonstrated by the student that have consequences of a serious nature.
- In the event such a report is needed, the clinical instructor is required to contact the DCE as soon as possible for assistance. This report will be used as a form of communication and will help the student to work on educational and behavioral indicators and plans for improvement. It will also provide information to the DCE and core faculty about improvements in specific instructional domains and curriculum.
- This report does not substitute for any required incident report in-place at the clinical facility
- Students and clinical education faculty are encouraged to utilize the learning agreement to clarify expectations and facilitate communication. This is particularly encouraged in the event that a student is not meeting the educational performance indicators of the clinical experience. In addition, the learning agreement is designed to outline learning goals that the student must achieve in order to successfully pass the clinical experience.

Anecdotal Form (See Appendix O):

- This form allows clinical faculty to document student poor performance and is utilized only when necessary. The form requires completion by the clinical faculty (SCCE and/or CI) with feedback from the student and provides evidence of unacceptable student performance and/or student performance that may require additional assistance. This

form is returned to the DCE and leads to frequent check-ins with both the student and clinical faculty.

Physical Therapy Manual for the Assessment of Clinical Skills (PT MACS):

- This tool requires a self-assessment by the student, as well as an assessment by the CI. An assessment must be completed at midterm and at the end of each clinical practicum with the exception of the Preliminary Clinical Practicum.

Clinical Internship Evaluation Tool (CIET)

- The assessment tool for the Internship is the Clinical Internship Evaluation Tool (CIET), which measures clinical performance of the student relative to a competent clinician. The document will need to be completed and turned in at both midterm and final.

Professional behaviors Assessment and Self-Assessment (See Appendix N):

- For the Preliminary Clinical Practicum, a professional behaviors assessment will be filled out by the CI. The student will also fill out a professional behaviors Self-Assessment. The student and CI will review the forms together, and both forms will be turned in to the DCE.

APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction Survey (See Appendix P):

- Allows the student to assess the clinical facility, learning experiences and clinical instructor. This form is to be completed during the midterm and final week of the clinical experience and returned to the DCE. The form is reviewed by the DCE after each rotation.

Determination of Final Grade for Clinical Experiences

In order to receive a passing grade for each clinical experience, the student must complete all paperwork as outlined in the clinical course syllabus. Requirements will also include assignments and projects required by the clinical education faculty (SCCE & CI) at the facility. Students are required to complete any assignments issued by the SCCE & CI, even if they are not indicated on the course syllabus. Clinical experience will be graded as Satisfactory/Unsatisfactory or Pass/No Pass. The assignment of grades is the sole responsibility of the DCE. Nevertheless, the feedback from the clinical education faculty is critical in determining the final grade. In addition, ***it is the responsibility of the student*** to collect all assessment documents completed by the clinical instructor and submit them to the DCE within ***the timeline listed in the course syllabus***. This procedure will allow adequate time for the DCE to comprehensively review all documentation and submit grades in a timely fashion.

Remediation for Clinical Experience

DPT students receiving a “No Pass” for any clinical assignment must arrange an appointment with the course director (DCE). With the approval of the DPT Program’s Student Performance Committee and the Chair, a student may be allowed to remedy a failing course grade. The mechanism to remedy a failing course grade will be determined by the DPT Program’s Student Performance Committee and recommended to the Chair, after consulting the DCE. Students receiving a grade of “incomplete” may also require remediation prior to resolution of the grade.

Termination & Failure of Clinical Experience

Students who are concluded to receive termination from a clinical experience due to inadequate performance may receive a grade of "No Pass." This grade will be determined by the DCE with input from the clinical education faculty. Inadequate performance must be appropriately documented and communicated to the DCE. The following are examples of trends and categories that indicate termination and failure of a clinical experience:

- Unprofessional behaviors;
- Poor clinical judgment;
- Consistently poor skill performance despite multiple remediation attempt;
- Unsafe and/or unethical practice as described by the APTA Code of Ethics and Standards of Practice (will be immediately terminated and receive a failing grade);
- Disclosure of confidential information;
- Violation of policies and procedures of the facility and/or the DPT program at the HSC.

Policy and Procedure: Complaints from Patients/Clients, Family Members and Other Stakeholders (that Fall Outside of Due Process Within the HSC):

- The Department Chair is responsible for handling complaints that fall outside of due process. In the event the Chair is not available or if it is inappropriate for the Chair to handle the complaint, the complaint will be forwarded to the Dean of School of Health Professions.
- Complaints must be submitted in writing or anonymously. Documentation regarding the complaint and any action(s) taken will be maintained in the Chair's office or in the Dean's office as appropriate.
- The Chair or the Dean will manage the complaint. If indicated, the Chair or Dean will respond to the maker of the complaint within three (3) weeks of receipt, unless the complaint is made anonymously. The Chair or designee may consult with other university offices and personnel in addressing the complaint.
- The Department of Physical Therapy values comments and complaints that relate to its curriculum, students, faculty, and graduates from parties outside the University. We strive to respond in a timely and appropriate manner. Comments may be directed to Dr. Myla Quiben, Department Chair, Department of Physical Therapy at 817-735-2980 or Myla.Quiben@unthsc.edu.

POLICIES AND PROCEDURES OF CLINICAL EDUCATION: ASSIGNMENT OF STUDENTS TO CLINICAL FACILITIES

The coronavirus pandemic has disrupted and effected all aspects of life, including clinical education. With safety for patients and clinicians as a major focus during this time, the availability of clinical rotation slots has been a major concern. We are committed to providing a variety of clinical experiences to develop HSC students into well-rounded clinicians, however, we have no control over decisions on student activities in clinical settings. Students should anticipate an increased need to travel outside of the DFW area to complete clinical requirements. Additionally, students may be required to leave the local area for more than one clinical rotation to ensure adequate clinical experiences. At this time, all international affiliations are on hold and out of state rotations require a written request to the Chair, with approval from the Dean. Students will be informed timely and alternatives will be discussed based on university, local, state, and CDC guidelines.

Students are encouraged to meet with the DCE in selection process to discuss progress, learning goals/objectives and remaining curricular requirements to facilitate placement decisions. While student preferences such as travel and other personal requests are considered in the decision-making process, factors such as curricular requirements, student-learning style, strengths of an individual site and availability in clinical sites ultimately determine placement. Students should expect to travel *up to 1.5 hours* to their clinical placements. *Students may be required to complete at least one of their clinical affiliations outside of a 90-mile radius of the Dallas-Fort Worth area and are responsible for their own housing and transportation.*

Some clinical facilities actively participate in the process of matching interested students to the site. In these cases, students may be required to prepare curriculum vitae, attend an interview or submit other work/materials to be considered for affiliation. The program cannot guarantee a student placement in these sites as the final decision rests with the clinical faculty of the facility to accept the student.

Preliminary Clinical Practicum & Clinical Practicum I Placement

Based on DCE/student meeting, faculty input, and student's wish list, the DCE will match students to appropriate clinical sites through preference ranking and lottery system. Lottery number will be determined by drawing a number or through the Excel randomization feature. Students will receive a list of clinical sites that are available for a specific experience through the Exxat system. The list will include the type of experience offered. Students are to review the available clinical sites and prioritize their top choices. Students should provide a list of sites in order to participate in the match. Students will be matched based on preference and lottery number. The Clinical Practicum I should ideally be in the same location as the Preliminary Clinical Practicum, though occasionally this is not possible, and the student must be reassigned.

Clinical Practicum II

Based on DCE/student meeting, faculty input, performance in prior affiliations and student's wish list, the DCE will match students to appropriate clinical sites through preference ranking and lottery system. Students will receive a list of clinical sites that are available for a specific experience through the Exxat system. The list will include the type of experience offered. Students are to review the available clinical sites and prioritize their top choices. Students are required to provide a list of sites in order to participate in the match. Students will be matched based on preference and lottery number. For CP II, those students in the bottom half of the lottery list for PCP/CP I will be assigned a number from the top half of the list, and those students from the top half of the list will be assigned a number from the bottom half of the list.

Clinical Practicum III

With input from the student, the DCE places the students at their CPIII site based on previous experience and which type of experience is still needed by the student. The geographic preference and site preference of the student will be considered, though site availability may be limited and not allow preferences to be realized.

Internship Placements

During the Spring of Year 2, students may be required to fill out an Internship Student Request Form (See Appendix Q). Students will then meet with the DCE to discuss educational goals and preferences. Sites will be assigned by the DCE based on student goals, preference for type of affiliation, location, and academic standing. The DCE will

consult with other faculty members teaching in the area of the student's chosen specialization and will obtain a ranking of those students interested in that content area. This list will be used in assigning sites as well.

International Internships

Special permission from the DCE, with consultation from the Chair, is required to complete an international clinical rotation. At the appropriate time in the curriculum, the DCE may ask students wishing to participate in international affiliations to submit an international Internship application corresponding to the affiliation of interest. The final decision to allow a student to participate in an international experience is made collaboratively by the DCE with input from the Chair and is based on student performance in didactic and laboratory experiences, professional behavior and progress toward clinical education objectives. Only students in good standing will be considered, and any academic, professional, behavioral, or other concerns may disqualify a student from consideration. International affiliations require completion of documents to secure appropriate visas and travel clearance. Completion of the appropriate documentation and payment of any associated fees is the sole responsibility of the student.

While applying for an international rotation, students agree that they will remain at the international site amidst any changes to location, clinical instructor, or site setting. In case of a national/international crisis or national/international pandemic, where the student faces unsafe or challenging conditions, the Clinical Education Team and Department Chair will coordinate with the student to assist with organizing a safe return to the US.

International rotations can be seen as a positive experience for many students. However, some students may experience difficulty coping with culture changes or additional factors. Before submitting an international rotation application, students are recommended to read the APTA International Service Manual for Students: A guide for students considering international service trips.
https://www.apta.org/uploadedFiles/APTAorg/Current_Students/Employment/InternationalService.pdf

Clinical Experiences Ineligibility

Students will not be placed in facilities where any real or potential conflict of interest exists. Students will not be allowed to use current or prior places of employment as sites for clinical education affiliations. Using a facility in which a student previously volunteered for the purposes of his/her clinical experience is also generally discouraged. A student will also be ineligible for clinical education at a facility where family members are employed. The student will be ineligible for clinical education where they have a contract for future employment. However, the DCE will consider placements of this nature on a case by-case basis.

Cancellation and Reassignment Process

At times clinical facilities may cancel internships at the last minute or contracts may be denied due to unforeseen circumstances. The DCE will make every attempt to reassign the student to a similar setting in a timely manner as possible. However, reassignments will be based on the availability of the clinical site. Once clinical assignments are made, any request by the student to change their clinical rotation must be submitted in writing to both the DCE and Chair. The student will be required to write a letter to the both parties detailing why they need their rotation changed. The DCE and Chair will meet and reach a decision.

Due to the nature of the relationship between the program and the clinic, only on very rare occurrences will a clinical site be changed by the program.

Orientation to Clinical Experiences

Prior to the start of each clinical experience, students will be expected to attend one or more **mandatory** orientation meeting. The orientations will review the specific clinical objectives, performance expectations and assignments for that clinical experience. It is the responsibility of the student to notify the DCE in the event that they are unable to attend the orientations. Failure to provide timely notification may delay starting the clinical affiliation. Additional orientation may be provided by the facility and students are encouraged to contact their assigned facilities by phone or email at a minimum of 2 weeks in advance of the start of their assignments, but not before they receive clearance from the DCE. Students are encouraged to minimize their telephone contact with the SCCE, CI or clerical staff at clinical facilities out of respect for the fast pace of work at most clinical sites. If students have questions about the clinical site, they are encouraged to access the CSIF on file for the site and other available resources (internet sites, telephone books, and maps) prior to contacting clinical facilities.

Rural Academic/Clinical Opportunities

Another important curriculum component of the DPT program is its rural practice opportunities. The Rural and Underserved populations' course will include objectives regarding students' appreciation of demographics, economics, and structure of the health care delivery system in rural America with a concentration to the diverse population of rural Texas.

In addition, clinical affiliations have been established with rural clinical sites to prepare students for physical therapy practice in rural areas. Students are encouraged to do at least one of their clinical rotations in a rural facility.

Prior to a Student's Arrival at a Clinical Facility

The DCE will provide pertinent information to the clinical site no later than 6 weeks prior to the scheduled clinical experience. A member of the clinical education team will make contact with the clinical site after the mailing to confirm the receipt of packets and to determine any facility requirements the student must complete prior to starting the experience.

Clinical Education Packet

In addition to this Clinical Education Handbook, the clinical facility will receive the following forms and information on the student:

- Student Information Form (See Appendix S)
- Overview of Curriculum (See Appendix I)
- Course Syllabi outlining student performance expectations (See Appendix D)

On the first day of clinical experience, students will ensure they have access to:

- All required Student Evaluation Instruments, which will be available on Canvas
- All required health documentation (if not previously given to appropriate person at site)
- A copy of the clinical education handbook, which will be available on Canvas

Expenses, Transportation and Housing

It is the student's responsibility to cover all costs associated with clinical education experiences including food, parking, uniforms, and transportation to and from facilities, and for housing at locations distant from their school address. The DCE, classmates and/or alumni, as well as the CSIF, are available to provide information about what expenses may occur. Students are also responsible for the costs of any medical care accessed while participating in clinical rotations. These may include immunizations, emergency prophylaxis in the event of a needle stick, or blood work to verify the presence of antibodies.

Student Information Form

Prior to each clinical experience, students will complete a Student Information Form. (See Appendix S) This information should include current contact information and emergency contact information for use by the clinical site. In addition, the student will include information on previous clinical experiences to date, learning styles, and any personal information the student would like the site to know prior to arrival. This information will be shared with the clinical facility a minimum of two weeks prior to the start of the clinical experience.

DEPARTMENT OF PHYSICAL THERAPY

DPT STUDENT ACKNOWLEDGEMENT FORM

I have read and understand all information presented in this Clinical Education Handbook. I agree to abide by all rules and guidelines.

_____

PRINTED STUDENT NAME

_____

STUDENT SIGNATURE

_____

DATE

APPENDIX A: CORE VALUES DEFINITION & SAMPLE INDICATORS

CORE VALUE: Accountability
Accountability is active acceptance of the responsibility for the diverse roles, obligations, & actions of the physical therapist including self-regulation & other behaviors that positively influence patient/client outcomes, the profession & the health needs of society.

SAMPLE INDICATORS:
1. Responding to patients/client's goals & needs.
2. Seeking & responding to feedback from multiple sources.
3. Acknowledging & accepting consequences of his/her actions.
4. Assuming responsibility for learning & change.
5. Adhering to code of ethics, standards of practice, & policies/procedures that govern the conduct of professional activities.
6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions.
7. Participating in the achievement of health goals of patients/clients & society.
8. Seeking continuous improvement in quality of care.
9. Maintaining membership in APTA & other organizations.
10. Educating others in a manner that facilitates the pursuit of learning.

CORE VALUE: Altruism
Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self-interest.

SAMPLE INDICATORS:
1. Placing patient/client's needs above the physical therapists.
2. Providing pro-bono services.
3. Providing physical therapy services to underserved & underrepresented populations.
4. Providing patient/client services that go beyond expected standards of practice.
5. Completing patient/client care & professional responsibility prior to personal needs.

CORE VALUE: Compassion/Caring
Compassion is the desire to identify with or sense something of another's experience; a precursor of caring.
Caring is the concern, empathy, & consideration for the needs & values of others.

SAMPLE INDICATORS:
1. Understanding the socio-cultural, psychological & economic influences on the individual's life in their environment.
2. Understanding an individual's perspective.
3. Being an advocate for patient/client's needs.
4. Communicating effectively, both verbally & non-verbally, with others taking into consideration individual differences in learning styles, language, & cognitive abilities, etc.
5. Designing patient/client programs/interventions that are congruent with patient/client needs.
6. Empowering patients/clients to achieve the highest level of function possible & to exercise self-determination in their care.
7. Focusing on achieving the greatest well-being & the highest potential for a patient/client.
8. Recognizing & refraining from acting on one's social, cultural, gender, & sexual biases.
9. Embracing the patient's/clients emotional & psychological aspects of care.
10. Attending to the patients/client's personal needs & comforts.

11. Demonstrating respect for others & considers others as unique & of value.

CORE VALUE: Excellence
Excellence is physical therapy practice that consistently uses current knowledge & theory while understanding personal limits, integrates judgment & the patient/client perspective, embraces advancement, challenges mediocrity, & works toward development of new knowledge.

SAMPLE INDICATORS:
1. Demonstrating investment in the profession of physical therapy.
2. Internalizing the importance of using multiple sources of evidence to support professional practice & decisions.
3. Participating in integrative & collaborative practice to promote high quality health & educational outcomes.
4. Conveying intellectual humility in professional & interpersonal situations.
5. Demonstrating high levels of knowledge & skill in all aspects of the profession.
6. Using evidence consistently to support professional decisions.
7. Demonstrating a tolerance for ambiguity.
8. Pursuing new evidence to expand knowledge.
9. Engaging in acquisition of new knowledge throughout one's professional career.
10. Sharing one's knowledge with others.
11. Contributing to the development & shaping of excellence in all professional roles.

CORE VALUE: Integrity
Integrity is the possession of & steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, & "speaking forth" about why you do what you do.

SAMPLE INDICATORS:
1. Abiding by the rules, regulations, & laws applicable to the profession.
2. Adhering to the highest standards of the profession (practice, ethics, reimbursement, Institutional Review Board [IRB], honor code, etc.).
3. Articulating & internalizing stated ideals & professional values.
4. Using power (including avoidance of use of unearned privilege) judiciously.
5. Resolving dilemmas with respect to a consistent set of core values.
6. Being trustworthy.
7. Taking responsibility to be an integral part in the continuing management of patients/clients.
8. Knowing one's limitations & acting accordingly.
9. Confronting harassment & bias among others & ourselves.
10. Recognizing the limits of one's expertise & making referrals appropriately.
11. Choosing employment situations that are congruent with practice values & professional ethical standards.
12. Acting on the basis of professional values even when the results of the behavior may place oneself at risk.

CORE VALUE: Professional Duty
Professional duty is the commitment to meeting one's obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, & to positively influence the health of society.

SAMPLE INDICATORS:
1. Demonstrating beneficence by providing "optimal care".
2. Facilitating each individual's achievement of goals for function, health, & wellness.
3. Preserving the safety, security & confidentiality of individuals in all professional contexts.
4. Involved in professional activities beyond the practice setting.

5. Promoting the profession of physical therapy.
6. Mentoring others to realize their potential.
7. Taking pride in one's profession.

CORE VALUE: Social Responsibility
Social responsibility is the promotion of a mutual trust between the profession & the larger public that necessitates responding to societal needs for health & wellness.

SAMPLE INDICATORS:
1. Advocating for the health & wellness needs of society including access to health care & physical therapy services.
2. Promoting cultural competence within the profession & the larger public.
3. Promoting social policy that effect function, health, & wellness needs of patients/clients.
4. Ensuring that existing social policy is in the best interest of the patient/client.
5. Advocating for changes in laws, regulations, standards, & guidelines that affect physical therapist service provision.
6. Promoting community volunteerism.
7. Participating in political activism.
8. Participating in achievement of societal health goals.
9. Understanding of current community wide, nationwide & worldwide issues & how they affect society's health & well-being & the delivery of physical therapy.
10. Providing leadership in the community.
11. Participating in collaborative relationships with other health practitioners & the public at large.
12. Ensuring the blending of social justice & economic efficiency of service

APPENDIX B: Professional Behaviors

COMMITMENT TO LEARNING ***The ability to self-asses, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.***	
Beginning	• *Identifies problems* • *Formulates appropriate questions* • *Identifies and locates appropriate resources* • *Demonstrates positive attitude (motivation) toward learning* • *Offers own thoughts and ideas* • *Identifies need for further information*
Developing	• *Prioritizes information needs* • *Analyzes and subdivides large questions into components* • *Seeks out professional literature* • *Sets personal and professional goals* • *Identifies own learning needs based on previous experiences* • *Welcomes and\or seeks new learning opportunities*
Entry-Level	• *Applies new information and re-evaluates performance* • *Accepts that there may be more than one answer to a problem* • *Recognizes the need to and can verify solutions to problems* • *Reads articles critically and understands limits of application to professional practice* • *Researches and studies areas where knowledge base is lacking*
Post-Entry-Level	• *Questions conventional wisdom* • *Formulates and re-evaluates position based on available evidence* • *Demonstrates confidence in sharing new knowledge with all staff levels* • *Modifies programs and treatments based on newly learned skills and considerations* • *Acts as a mentor in area of specialty for other staff*

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.***	
Beginning	• *Maintains professional demeanor in all clinical interactions* • *Demonstrates interest in patients as individuals* • *Respects cultural & personal differences of others; is non-judgmental about patients' lifestyles* • *Communicates with others in a respectful, confident manner* • *Respects personal space of patients and others* • *Maintains confidentiality in all clinical interactions* • *Demonstrates acceptance of limited knowledge and experience*
Developing	• *Recognizes impact of non-verbal communication and modifies accordingly* • *Assumes responsibility for mistakes, apologizes* • *Motivates others to achieve* • *Establishes trust* • *Seeks to gain knowledge and input from others* • *Respects role of support staff*
Entry-Level	• *Listens to patient but reflects back to original concern* • *Works effectively with challenging patients* • *Responds effectively to unexpected experiences* • *Talks about difficult issues with sensitivity and objectivity* • *Delegates to others as needed* • *Approaches others to discuss differences in opinion* • *Accommodates differences in learning styles*

Post-Entry-Level	• *Recognizes role as a leader* • *Builds relationships with other professionals* • *Establishes mentor relationships*

COMMUNICATION SKILLS

The ability to communicate effectively (i.e., speaking, body language, reading writing, listening) for varied audiences and purposes.

Beginning	• *Demonstrates understanding of basic English (verbal and written); uses correct grammar, accurate spelling and expression* • *Writes legibly* • *Recognizes impact of non-verbal communication: maintains eye contact, listens actively*
Developing	• *Utilizes non-verbal communication to augment verbal message* • *Restates, reflects, and clarifies message* • *Collects necessary information from patient interview*
Entry-Level	• *Presents verbal or written message with logical organization and sequencing,* • *Modifies communication (verbal and written) to meet the needs of different audiences* • *Maintains open and constructive communication* • *Utilizes communication technology* • *Dictates clearly and concisely*
Post-Entry-Level	• *Demonstrates ability to write scientific research papers* • *Fulfills role as patient advocate* • *Mediates conflict* • *Communicates professional needs and concerns*

EFFECTIVE USE OF TIME AND RESOURCES

The ability to obtain the maximum benefit from a minimum investment of time and resources.

Beginning	• Focus on tasks at hand without dwelling on past mistakes • Recognizes own resource limitations • Uses existing resources effectively • Uses unscheduled time efficiently • Completes assignments in a timely fashion
Developing	• Coordinates schedule with others • Sets up own schedule • Demonstrates flexibility • Plans ahead
Entry-Level	• Performs multiple tasks simultaneously and delegate when appropriate • Has ability to say "No". • Sets priorities and reorders when necessary • Considers patient's goals in context of patient, clinic, and third-party resources • Uses scheduled time with each patient efficiently
Post-Entry-Level	• Uses limited resources creatively • Manages meeting time effectively • Takes initiative in covering for absent staff members • Develops programs and works on projects while maintaining case loads • Follows up on projects in a timely manner • Advances professional goals while maintaining expected workload

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.

Beginning	• Demonstrates active listening skills • Actively seeks feedback and help • Demonstrates a positive attitude toward feedback • Critiques own performance • Maintains two-way communication
Developing	• Assesses own performance accurately • Utilizes feedback when establishing pre-professional goals • Provides constructive and timely feedback when establishing pre-professional goals • Develops plan of action in response to feedback
Entry-Level	• Seeks feedback from clients • Reconciles differences with sensitivity • Modifies feedback given to clients according to their learning styles • Considers multiple approaches when responding to feedback
Post-Entry-Level	• Engages in non-judgmental, constructive problem-solving discussions • Acts as conduit for feedback between multiple resources • Utilizes feedback when establishing professional goals • Utilizes self-assessment for professional growth
PROBLEM SOLVING ***The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.***	
Beginning	• Recognizes problems • States problems clearly • Describes known solutions to problem • Identifies resources needed to develop solution • Begins to examine multiple solutions to problems
Developing	• Prioritizes problems • Identifies contributors to problem • Considers consequences of possible solutions • Consults with others to clarify problem
Entry-Level	• Implements solutions • Reassesses solutions • Evaluates outcomes • Updates solutions to problems based on current research • Accepts responsibility for implementation of solutions
Post-Entry-Level	• Weighs advantages • Participates in outcome studies
	• Contributes to formal quality assessment in work environment • Seeks solutions to community health-related problems
PROFESSIONALISM ***The ability to exhibit appropriate professional conduct and to represent the profession effectively.***	
Beginning	• Abides by APTA Code of Ethics • Demonstrates awareness of state licensure regulations • Abides by facility policies and procedures • Projects professional image • Attends professional meetings • Demonstrates honesty, compassion, courage and continuous regard for all
Developing	• Identifies appropriate professional role models • Discusses societal expectations of the profession

	• Acts on moral commitment • Involves other health care professionals in decision-making • Seeks informed consent from patients
Entry-Level	• Demonstrates accountability for professional decisions • Treats patients within scope of expertise • Discusses role of physical therapy in health care • Keeps patient as priority
Post-Entry-Level	• Actively promotes profession • Participates actively in professional organizations • Attends workshops • Acts in leadership role when needed • Supports research
RESPONSIBILITY ***The ability to fulfill commitments and to be accountable for actions and outcomes.***	
Beginning	• Demonstrates dependability • Demonstrates punctuality • Follows through on commitments • Recognizes own limits
Developing	• Accepts responsibility for actions and outcomes • Provides safe and secure environment for patients • Offers and accepts help • Completes projects without prompting
Entry-Level	• Delegates as needed • Directs patients to other health care professionals when needed • Encourages patient accountability
Post-Entry-Level	• Orients and instructs new employees/students • Promotes clinical education • Accepts role as team leader • Facilitates responsibility for program development and modification
CRITICICAL 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.***	
Beginning	• Raises relevant questions • Considers all available information • States the results of scientific literature • Recognizes “holes” in knowledge base • Articulates ideas
Developing	• Feels challenged to examine ideas • Critiques hypotheses and ideas • Formulates new ideas • Seeks alternative ideas • Formulates alternative hypotheses • Understands scientific method
Entry-Level	• Exhibits openness to contradictory ideas • Assesses issues raised by contradictory ideas • Justifies solutions selected • Determines effectiveness of applied solutions
Post-Entry-Level	• Distinguishes relevant from irrelevant

	• Distinguishes when to think intuitively vs. analytically • Demonstrates beginning intuitive thinking • Identifies complex patterns of associations • Recognizes own biases and suspends judgmental thinking • Challenges others to think critically
STRESS MANAGEMENT ***The ability to identify sources of stress and to develop effective coping behaviors.***	
Beginning	• Recognizes own stressors or problems • Recognizes distress or problems in others • Seeks assistance as needed • Maintains professional demeanor in all situations
Developing	• Maintains balance between professional and personal life • Demonstrates appropriate affective responses to situations • Accepts constructive feedback • Establishes outlets to cope with stressors.
Entry-Level	• Tolerates inconsistencies in health care environment • Prioritizes multiple commitments • Responds calmly to urgent situations
Post-Entry-Level	• Recognizes when problems are unsolvable • Assists others in recognizing stressors • Demonstrates preventative approach to stress management • Establishes support network for self and clients • Offers solutions to the reduction of stress within the work environment

APPENDIX C: PHYSICAL THERAPY COURSE DESCRIPTIONS

Year 1, Semester 1

DPHT 7400 Clinical Anatomy I

4 SCH. Clinical Anatomy I is the first in a series of two (2) courses. This course facilitates the study of human anatomical structures and their function, covering upper extremity, back/vertebral column, lower extremity, head and neck, and viscera. This course also facilitates understanding of anatomical mechanism to selected disease processes with emphasis on PT clinical practice. Learning strategies utilized include lectures and laboratory-based studies, prosected cadavers, anatomical models, and anatomy software. Assessments are conducted using computer-based written examinations and scantron-based lab practicals. Letter Grade

DPHT 7200 Clinical Anatomy II

2 SCH. This course is a continuation of Clinical Anatomy I and facilitates the study of neuroanatomical structures at the cellular and organ levels, their function, and their relationship to selected disease processes with emphasis on the application of this knowledge to clinical practice. Learning strategies utilized include lectures, team-based learning activities, laboratory-based studies, anatomical models, prosected cadavers. Topographical findings are correlated with the underlying structures. This course focuses on identification of neural structures and recognition of basic function of the structures in brain and spinal cord. Assessments are conducted using written examinations and lab practicals. Letter Grade

DPHT 7221 Evidence Based Practice I

2 SCH. Evidence Based Practice I is the first in a series of four to introduce the student with evidence-based practice concepts that integrate the best available research evidence with clinical expertise and patient's/client's unique values and circumstances. The course emphasizes methods to access professional literature databases, basic research design and statistics for better understanding, reviewing, analyzing, and critically evaluating the literature, which influence physical therapy practice. Letter Grade

DPHT 7305 Applied Anatomy and Kinesiology

3 SCH. The course consists of 45 contact hours. Applied Anatomy & Kinesiology is an integrated study of applied anatomy, kinesiology, and biomechanics as they relate specifically to the analysis of human movement. Emphasis is placed on observational skill as well as an integrated understanding of muscle function and resultant musculoskeletal movements. The course Human Anatomy with Lab is taken concurrently by Physical Therapy students, and is an integral part of the objectives this course needs to achieve. Letter Grade

DPHT 7301 Clinical Med I

3 SCH. This course will cover the basic normal physiology and pathophysiology that physical therapists encounter during their practice in the following areas: nerve, muscle, cardiovascular, respiration, renal, gastrointestinal, metabolism and temperature regulation, and endocrine systems. Letter Grade

DPHT 7307 Clinical Reasoning I

3 SCH. Clinical Reasoning I: Intro to Examination is the first course in a series of two (2) to cover differential diagnosis within the scope of physical therapy practice. Exploration of basic concepts of clinical decision making and problem solving are included. Models of clinical reasoning are identified. Additionally, the course

introduces the Guide terminology regarding disease, pathophysiology, impairments, functional limitation, disability, handicap and societal limitation. Using patient case scenarios and simulated patients, the course integrates clinical screening process of the physical examination including history taking, physiologic status, posture, flexibility, strength/motor performance and soft tissue assessment for musculoskeletal and neuromuscular conditions. Physical examination, as part of the lab component, will also include goniometric measurements, manual muscle testing, static posture assessment, and assessment of functional tasks. The WHO IFC is emphasized throughout the course delineating the consequences of disease and injury at the level of the person and of society. Letter Grade.

DPHT 7209 Foundations of Physical Therapy

2 SCH. Foundations of Physical Therapy course addresses the professional socialization process, professional values, and professionalism. An understanding of ethical and legal issues affecting the physical therapy profession is taught, with special regard to the patient's rights to confidentiality and dignity. Additionally, professional codes and guides of behavior are emphasized in relation to the delivery of competent, ethical, legal, and compassionate care. Other topics include verbal and nonverbal communication (active/effective listening, empathetic responding), professional communication, cultural competency, relationships with others (stress management, conflict resolution), and patients'/clients' emotional responses to illness and disability. Letter Grade

Year 1, Semester 2

DPHT 7202 Clinical Med II

2 SCH. Clinical Medicine II is the second in a series of two (2) to provide a foundation in understanding the medications used across the lifespan to treat a variety of diagnoses commonly seen in clinical practice. Emphasis will be on anti-inflammatory, muscle relaxants, musculoskeletal, neurological, cardiopulmonary, psychopharmacologic, and endocrine pharmacotherapy in relation to adverse clinical reactions. Additionally, this course introduces pharmacokinetic and pharmacodynamics principles, potential drug interactions seen in patients/clients receiving physical therapy and integrate these principles with common pathologies. Letter Grade

DPHT 7320 Integrated Control of Movement

3 SCH. The Integrated Control of Movement course introduces a framework that enables learners to incorporate current theory and research on motor control into clinical practice. The emphasis of this course is analyzing information from evidence-based research to understand movement patterns and implications for therapeutic interventions. Laboratory practice highlights tests and measures that characterize or quantify posture, gait, locomotion, balance, and the initiation, modification and control of movement patterns during motor learning. Mechanisms of neural plasticity and their impact on patient's/client's recovery of function and considerations for evidence-based intervention are applied to virtual case studies. Letter Grade

DPHT 7323 Applied Exercise Physiology

3 SCH. The Applied Exercise Physiology concentrates on physiological and biochemical responses occurring in various body systems with exercise and activity in healthy individuals and individuals with diseases/disorders. Neural, muscular, cardiovascular and pulmonary adaptations to regular exercise of various types are discussed. Factors that influence the response to exercise such as age, sex and environment are discussed. Principles of exercise testing and prescription are addressed for healthy individuals as well as patients in rehabilitation using exercise as a preventive and/or intervention tool. Letter Grade

DPHT 7324 Development and Geriatrics

3 SCH. Development and Geriatrics follows sequential human development from neonate through geriatric, as applied to physical, cognitive and psychosocial changes observed in physical therapy practice. Special emphasis is on physical therapy examination and evaluation of gross motor skills in children and older adults. Neuromusculoskeletal changes are analyzed to determine the rate of change and patterns of development. Theories of normal and pathological aging are discussed as well as integration of physical, psychosocial and social issues of aging in physical therapy practice. Stages of development are also related to patient's/client's teaching and learning strategies for parents of infants, toddlers, preschoolers, school-age children, adolescents, and respectively young, middle and old adults. Letter Grade

DPHT 7230 Therapeutic Exercise I

2 SCH. Therapeutic Exercise I consists of lecture, demonstration, and lab. This course is an introduction to discuss the application of neuromuscular control principles, anatomy, physiology, and biomechanics to the development of sound therapeutic exercise procedures. Throughout the course, emphasis will be placed on the interpretation of research literature as it pertains to therapeutic exercise prescription for individuals with movement dysfunction. The concepts of specificity of training and progression will be included in the course's four primary areas: mobility, muscle performance, balance, and posture. Letter Grade

DPHT 7225 Culture/Teaching & Learning

2 SCH. The course consists of 30 contact hours. This course examines cultural and psychosocial issues of various populations in health care with emphasis in physical therapy. Cultural and psychosocial variables are examined in relation to patient/client's beliefs, attitudes, traditions, disease/injury, ethnicity, socioeconomic status, and learning needs. Empathetic responding, patient-centered care approach, and utilization of teaching and learning strategies are included to enhance student's role as a patient/client educator. Letter Grade

DPHT 7232 Therapeutic Interventions I

2 SCH. Therapeutic Interventions I is an integrated student of theoretical basis for patient's/clients examination, evaluation, and intervention strategies used to alleviate movement dysfunction caused by a multitude of pathologies. Developing knowledge and skills in proper patient and therapist body mechanics, transfer techniques, bed mobility training, wheelchair design, patient positioning and draping and use of ambulatory assistive devices are emphasized. Additionally, the course will include development of a plan of care taking into consideration problem solving, clinical decision making, evidenced based practice and patient-centered care for a patient with movement dysfunction and/or pain. Letter Grade

Year 1, Semester 3

DPHT 7333 Evidence Based Practice II

3 SCH. Evidence Based Practice II is the second in a series of four to use patient case scenarios to answer clinical questions in regard to patient's/client's diagnosis, measurement, prognosis, intervention, comparison intervention, and outcomes using research designs, variables, measurement and validity. This course emphasis will be evaluating case scenarios to appraise the evidence and answer questions about diagnosis, measurement, and prognosis. Letter Grade

DPHT 7233 Therapeutic Interventions II

2 SCH. Therapeutic Interventions II consists of lecture, demonstration and lab. This course is an integrated study of theoretical basis for patient examination, evaluation and intervention strategies to alleviate movement dysfunction and pain caused by a multitude of pathologies. The focus of the course is to develop proper therapist knowledge and skills pertaining to the prescription, application and integration of thermal,

electromagnetic, mechanical therapeutic modalities, and massage into a comprehensive plan of care. Concepts related to the use of therapeutic modalities as related to wounds will also be discussed. Additionally, the course will include development of a plan of care taking into consideration problem-solving, clinical decision making, evidenced based practice and patient-centered care for a patient with movement dysfunction and/or pain. Letter Grade

DPHT 7133 Preliminary Clinical Practicum

1 SCH. The Preliminary Clinical Practicum consists of 80 contact hours over 2 weeks. Preliminary Clinical Practicum consists of two weeks of supervised full-time clinical practice in the first year of the Summer semester and is the first of five (5) clinical experiences. The course will acquaint the students to various clinical environments. This clinical course emphasizes observation and reflection of characteristics of professional practice as demonstrated by health care providers in clinical practice, as well as a chance to practice basic skills. Pass/No Pass

DPHT 7256 Health Promotion

2 SCH. The Health Promotion course consists of 30 contact hours over 6 weeks. Health Promotion emphasizes discussion and application of elements of health and wellness during the process of examination, evaluation and intervention. Elements of physical activity, nutrition, medical/complimentary strategies, behaviors/risk factors modification are included. The national strategy for improving American health is discussed in context of expanding physical therapists' role in health promotion through teaching and learning strategies to help patients/clients redesign their lifestyles. Letter Grade

Year 2, Semester 4

DPHT 7340 Cardiovascular- Pulmonary Physical Therapy

3 SCH. This course is an integrated study of the examination, evaluation, and management of patients/clients with cardiovascular and/or pulmonary diseases/dysfunctions. Emphasis is placed on the integration of results from diagnostic tests and measures with physical findings for the development of plan of care and implementation of appropriate interventions. Letter Grade

DPHT 7441 Musculoskeletal Physical Therapy I

4 SCH. Musculoskeletal Physical Therapy I is the first in a series of two (2) courses to discuss the musculoskeletal dysfunction philosophy of examination and evaluation as related primarily to musculoskeletal problems of the upper quarter. This course describes principles of examination, evaluation, diagnosis for patients with musculoskeletal impairments, functional limitations, and disabilities involving the spine and extremities. Specific emphasis is placed on utilizing information obtained from the examination to develop a comprehensive intervention plan to address impairments identified from the exam including implementation of a therapeutic exercise program for specific patient problems, including post-surgical rehabilitation. Examination strategies are presented via lecture, demonstration, and lab practice format. Letter Grade

DPHT 7442 Neuromuscular Physical Therapy I

4 SCH. This course is offered during the fall semester of the second year of the Doctorate in Physical Therapy curriculum. This course is the first in a series of two (2) to focus on examination, evaluation and interventions of a patient/client with neurologic, neuromuscular and developmental dysfunctions. These include, but are not limited, to Cerebrovascular Accidents (Stroke), Parkinson's Disease, Multiple Sclerosis, Traumatic Brain Injury,

Amyotrophic Lateral Sclerosis, Cerebellar Disorders and Ataxia, Peripheral Neuropathies, Post-Polio Syndrome, and Multiple Sclerosis.

Students will be expected to recall and apply information from previous course work in a clinically relevant manner. Presentation of course material will reinforce earlier course work in neuroanatomy, neurophysiology and neuromuscular pathology, and will take place in both the classroom and the laboratory settings. The instructional approach of the course will include didactic lecture and case study presentations with an emphasis on problem-oriented learning in an effort to encourage active student participation and clinical decision making. Laboratory sessions will emphasize the development of specific psychomotor skills necessary for the successful assessment and treatment of the adult neurological client.

Course content has been designed to provide the student with a basic understanding of the pathophysiology and physical therapy management related to neuromuscular disorders. Emphasis is placed on the mechanism of injury, survey of epidemiology and etiology, symptomatology, pathology, and acute management and prognosis of specific neuromuscular disorders. The course content has been designed to provide the student with an understanding of theoretical treatment models based on normal sensorimotor development, neurophysiology, and motor control as a basis for clinical decision making. Treatment approaches to be discussed include Neurodevelopmental Treatment (NDT), Proprioceptive Neuromuscular Facilitation (PNF), and Motor Relearning Program (MRP). Integration of treatment approaches will be emphasized. Upon completion of the course, students will be expected to synthesize course content in such a way as to demonstrate competency in the professional behaviors necessary for becoming an effective physical therapist. Letter Grade

DPHT 7343 Clinical Reasoning II

3 SCH. Clinical reasoning II: Advanced Examination & Evaluation includes lecture, small group discussions and case presentations. This course is the second in a series of two (2) to covers differential diagnosis within the scope of physical therapy practice. Further exploration of the physical therapy examination, evaluation, and management process is included. Using patient case scenarios, students will further refine ability to recognize histories, risk factors, and signs and symptoms of conditions that may indicate need for referral. This course is designed to advance differential diagnostic skills for evaluating individuals with diagnoses that fall both within and outside the scope of physical therapy. The course emphasizes evidence-based practice guidelines for physical therapy examination and presents disablement using terminology consistent with the World Health Organization's International Classification of Functioning, Disability, and Health (ICF). This course not only reviews examination in orthopedic, neurological, pediatric, cardiopulmonary, and integumentary realms of physical therapy but is particularly designed to advance each student's diagnostic skills in his or her own respective area of clinical practice. Letter Grade

DPHT 7345 Clinical Practicum I

3 SCH. The Clinical Practicum I consists of 240 contact hours over 6 weeks. Clinical Practicum I consists of six (6) weeks of full time clinical practice in a clinical environment. This course is the second in a series of five (5) supervised full-time clinical experiences. This clinical course emphasizes application of physical therapy knowledge, skills, and behaviors appropriate to patient and practice management. Pass/No Pass

Year 2, Semester 5

DPHT 7150 Therapeutic Exercise II

1 SCH. Therapeutic Exercise II is the second in a series of two (2) to discuss the integration of therapeutic exercise/interventions prescription with evidence-based practice and outcome selection. Management guidelines based on pathophysiology and patient's/client's impairments are emphasized for acute, subacute

and chronic medical conditions. Application of therapeutic exercises using these guidelines is applied to body systems/structures for various medical conditions. Letter Grade

DPHT 7451 Musculoskeletal Physical Therapy II

4 SCH. Musculoskeletal Physical Therapy II is the second in a series of two (2) courses to discuss the musculoskeletal dysfunction philosophy of examination, evaluation, and intervention planning as related primarily to musculoskeletal problems of the lower quarter. This course describes principles of examination, evaluation, diagnosis for patients with musculoskeletal impairments, functional limitations, and disabilities involving the spine and extremities. Specific emphasis is placed on utilizing information obtained from the examination to develop a comprehensive intervention plan to address impairments identified from the exam including implementation of a therapeutic exercise program for specific patient problems, including post-surgical rehabilitation. Examination strategies are presented via lecture, demonstration, and lab practice format. Letter Grade

DPHT 7452 Neuromuscular Physical Therapy II

4 SCH. This is the second in a series of two (2) to focus on examination, evaluation and interventions of adult and children with neurologic, neuromuscular and developmental dysfunctions. The instructional approach of the course will include didactic lecture and case study presentations with an emphasis on problem-oriented learning in an effort to encourage active student participation and clinical decision making. Laboratory sessions will emphasize the development of specific psychomotor skills necessary for the successful assessment and treatment of the children and adult neurological client. Dysfunctions include, but are not limited, to cerebral palsy, spina bifida, muscular dystrophy, and developmental coordination disorders. Letter Grade

DPHT 7254 Advanced Clinical Diagnostic Testing & Imaging

2 SCH. Advanced Clinical Diagnostics and Imaging consists of thirty (30) contact hours per semester. Lectures and self-study assignments discuss the basic principles, purpose and process of imaging analysis applied to patient/client management in physical therapy practice. Basic interpretation methods of assessing radiographic imaging and application of findings to physical therapy examination, evaluation, diagnosis, prognosis and interventions are included. Additionally, the ability to demonstrate clinical judgment and recognize diagnostic imaging findings that trigger a medical referral is emphasized. Letter Grade

DPHT 7244 Evidence Based Practice III

2 SCH. EBP III is a 2-credit hour course in a series of four of EBP series. This course uses patient case scenarios to answer clinical questions in regard to patient diagnosis, evaluation, intervention, prognosis, and outcome assessment by applying statistic methods, procedure of evidence-based practice, and fundamental knowledge of physical therapy. The course emphasis will be evaluating case scenarios to appraise the evidence and answer questions about interventions, comparison interventions and outcomes. The course will be taught in methods of lectures, exams, group discussion, presentations, and library search to enhancing students' skills of analyzing, clinical reasoning and decision-making of patient case scenarios. Letter Grade

DPHT 7141 Integumentary Physical Therapy

1 SCH. This course is an integrated study of the examination, differential diagnosis, and management of patients/clients with pathologies, activity limitations, and/or participation restrictions associated with the integumentary and vascular systems. Letter Grade

Year 2, Semester 6

DPHT 7270 Practice Management & Leadership in Physical Therapy

2 SCH. This course discusses principles of leadership and management for physical therapy practice, including ethical behaviors and beliefs; change management; motivating; coaching and mentoring; lifelong learning; business and strategic planning; financial management; personnel recruitment and retention; liability issues and risk management; effective marketing and consulting skills. Letter Grade

DPHT 7271 Prosthetics, Orthotics & Advanced Gait

2 SCH. Prosthetics, Orthotics, & Advanced Gait discusses pathological gait of patients/clients with neuromuscular, musculoskeletal and/or integumentary impairments/functional limitations using prosthetic and orthotic devices. The course emphasizes types of orthotic and prosthetic devices, assessments, reassessment and corrections of gait deviations using therapeutic interventions geared toward functional interventions, patient/family education, exercises, and balance and coordination techniques. Letter Grade

DPHT 7372 Evidence Based Practice IV

3 SCH. EBP IV continues the focus of DPHT 7244 EBP III from the selection of a clinical case and review of pertinent literature to the culmination of writing a case report. Individuals who are working with specific faculty research projects will finalize their writing and/or presentation requirements with their individual mentors. In addition, to lecture, discussion, classroom time will be spent evaluating case scenarios to appraise the evidence and answering questions about examination and interventions, outcomes, clinical practice guidelines and systematic reviews. Clinical reasoning and critical thinking are refined and supported through team-based learning. Letter Grade

DPHT 7155 Rural & Underserved Populations

1 SCH. The Rural and Underserved Populations course is a one credit course which consists of 15 contact hours over five weeks. Issues in Rural Health provides physical therapy students an understanding of major issues in the rural health care system and the environment in which the physical therapists as rural health clinicians must function. This course will provide an understanding of the demographics, economics, and structure of the healthcare delivery system in rural America with a concentration on the diverse population in Texas regions. Additionally, current Federal and state health policy will be examined with special attention on reports from the Center for Rural Affairs and reform legislation addressed by the U.S. Congress and the White House. Letter Grade

DPHT 7153 Comprehensive Exams

1 SCH. This course integrates all previous didactic course work and cumulates with a simulated complex patient case and a practice physical therapy licensure written examination. Pass/No Pass

Year 3, Semester 7

DPHT 7460 Clinical Practicum II

4 SCH. The Clinical Practicum II consists of 320 contact hours over 8 weeks. Clinical Practicum II consists of eight (8) weeks of full time supervised clinical practice and is the third in a series of five (5) clinical experiences. This clinical course emphasizes application and analysis of physical therapy knowledge, skills and behaviors appropriate to patient and practice management. Pass/No Pass

DPHT 7473 Clinical Practicum III

4 SCH. The Clinical Practicum III consists of 320 contact hours over 8 weeks. Clinical Practicum III consists of eight (8) weeks of full time supervised clinical practice and is the fourth in a series of five (5) clinical experiences. This clinical course continues the focus of DPHT 7560 through application and further analysis of physical therapy knowledge, skills and behaviors appropriate to patient and practice management. Pass/No Pass

Year 3, Semester 8

DPHT 7680 Specialized Internship

6 SCH. The Specialized Internship consists of 480 contact hours over 12 weeks. Specialized Internship consists of twelve (12) weeks of full time supervised clinical practice in the students' selected area(s) of physical therapy practice which refines the critical thinking and clinical decision-making processes as well as integration of evidence-based practice to guide autonomous practice and professional development. Pass/No Pass

DPHT 7192 Capstone

1 SCH. The CAPSTONE course is a culminating and integrative experience that will prepare the student to enter the profession upon graduation. The course will discuss professional issues and career development. The student will be engaged in activities to prepare for the licensing examination, including a licensing examination review seminar provided by the professionals in the field of physical therapy educational resources. The course will provide the most comprehensive resources and tools for students to develop an efficient and effective study plan, assess their individual strengths and weaknesses, and increase their critical reasoning skills to pass the National Physical Therapy Examination. This course includes program assessment and student preparedness to enter the profession. Pass/No Pass.

Appendix D: Clinical Education Syllabi

DPHT 7133 – PRELIMINARY CLINICAL PRACTICUM
COURSE SYLLABUS
Fall 2020: October 26 – November 6

COURSE INSTRUCTOR:

Director of Clinical Education
Brandy Schwarz, PT, DPT, EdD, OT, MBA

Office location:	MET - 539
Office hours:	by appointment
Telephone:	817-735-2977
E-mail:	brandy.schwarz@unthsc.edu

Ana Rodriquez
Clinical Coordinator

Telephone:	817-735-0146
E-mail:	ana.rodriquez@unthsc.edu

COURSE PREREQUISITES:
Prerequisites for this course include all preceding coursework in the curriculum. Any exceptions require approval from the Physical Therapy Department Faculty and Chair.

COURSE DESCRIPTION:
The Preliminary Clinical Practicum consists of 80 contact hours over 2 weeks. Preliminary Clinical Practicum consists of two weeks of supervised full-time clinical practice in the first year of the summer semester and is the first in a series of five (5) clinical experiences. The course will acquaint the students to various clinical environments. This clinical course emphasizes observation and reflection of characteristics of professional practice as demonstrated by health care providers in clinical practice, as well as a chance to practice basic skills.

GENERAL EXPECTATIONS:
This course is part of a professional graduate-level curriculum and, as such, has graduate-level expectations for attendance, participation, dress, and satisfactory completion on ALL assignments and evaluations. Out-of-class reading, study and written assignments are expected. Additionally, students are also expected to check their email daily and follow the guidelines outlined in the DPT Program's Student Handbook.

CREDIT HOURS: 1

CONTACT HOURS: 80

CLASS WEBSITE-CANVAS:
https://unthsc.instructure.com/

COURSE OBJECTIVES:

- Demonstrate adherence to the APTA's Code of Ethics, Professional Behaviors, Core Values, the Guide for Professional Conduct, and legal standards and institutional regulations.
- Participate in self-assessment of weaknesses and strengths with incorporation of feedback from clinical instructor as related to the role of physical therapist, professionalism and professional duty.
- Practice in a safe manner that minimizes risk to patient/client, self and others, and respond effectively to patient/client and environmental emergencies in the practice setting.
- Identify and use appropriate verbal and nonverbal communication to effectively interact with professional colleagues and patients.
- Recognizes need for varied delivery of physical therapy services in consideration for patients' differences, values, culture, preferences, and needs.
- Recognize the need for use of current knowledge, theory, clinical judgment, and the patient's values and perspectives in patient management.
- Perform full history and systems review on patients with simple diagnoses.
- Participate in evaluation of data from the patient/client's examination
- Produce basic documentation to support the delivery of physical therapy services.

At this level, the student requires clinical supervision between 80%-100% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.
At this level, the student demonstrates consistency in developing proficiency with simple tasks. The student is unable to perform skilled examinations, complex interventions and clinical reasoning skills. The student is expected to be able to:

- Review patient/client's medical record
- Take a patient history
- Perform simple interventions
- Perform goniometric measurements
- Perform manual muscle testing

REQUIRED READINGS:

- Per your clinical instructor
- Clinical Education Handbook

RECOMMENDED READINGS:

Per your clinical instructor

ACADEMIC PERFORMANCE EXPECTATIONS:

- Students are required to report to clinic fully.
- Assignments must be turned in electronically via CANVAS in the appropriate format.
- Students are expected to complete all assignments by their assigned due date. Any assignment turned in after the due date will require additional assignments to be completed in order to get credit for the original assignment. **Late offenses will be cumulative over the entire duration of the curriculum**.
    - 1st offense: The student will be required to write a 2-page paper detailing the relationship between late assignments and the Professional Behaviors and Core Values

- 2nd offense: The student will be required to write a 5-page paper detailing discussing the relationship between behaviors as a student and how those behaviors translate to behaviors and actions in professional practice. The paper will need to have at least 3 peer-reviewed articles referenced.
- 3rd offense: Failure of clinical rotation.

ATTENDANCE EXPECTATIONS:

Students are expected to follow the schedule of their clinical instructor(s) during clinical experiences. Course directors, instructors and the School of Health Professions administration expect students to be regular and punctual in attendance. Absence from the clinic is not permitted without consultation with both the DCE and clinical instructor. Weddings, family reunions, vacations, etc. are NOT considered excused absences. Should a student need to miss clinic for any reason, it is expected that he/she inform the clinical instructor – by phone, email or in person – prior to the scheduled arrival time (only emergency situations will be exempt from this expectation). After contacting the CI, the DCE must be notified, and the DPT Student Clinical Education Absence Form will need to be completed and signed by the CI upon the students return to the clinic. Missed days are expected to be made up.

PROFESSIONAL BEHAVIOR EXPECTATIONS:

- Students are expected to show respect for the clinical instructor, other practitioners, patients, and each other.
- Students shall dress appropriately to represent the school in a professional manner. Business casual dress code is expected unless the particular clinic dress code dictates otherwise.
- Students are expected to review HSC Live Email and CANVAS daily for course and Department of Physical Therapy correspondences.
- Cell Phones: Students are expected to silence their cell phones to avoid disruption. Inappropriate phone use could result in dismissal from the clinic.
- Laptop Computers: Laptops may be used if needed. Inappropriate laptop use could result in dismissal from clinic.

ASSESSMENT AND GRADING POLICY:

http://catalog.unthsc.edu/content.php?catoid=10&navoid=1260

At the completion of this course, the student will receive a grade of either **Satisfactory/Pass or Unsatisfactory/Fail**

A grade of Satisfactory/Pass requires the following:

- Appropriate clinical performance
- Satisfactory completion of all assignments
- Timely return of all required documents

A grade of Unsatisfactory/Fail may be given for any of the following:

- Violation of patients' rights.
- Violation of the rights others.
- Violation of the APTA Code of Ethics.
- Unprofessional behavior.
- Unsafe practice.

- Substance abuse that affects performance.
- Failure to complete any of the requirements listed in the previous section.

A grade of unsatisfactory will require the student to repeat the clinical and/or complete remedial clinical experiences agreed upon by the academic program and the clinical facility.

ACADEMIC ASSISTANCE:

The Course Directors, Instructors and Academic Advisors are available for email, telephonic and personal interactions with students. Students are encouraged to make appointments when they are experiencing difficulty with completing course requirements.

In addition, academic assistance is available through the HSC Center for Academic Performance (CAP). CAP provides academic counseling, learning and study strategy assessments, writing support, tutoring, and workshops on time management, test-taking skills, paper formatting, learning styles and strengths-based learning. All services are available to the School of Health Professions students at no charge. To schedule an appointment with CAP, call (817) 735-2531 or visit https://www.unthsc.edu/center-for-academic-performance/

ACADEMIC INTEGRITY PROGRAM:

The School of Health Professions supports an environment that promotes professional and ethical behavior while achieving academic growth and individual self-discipline. Each student within the School of Health Professions, upon matriculation, shall have signed an Academic Integrity Agreement that articulates the following:

- It is understood that it is the student's responsibility to become familiar with all policies related to academic ethics and professional integrity within the School of Health Professions and the University of North Texas Health Science Center at Fort Worth,
- It is understood that it is the student's responsibility as a part of his/her professional maturation to adhere to the Student Code of Conduct and Discipline and other policies related to ethical behavior, and
- The student promised to conduct himself/herself in a professional and ethical manner during all academic pursuits within the School of Health Professions at the University of North Texas Health Science Center at Fort Worth.

Therefore, enrollment is considered implicit acceptance of the rules, regulations, and guidelines governing student behavior at the University of North Texas Health Science Center at Fort Worth.

School of Health Professions faculty members are expected to report any infractions of these rules and regulations governing student behavior to the University of North Texas Health Science Center at Fort Worth's Division of Student Affairs. These infractions consist of actions of dishonesty, including but not limited to, plagiarism, cheating, and theft. Possible sanctions for a violation of academic integrity include, but are not limited to, disciplinary probation, suspension, and dismissal from the university.

The Student Code of Conduct and Discipline is posted at the following website:
https://www.unthsc.edu/care-and-civility/office-of-care-and-civility-test/student-conduct/

AMERICANS WITH DISABILITIES ACT:

The University of North Texas Health Science Center at Fort Worth does not discriminate on the basis of an individual's disability and complies with Section 504 and Public Law 101-336 (American with Disabilities Act) in its admissions, accessibility, treatment and employment of individuals in its programs and activities.

The University of North Texas Health Science Center at Fort Worth provides academic adjustments and auxiliary aids to individuals with disabilities, as defined under the law, who are otherwise qualified to meet the

institution's academic and employment requirements. For assistance, contact the Assistant Director, Disability Accommodations within the Center for Academic Performance at the Health Science Center. Brandie Wiley, 817-735-2134, Brandie.Wiley@unthsc.edu. Reference Policy 7.105 American with Disabilities Act Protocol in the Student Policies.

COURSE SCHEDULE

Week	Date: Week of	Course Session Topic	Notes
1	October 26	Full time clinical rotation	Due: Early Student Assessment of Clinical Education Experience Due: Journal, week 1
2	November 2	Full time clinical rotation	All remaining assignments are due by 11:59pm on November 8th

Description of teaching methods and learning experiences:
Clinical practice, demonstrations, visual aids, Internet research, independent study, written papers.

Required Assignments:

All assignments must be turned in by **dates indicated on CANVAS**. Late assignments may require additional assignments to be completed in order to obtain a passing grade. See Academic Performance Expectations above. Assignments must be submitted electronically via Canvas. Attachments must be named in the following format: Last Name – Course Name – Assignment Name. (Example: Schwarz – PCP – Core Values Development). Each assignment must be in a separate attachment, and all pages of a particular assignment should be in one attachment. Multi-page documents submitted in multiple attachments will not be accepted. Assignments not attached in the appropriate format will not be accepted and will be considered late if not submitted in the proper format prior to the deadline.

1. **Core Values Development**

You will present a professional development plan considering the APTA's Core Values. There are 7 core values with 75 sample indicators. Specific examples will be needed to pinpoint each student values and relate them to his/her goals in practice, education, and/or research.

This assignment has 5 parts. The first two items will be completed prior to your clinical rotation, and the last three items will be turned in at the completion of your clinical rotation:

- For each of the core values, describe how you have demonstrated evidence of these values during or prior to your physical therapy education thus far.
- For each of the core values, create two goals related to the sample indicators. These goals should correlate with areas in which you believe you have room to grow. The goals should be achievable within the timespan of your Preliminary Clinical Practicum.
- Upon completion of your Preliminary Clinical Practicum, discuss each of your goals. Did you meet or make progress towards your goal? If yes, describe the behaviors and actions demonstrate evidence of the core value. If no, what challenges did you encounter? Would you alter the goal in any way based on the experience you had in the PCP?
- Describe how you saw (or did not see) your CI demonstrate each core value in their daily practice.

This assignment will be graded on Pass/Fail basis. Students need to complete this assignment to be able to

continue in the program. Completed assignments will receive a passing score in this course. Incomplete assignments will receive a failing grade in this course. The DCE may ask the student to make revisions in order to improve the assignment to a quality that would be considered passing.

2. **Reflective Journal**

Purpose: Reflection is the most powerful mechanism available to us for personal and professional growth. Reflection is necessary for developing self-assessment and self-directed learning, and also plays a major role in developing critical thinking skills. Your journal should be reflective in nature and not merely a narrative of what you did each day.

Instructions:

- Entries should be DAILY for this clinical rotation.
- Select a specific event that merits reflection. Perhaps it is a task that you struggled with or perhaps it is a task that made you feel uncomfortable.
- Record your reflections in a journal purchased solely for this purpose.
- Begin the *reflective process* by describing what you did along with how you "felt" while you were doing it.
- What have you learned about your abilities based on this reflection?
- Can you generalize about your strengths and weaknesses based on your reflection?
- Are you progressing according to everyone's expectations? Is it time to call the program for some guidance?
- Other suggestions to stimulate your journaling thoughts:
    - Challenge yourself to record a "lesson of the day" – find one valuable insight you wish to think about and remember.
    - Start a "if I could change one thing I did today … " section and watch your progress over time.
    - Start a "one thing I did exceptionally well today…" section so that you recognize your strengths.
    - Having difficulty finding the right words to communicate an important message to your CI? Write it out first and then rehearse it out loud.
    - Draw pictures, paste clippings or insert articles that relate to your learning or clinical education experiences.
    - Record funniest moments and find the humor around you to help decrease your stress.
    - Based on your observations of your clinical learning environments, create a list of criteria you wish to look for when interviewing for your first position.

3. **Professional Behaviors Assessment**

A Professional Behaviors assessment will be filled out by both the student and Clinical Instructor at the end of the two-week clinical experience. Student and CI are to review the assessment and comments together. Signatures should be present on both documents.

Both the self-assessment and CI assessment must be submitted to CANVAS

4. **Early Student Assessment of Clinical Education Experience**

This form must be completed and submitted to CANVAS.

DPHT 7345 – CLINICAL PRACTICUM I
COURSE SYLLABUS
FALL 2020: NOVEMBER 9 – DECEMBER 18, 2020

COURSE INSTRUCTOR:

Director of Clinical Education
Brandy Schwarz, PT, EdD, DPT, OT, MBA

Office location: MET - 539

Office hours: by appointment

Telephone: 817-735-2977

E-mail: brandy.schwarz@unthsc.edu

Ana Rodriquez
Clinical Coordinator

Telephone: 817-735-0146

E-mail: ana.rodriquez@unthsc.edu

COURSE PREREQUISITES:
Prerequisites for this course include all preceding coursework in the curriculum. Any exceptions require approval from the Physical Therapy Department Faculty, DCE, and Chair.

COURSE DESCRIPTION:
The Clinical Practicum I consists of 240 contact hours over 6 weeks. Clinical Practicum I consists of six (6) weeks of full time clinical practice in a clinical environment. This course is the second in a series of five (5) supervised full-time clinical experiences. This clinical course emphasizes application of physical therapy knowledge, skills and behaviors appropriate to patient and practice management.

GENERAL EXPECTATIONS:
This course is part of a professional graduate-level curriculum and, as such, has graduate-level expectations for attendance, participation, dress, and satisfactory completion on ALL assignments and evaluations. Out-of-class reading, study and written assignments are expected. Additionally, students are also expected to check their email daily and follow the guidelines outlined in the DPT Program's Student Handbook.

CREDIT HOURS: 3

CONTACT HOURS: 240

CLASS WEBSITE - CANVAS

COURSE OBJECTIVES:

1. Demonstrate adherence to the APTA's Code of Ethics, Professional Behaviors, Core Values, the Guide for Professional Conduct, and legal standards and institutional regulations.

2. Participate in self-assessment of weaknesses and strengths with incorporation of feedback from clinical instructor as related to the role of physical therapist, professionalism and professional duty.
3. Participate in organizations working toward enhancing the health and wellness of the public.
4. Promotes patient involvement in his/her care.
5. Practice in a safe manner that minimizes risk to patient/client, self and others, and respond effectively to patient/client and environmental emergencies in the practice setting.
6. Utilize appropriate verbal and nonverbal communication to effectively interact with patients, families, communities, and other healthcare professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and treatment of disease.
7. Recognizes need for varied delivery of physical therapy services in consideration for patients' differences, values, culture, preferences, and needs.
8. Utilize current knowledge, theory, clinical judgment, and the patient's values and perspectives in patient management.
9. Select and perform appropriate tests and measures for screening and examination of patients/clients with a variety of diagnoses.
10. Perform full history and systems review on a variety of patients.
11. Participate in evaluation of data from the patient/client's examination to make clinical judgments in order to
    a. Determine a diagnosis and prognosis that guides future patient management.
    b. Determine the patient's need for further reexamination or referral to another health care professional.
    c. Establish a basic, safe, and effective plan of care in collaboration with the patient.
    d. Participate in patient/client reexamination, and modification of POC
    e. Select short and long term patient/client functional goals.
    f. Perform treatment interventions in a safe and effective manner.
12. Outline an appropriate home program for patient/client/family and/or caregiver.
13. Produce quality documentation in a timely manner to support the delivery and reimbursement of physical therapy services.
14. Interpret data from selected outcome measures in a manner that supports accurate analysis of individual patient/client and group outcomes.
15. Participate in case management process and collaboration with other healthcare professionals as needed.

REQUIRED READINGS:

- PT MACS
- Clinical Education Handbook
- Additional Readings per clinical instructor
- Additional Readings as posted in CANVAS

RECOMMENDED READINGS: per your clinical instructor

ACADEMIC PERFORMANCE EXPECTATIONS:

- Students are expected and required to report to clinic fully
- Assignments must be turned in electronically via CANVAS in the appropriate format.
- Students are expected to complete all assignments by their assigned due date. Any assignment turned in after the due date will require additional assignments to be completed in order to get credit for the original assignment. **Late offenses will be cumulative over the entire duration of the curriculum**.

- 1st offense: The student will be required to write a 2 page paper detailing the relationship between late assignments and the Generic Abilities and Core Values
- 2nd offense: The student will be required to write a 5-page paper detailing discussing the relationship between behaviors as a student and how those behaviors translate to behaviors and actions in professional practice. The paper will need to have at least 3 peer-reviewed articles referenced.
- 3rd offense: Failure of clinical rotation

ATTENDANCE EXPECTATIONS:

Students are expected to follow the schedule of their clinical instructor(s) during clinical experiences. Course directors, instructors and the School of Health Professions administration expect students to be regular and punctual in attendance. Absence from the clinic is not allowed without consultation with both the DCE and clinical instructor. Should a student need to miss clinic for any reason, it is expected that he/she inform the clinical instructor – by phone, email or in person – prior to the scheduled arrival time (only emergency situations will be exempt from this expectation). After contacting the CI, the DCE must be notified, and the DPT Student Clinical Education Absence Form will need to be completed upon the students return to the clinic.

PROFESSIONAL BEHAVIOR EXPECTATIONS:

- Students are expected to show respect for the clinical instructor, other practitioners, patients, and each other.
- Students shall dress appropriately to represent the school in a professional manner. Business casual dress code is particularly expected unless the particular clinic dress code dictates otherwise.
- Students are expected to review HSC Live Email and Canvas daily for course and Department of Physical Therapy correspondences.
- Cell Phones: Students are expected to silence their cell phones to avoid disruption. Inappropriate phone use could result in dismissal from the clinic.
- Laptop Computers: Laptops may be used if needed. Inappropriate laptop use could result in dismissal from clinic.

ASSESSMENT AND GRADING POLICY:

http://catalog.unthsc.edu/content.php?catoid=10&navoid=1260

At the completion of this course, the student will receive a grade of either **Satisfactory/Pass or Unsatisfactory/Fail**

A grade of Satisfactory/Pass requires the following:

1. Satisfactory completion of all assignments
2. Timely return of all required documents

A grade of Unsatisfactory/Fail may be given for any of the following:

1. Violation of patients' rights.
2. Violation of the rights others.
3. Violation of the APTA Code of Ethics.
4. Unprofessional behavior.

5. Unsafe practice.
6. Substance abuse that affects performance.
7. Failure to complete any of the requirements listed in the previous section.

A grade of unsatisfactory will require the student to repeat the clinical and/or complete remedial clinical experiences agreed upon by the academic program and the clinical facility.

ACADEMIC ASSISTANCE:

The Course Directors, Instructors and Academic Advisors are available for email, telephonic and personal interactions with students. Students are encouraged to make appointments when they are experiencing difficulty with completing course requirements.

In addition, academic assistance is available through the HSC Center for Academic Performance (CAP). CAP provides academic counseling, learning and study strategy assessments, writing support, tutoring, and workshops on time management, test-taking skills, paper formatting, learning styles and strengths-based learning. All services are available to the School of Health Professions students at no charge. To schedule an appointment with CAP, call (817) 735-2531 or visit https://www.unthsc.edu/center-for-academic-performance/.

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- It is understood that it is the student's responsibility to become familiar with all policies related to academic ethics and professional integrity within the School of Health Professions and the University of North Texas Health Science Center at Fort Worth,
- It is understood that it is the student's responsibility as a part of his/her professional maturation to adhere to the Student Code of Conduct and Discipline and other policies related to ethical behavior, and
- The student promised to conduct himself/herself in a professional and ethical manner during all academic pursuits within the School of Health Professions at the University of North Texas Health Science Center at Fort Worth.

Therefore, enrollment is considered implicit acceptance of the rules, regulations, and guidelines governing student behavior at the University of North Texas Health Science Center at Fort Worth.

School of Health Professions faculty members are expected to report any infractions of these rules and regulations governing student behavior to the University of North Texas Health Science Center at Fort Worth's Division of Student Affairs. These infractions consist of actions of dishonesty, including but not limited to, plagiarism, cheating, and theft. Possible sanctions for a violation of academic integrity include, but are not limited to, disciplinary probation, suspension, and dismissal from the university.

The Student Code of Conduct and Discipline is posted at the following website:
https://www.unthsc.edu/care-and-civility/office-of-care-and-civility-test/student-conduct/

AMERICANS WITH DISABILITIES ACT:

The University of North Texas Health Science Center at Fort Worth does not discriminate on the basis of an individual's disability and complies with Section 504 and Public Law 101-336 (American with Disabilities Act) in its admissions, accessibility, treatment and employment of individuals in its programs and activities.

The University of North Texas Health Science Center at Fort Worth provides academic adjustments and auxiliary aids to individuals with disabilities, as defined under the law, who are otherwise qualified to meet the institution's academic and employment requirements. For assistance contact the Assistant Director, Disability Accommodations within the Center for Academic Performance at the Health Science Center. Brandie Wiley, 817-735-2134, Brandie.Wiley@unthsc.edu. Reference Policy 7.105 American with Disabilities Act Protocol in the Student Policies.

COURSE SCHEDULE

Week	Date: Week of	Course Session Topic	Notes
1	November 9	Full time clinical experience	Midterm Visit Planning Form Due November 9 by 11:59pm
2	November 16	Full time clinical experience	
3	November 23	Full time clinical experience	Due dates via CANVAS: • 5-page progress note from PT MACS • Part 2 Midterm APTA Student Evaluation of CI with signature of CI at the bottom.
4	November 30	Full time clinical experience	
5	December 7	Full time clinical experience	
6	December 14	Full time clinical experience	Due Dates via CANVAS • 5-page progress note from PT MACS • Clinical Experience Planning Form for Weeks 1-6 • Part 1 and 2 of APTA PT student Evaluation • Journal • In-service evaluation form signed by CI and a copy of your presentation/project

Description of teaching methods and learning experiences:
Clinical practice, demonstrations, visual aids, Internet research, independent study, written papers

Required Assignments:

All assignments must be turned in by **dates indicated on Canvas.** Late assignments may require additional assignments to be completed in order to obtain a passing grade. Attachments must be submitted electronically and named in the following format: Last Name – Course Name – Assignment Name. (Example: Schwarz –CPI – Reflective Journal). Each assignment must be in a separate attachment and be in PDF or word format. Assignments with multiple pages should be attached as one attachment, not as individual pages. Assignments not attached in the appropriate format will not be accepted.

1. **Midterm Visit Planning Form**
   The midterm visit planning form is designed to help facilitate the scheduling of a midterm visit with the DCE (or other faculty member), clinical instructor, and student.

2. **Reflective Journal**

   Purpose: Reflection is the most powerful mechanism available to us for personal and professional growth. Reflection is necessary for developing self-assessment and self-directed learning, and also plays a major role in developing critical thinking skills.

   Instructions: Entries should be ONCE A WEEK for this clinical rotation.

   - Select a specific event that merits reflection. Perhaps it is a task that you struggled with or perhaps it is a task that made you feel uncomfortable.
   - Reflections can be recorded in a physical journal or typed into a document on the computer.
   - Begin the *reflective process* by describing what you did along with how you "felt" while you were doing it.
   - What have you learned about your abilities based on this reflection?
   - Can you generalize about your strengths and weaknesses based on your reflection?
   - Where are you on your educational journey as compared to your Preliminary Clinical Practicum?
   - Are you progressing according to everyone's expectations? Is it time to call the program for some guidance?
   - Other suggestions to stimulate your journaling thoughts:
     - Start a "if I could change one thing I did today …" section and watch your progress over time.
     - Start a "one thing I did exceptionally well today…" section so that you recognize your strengths.
     - Are you having difficulty finding the right words to communicate an important message to your CI? Write it out first and then rehearse it out loud.
     - Draw pictures, paste clippings or insert articles that relate to your learning or clinical education experiences.
     - Record funniest moments and find the humor around you to help decrease your stress.
     - Based on your observations of your clinical learning environments, create a list of criteria you wish to look for when interviewing for your first position.

3. **In-service**

   Chose a topic related to your setting for Clinical Practicum I or based on a patient you have treated during your clinical practicum. Prepare a presentation and give an in-service to your CI and other colleagues at your site. Your CI will need to fill out and sign the Student In-Service Evaluation Form, which should be returned to the DCE after the close of Clinical Practicum I. A copy of your presentation and or handouts should also be returned to the DCE.

4. **Clinical Experience Planning Form**

The Clinical Experience Planning form allows the student to complete a log describing weekly his/her clinical education goals, skills performed, self-assessment, and the following week goals. This form requires completion by the student with feedback from the CI. This form helps to organize student learning objectives; engages student in reflective practice; improves communication between the student and CI regarding students/CI's expectations, and addresses the student's performance and outcomes. A copy of this form needs to be uploaded to CANVAS at the midterm and at the end of the Clinical Practicum I.

5. PT MACS

The student is expected to earn a rating of "√" or "+" on all skills in Section I: Professional Behaviors (Skills #1-11). The DCE should be notified immediately if a deficiency is noted.

a) A final rating of "NI" (not independent) or written documentation of significant difficulty on any of these skills will require a review of the student's performance, and may result in required additional didactic work and/or required additional clinical time or remediation for the student to pass the clinical experience. Inability to remedy the "NI" and receive a "√" or "+" on skills 1-11 may result in clinical failure.
b) A final rating of "U" (unacceptable) on any of skills #1-11 will result in failure of the clinical experience.

Other relevant skills in Section II: Patient/Client Management; Section III: Management of Care Deliver, and Section IV: Practice Management should be addressed as they available at the clinical location. **By the end of the Clinical Practicum III, all skills in Sections I, II, III, and IV are required to be completed with a rating of "√" or "+". At least 6 skills in Section V: are required to be completed with a rating of "√" or "+".** Failure to complete all skills by the end of CPIII may result in required additional didactic work and/or required additional clinical time or remediation for the student to pass the clinical experience. Inability to remedy the "NI" and receive a "√" or "+"may result in clinical failure.

The PT MACS will be completed via the Exxat Clinical Management system at midterm and final.

6. APTA's Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction

This evaluation tool has two parts. Part one is an evaluation of the Clinical Experience. Part 2 is an evaluation of your Clinical Instruction. Part 2 should be completed at both the midterm and final evaluations and should be signed by your CI each time. Part 1 is to be completed only at the final evaluation. The document should be shared and discussed with your clinical instructor. A copy of each section should be completed in Exxat at the close of the clinical practicum.

DPHT 7460 – CLINICAL PRACTICUM II
COURSE SYLLABUS
Fall 2020: August 17 – October 9

COURSE INSTRUCTOR:

Brandy Schwarz, PT, DPT, EdD
Director of Clinical Education

Office location:	MET - 539
Office hours:	by appointment
Telephone:	817-735-2977
E-mail:	brandy.schwarz@unthsc.edu

Ana Rodriquez
Clinical Coordinator

Telephone:	817-735-0146
E-mail:	ana.rodriquez@unthsc.edu

COURSE PREREQUISITES:
Prerequisites for this course include all preceding coursework in the curriculum. Any exceptions require approval from the Physical Therapy Department Faculty and Chair.

COURSE DESCRIPTION:
The Clinical Practicum II consists of 320 contact hours over 8 weeks. Clinical Practicum II consists of eight (8) weeks of full time supervised clinical practice and is the third in a series of five (5) clinical experiences. This clinical course emphasizes application and analysis of physical therapy knowledge, skills and behaviors appropriate to patient and practice management.

GENERAL EXPECTATIONS:
This course is part of a professional graduate-level curriculum and, as such, has graduate-level expectations for attendance, participation, dress, and satisfactory completion on ALL assignments and evaluations. Out-of-class reading, study and written assignments are expected. Additionally, students are also expected to check their email daily and follow the guidelines outlined in the DPT Program's Student Handbook.

CREDIT HOURS: 4

CONTACT HOURS: 320

CLASS WEBSITE-CANVAS

COURSE OBJECTIVES:

1. Exemplify the APTA's Code of Ethics, Professional Behaviors, Core Values, the Guide for Professional Conduct, and legal standards and institutional regulations.
2. Participate in self-assessment of weaknesses and strengths with incorporation of feedback from clinical instructor as related to the role of physical therapist, professionalism and professional duty.
3. Participate in organizations working toward enhancing the health and wellness of the public.
4. Promotes patient involvement in his/her care.
5. Practice in a safe manner that minimizes risk to patient/client, self and others, and respond effectively to patient/client and environmental emergencies in the practice setting.
6. Utilizes appropriate verbal and nonverbal communication to effectively interact with patients, families, communities, and other healthcare professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and treatment of disease.
7. Adjust delivery of physical therapy services in consideration for patients' differences, values, culture, preferences, and needs.
8. Apply current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.
9. Select and perform appropriate tests and measures for screening and examination of patients/clients with a variety of diagnoses.
10. Perform full history and systems review on a variety of patients.
11. Analyze data from the patient/client's examination to make clinical judgments in order to
    a. Determine a diagnosis and prognosis that guides future patient management.
    b. Determine the patient's need for further reexamination or referral to another health care professional.
    c. Establish a safe, effective, and evidence-based plan of care in collaboration with the patient.
    d. Perform patient/client reexamination, and modification of POC
    e. Constructs short and long term patient/client functional goals.
    f. Perform treatment interventions in a safe and effective manner.
12. Create an appropriate home program to patient/client/family and/or caregiver.
13. Produce quality documentation in a timely manner to support the delivery and reimbursement of physical therapy services.
14. Interpret data from selected outcome measures in a manner that supports accurate analysis of individual patient/client and group outcomes.
15. Participate in case management process and collaboration with other healthcare professionals as needed.
16. Direct and supervise personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.

REQUIRED READINGS: Weekly discussions may require reading of a particular article. The articles are all available through the HSC Library or through the APTA website. Additional readings may be required as assigned by your clinical instructor

RECOMMENDED READINGS:

- PT MACS
- Clinical Education Handbook
- Additional Readings per clinical instructor
- Additional Readings as posted in CANVAS

ACADEMIC PERFORMANCE EXPECTATIONS:

- Students are expected and required to report to clinic fully
- Assignments must be turned in electronically via CANVAS in the appropriate format.
- Students are expected to complete all assignments by their assigned due date. Any assignment turned in after the due date will require additional assignments to be completed in order to get credit for the original assignment. **Late offenses will be cumulative over the entire duration of the curriculum**.
    - 1st offense: The student will be required to write a 2-page paper detailing the relationship between late assignments and the Professional Behaviors and Core Values
    - 2nd offense: The student will be required to write a 5-page paper detailing discussing the relationship between behaviors as a student and how those behaviors translate to behaviors and actions in professional practice. The paper will need to have at least 3 peer-reviewed articles referenced.
    - 3rd offense: Failure of clinical rotation

ATTENDANCE EXPECTATIONS:

Students are expected to follow the schedule of their clinical instructor(s) during clinical experiences. If a student's CI is working on a weekend or school holiday, the student is expected to work as well. Course directors, instructors and the School of Health Professions administration expect students to be regular and punctual in attendance. Absence from the clinic is not allowed without consultation with both the DCE and clinical instructor. Should a student need to miss clinic for any reason, it is expected that he/she inform the clinical instructor – by phone, email or in person – prior to the scheduled arrival time (only emergency situations will be exempt from this expectation). After contacting the CI, the DCE must be notified, and the DPT Student Clinical Education Absence Form will need to be completed upon the students return to the clinic. This form is available in the Clinical Education Handbook. All missed days are expected to be made up.

PROFESSIONAL BEHAVIOR EXPECTATIONS:

- Students are expected to show respect for the clinical instructor, other practitioners, patients, and each other.
- Students shall dress appropriately to represent the school in a professional manner. Business casual dress code is particularly expected unless the particular clinic dress code dictates otherwise.
- Students are expected to review HSC Live Email and CANVAS daily for course and Department of Physical Therapy correspondences.

- Cell Phones: Students are expected to silence their cell phones to avoid disruption. Inappropriate phone use could result in dismissal from the clinic.
- Laptop Computers: Laptops may be used if needed. Inappropriate laptop use could result in dismissal from clinic.

ASSESSMENT AND GRADING POLICY:
http://catalog.unthsc.edu/content.php?catoid=10&navoid=1260

At the completion of this course, the student will receive a grade of either **Satisfactory/Pass or Unsatisfactory/Fail**

A grade of Satisfactory/Pass requires the following:

1. Satisfactory completion of all assignments
2. Timely return of all required documents

A grade of Unsatisfactory/Fail may be given for any of the following:

1. Violation of patients' rights.
2. Violation of the rights others.
3. Violation of the APTA Code of Ethics.
4. Unprofessional behavior.
5. Unsafe practice.
6. Substance abuse that affects performance.
7. Failure to complete any of the requirements listed in the previous section.

A grade of unsatisfactory will require the student to repeat the clinical and/or complete remedial clinical experiences agreed upon by the academic program and the clinical facility.

ACADEMIC ASSISTANCE:
The Course Directors, Instructors and Academic Advisors are available for email, telephonic and personal interactions with students. Students are encouraged to make appointments when they are experiencing difficulty with completing course requirements.

In addition, academic assistance is available through the HSC Center for Academic Performance (CAP). CAP provides academic counseling, learning and study strategy assessments, writing support, tutoring, and workshops on time management, test-taking skills, paper formatting, learning styles and strengths-based learning. All services are available to the School of Health Professions students at no charge. To schedule an appointment with CAP, call (817) 735-2531 or visit https://www.unthsc.edu/center-for-academic-performance/.

ACADEMIC INTEGRITY PROGRAM:
The School of Health Professions supports an environment that promotes professional and ethical behavior while achieving academic growth and individual self-discipline. Each student within the

School of Health Professions, upon matriculation, shall have signed an Academic Integrity Agreement that articulates the following:

- It is understood that it is the student's responsibility to become familiar with all policies related to academic ethics and professional integrity within the School of Health Professions and the University of North Texas Health Science Center at Fort Worth,
- It is understood that it is the student's responsibility as a part of his/her professional maturation to adhere to the Student Code of Conduct and Discipline and other policies related to ethical behavior, and
- The student promised to conduct himself/herself in a professional and ethical manner during all academic pursuits within the School of Health Professions at the University of North Texas Health Science Center at Fort Worth.

Therefore, enrollment is considered implicit acceptance of the rules, regulations, and guidelines governing student behavior at the University of North Texas Health Science Center at Fort Worth.

School of Health Professions faculty members are expected to report any infractions of these rules and regulations governing student behavior to the University of North Texas Health Science Center at Fort Worth's Division of Student Affairs. These infractions consist of actions of dishonesty, including but not limited to, plagiarism, cheating, and theft. Possible sanctions for a violation of academic integrity include, but are not limited to, disciplinary probation, suspension, and dismissal from the university.

The Student Code of Conduct and Discipline is posted at the following website:
https://www.unthsc.edu/care-and-civility/office-of-care-and-civility-test/student-conduct/

AMERICANS WITH DISABILITIES ACT:

The University of North Texas Health Science Center at Fort Worth does not discriminate on the basis of an individual's disability and complies with Section 504 and Public Law 101-336 (American with Disabilities Act) in its admissions, accessibility, treatment and employment of individuals in its programs and activities.

The University of North Texas Health Science Center at Fort Worth provides academic adjustments and auxiliary aids to individuals with disabilities, as defined under the law, who are otherwise qualified to meet the institution's academic and employment requirements. For assistance contact the Assistant Director, Disability Accommodations within the Center for Academic Performance at the Health Science Center. Brandie Wiley, 817-735-2134, Brandie.Wiley@unthsc.edu. Reference Policy 7.105 American with Disabilities Act Protocol in the Student Policies.

COURSE SCHEDULE

Week	Date	Course Session Topic	Notes ***All Due Dates Per Canvas
1	Week of August 17	Full time clinical experience	Midterm Visit Planning Form Due Early Student Assessment of Clinical Experience due Discussion Board Due
2	Week of August 24	Full time clinical experience	
3	Week of August 31	Full time clinical experience	Discussion Board Due
4	Week of September 7	Full time clinical experience	5-page progress note from PT MACS due Reminder – you should be filling out your Clinical Experience Planning Form. You should also fill out and discuss Part 2 of APTA PT Student Evaluation of Clinical Experience with your CI. These documents will be due at the end of the clinical rotation
5	Week of September 14	Full time clinical experience	Discussion Board Due
6	Week of September 21	Full time clinical experience	
7	Week of September 28	Full time clinical experience	Discussion Board Due
8	Week of October 5	Full time clinical experience	• 5-page progress note from PT MACS signed by CI • Clinical Experience Planning Form for Weeks 1-8 • Part 1 and 2 of APTA PT student Evaluation signed by CI • In-service evaluation form signed by CI and a copy of your presentation/project

Description of teaching methods and learning experiences:

Clinical practice, demonstration, visual aids, reading assignments, Internet research, case studies reading and practice, independent study, written papers, peer review

Required Assignments:

All assignments must be turned in by dates listed above. Late assignments may require additional assignments to be completed in order to obtain a passing grad – see policy above. All documents should be submitted electronically via CANVAS and all attachments must be named in the following format: Last Name – Course Name – Assignment Name. (example: Schwarz –CP II – Core Values Development). Each assignment must be in a separate attachment. Assignments not attached in the following format will not be accepted. Attachments must be in Word of PDF format. All CI signatures must be actual signatures, not electronic signatures.

1. **Midterm Visit Planning Form**
   This form will be filled out by the student and CI to assist in the planning of a midterm visit or call with the DCE.

2. **In-service**
   Chose a topic related to your setting for Clinical Practicum II or based on a patient you have treated during your clinical practicum. Prepare a presentation and give an in-service to your CI and other colleagues at your site. Your CI will need to fill out and sign the Student In-Service Evaluation Form, which should be submitted to CANVAS.

3. **Clinical Experience Planning Form**
   The Clinical Experience Planning form allows the student to complete a log describing weekly his/her clinical education goals, skills performed, self-assessment, and the following week goals. This form requires completion by the student with feedback from the CI. This form helps to organize student learning objectives; engages student in reflective practice; improves communication between the student and CI regarding students/CI's expectations, and addresses the student's performance and outcomes. A copy of this form needs to be submitted to CANVAS at the end of the final week of Clinical Practicum II.

4. **Early Student Assessment of Clinical Education Experience**
   This form must be completed and submitted to CANVAS.

5. **PT MACS**
   Relevant sections of the PT MACS should be filled out by both the student and the CI for both a mid-term and final assessment.

   The student is expected to earn a rating of "√" or "+" on all skills in Section I: Professional Behaviors (Skills #1-11). The DCE should be notified immediately if a deficiency is noted.
   a) A <u>final</u> rating of "NI" (not independent) or written documentation of significant difficulty on any of these skills will require a review of the student's performance, and may result in required additional didactic work and/or required additional clinical time or remediation

for the student to pass the clinical experience. Inability to remedy the "NI" and receive a "√" or "+" on skills 1-11 may result in clinical failure.

b) A final rating of "U" (unacceptable) on any of skills #1-11 will result in failure of the clinical experience.

Other relevant skills in Section II: Patient/Client Management; Section III: Management of Care Deliver, and Section IV: Practice Management should be addressed. **By the end of the Clinical Practicum III, all skills in Sections I, II, III, and IV are required to be completed with a rating of "√" or "+". At least 6 skills in Section V: are required to be completed with a rating of "√" or "+".**

In the event that a student does not receive **"√" or "+"**on one or multiple skills by the end of CPIII, at the discretion of the DCE with input from the clinical instructor, the student may be permitted to progress to the final internship, but will receive an Incomplete for the CPIII and will be required to have all remaining skills from the PT MACS checked off during the final Internship. In determining progression to the final rotation, the following factors will be considered:

- Number of skills from the PT MACS that have not been checked off at entry-level or above
- Availability of opportunities to have engaged in learning activities that would allow for a particular skill to have been checked off
- Overall performance on clinical rotations

A student who has not received a "√" or "+" on skills 1-11 will not be permitted to progress to the final internship.

The PT MACS will be completed through the Exxat Clinical Education Management at both midterm and final.

6. **APTA's Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction**
This evaluation tool has two parts. Part one is an evaluation of the Clinical Experience. Part 2 is an evaluation of your Clinical Instruction. Part 2 should be completed at both the midterm and final evaluations. Part 1 is to be completed only at the final evaluation. A copy of each section should be completed in Exxat after the close of Clinical Practicum II.

7. **CANVAS Discussions**

CANVAS discussions will be due every other week, as indicated by the schedule above. For each topic, students are required to make one initial post and to comment on at least two additional posts made by classmates. Students may be asked to redo a post if the original post is not substantial.

DPHT 7473 – CLINICAL PRACTICUM III
COURSE SYLLABUS
Fall 2020: October 19 – December 11

COURSE INSTRUCTOR(s):

Brandy Schwarz, PT, EdD, DPT, OT, MBA
Director of Clinical Education

Office location:	MET - 539
Office hours:	by appointment
Telephone:	817-735-2977
E-mail:	brandy.schwarz@unthsc.edu

Ana Rodriquez
Clinical Coordinator

Telephone:	817-735-0146
E-mail:	ana.rodriquez@unthsc.edu

COURSE PREREQUISITES:
Prerequisites for this course include all preceding coursework in the curriculum. Any exceptions require approval from the Physical Therapy Department Faculty and Chair.

COURSE DESCRIPTION:
The Clinical Practicum III consists of 320 contact hours over 8 weeks. Clinical Practicum III consists of eight (8) weeks of full time supervised clinical practice and is the fourth in a series of five (5) clinical experiences. This clinical course continues the focus of DPHT 7560 through application and further analysis of physical therapy knowledge, skills and behaviors appropriate to patient and practice management.

GENERAL EXPECTATIONS:
This course is part of a professional graduate-level curriculum and, as such, has graduate-level expectations for attendance, participation, dress, and satisfactory completion on ALL assignments and evaluations. Out-of-class reading, study and written assignments are expected. Additionally, students are also expected to check their email daily and follow the guidelines outlined in the DPT Program's Student Handbook.

CREDIT HOURS: 4

CONTACT HOURS: 320

CLASS WEBSITE-CANVAS
https://www.unthsc.edu/academic-affairs/center-for-online-education/canvas/

COURSE OBJECTIVES:

1. Exemplify with the APTA's Code of Ethics, Professional Behaviors, Core Values, the Guide for Professional Conduct, and legal standards and institutional regulations.
2. Uses self-assessment of weaknesses and strengths with incorporation of feedback from clinical instructor as related to the role of physical therapist, professionalism and professional duty.
3. Participate in organizations working toward enhancing the health and wellness of the public.
4. Discover additional strategies and techniques to promote patient involvement in his/her care.
5. Practice in a safe manner that minimizes risk to patient/client, self and others, and respond effectively to patient/client and environmental emergencies in the practice setting.
6. Utilizes appropriate methods to effectively interact with patients, families, communities, and other healthcare professionals through the use of verbal and nonverbal communication that supports a team approach to the maintenance of health and treatment of disease.
7. Adapt delivery of physical therapy services with consideration for patients' differences, values, culture, preferences, and needs.
8. Apply current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.
9. Select and perform appropriate tests and measures for screening and examination of patients/clients with a variety of diagnoses.
10. Perform full history and systems review on a variety of patients.
11. Analyze data from the patient/client's examination to make clinical judgments in order to
    a. Determine a diagnosis and prognosis that guides future patient management.
    b. Determine the patient's need for further reexamination or referral to another health care professional.
    c. Establish a basic, safe, effected, and evidence-based plan of care in collaboration with the patient.
    d. Modify POC as needed based on patient/client reexamination
    e. Selects short and long term patient/client functional goals.
    f. Plan and perform treatment interventions in a safe and effective manner.
12. Create an appropriate home program to patient/client/family and/or caregiver.
13. Produce quality documentation in a timely manner to support the delivery and reimbursement of physical therapy services.
14. Interpret data from selected outcome measures in a manner that supports accurate analysis of individual patient/client and group outcomes.
15. Contribute to case management process and collaborate with other healthcare professionals as needed.
16. Direct and supervise personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.
17. Demonstrate entry-level competency in all 12 professional practice skills, all 5 patient management skills and sub-skills, and the 2 practice management skills addressed in the Physical Therapy Manual for the Assessment of Clinical Skills (PT MACS).

REQUIRED READINGS:

- PT MACS
- Clinical Education Handbook
- Additional Readings per clinical instructor
- Additional Readings as posted in CANVAS

RECOMMENDED READINGS: Per clinical instructor

ACADEMIC PERFORMANCE EXPECTATIONS:

- Students are expected and required to report to clinic fully
- Assignments must be turned in electronically via CANVAS in the appropriate format.

- Students are expected to complete all assignments by their assigned due date. Any assignment turned in after the due date will require additional assignments to be completed in order to get credit for the original assignment. **Late offenses will be cumulative over the entire duration of the curriculum**.
    - 1st offense: The student will be required to write a 2-page paper detailing the relationship between late assignments and the Generic Abilities and Core Values
    - 2nd offense: The student will be required to write a 5-page paper detailing discussing the relationship between behaviors as a student and how those behaviors translate to behaviors and actions in professional practice. The paper will need to have at least 3 peer-reviewed articles referenced.
    - 3rd offense: Failure of clinical rotation

ATTENDANCE EXPECTATIONS:

Students are expected to follow the schedule of their clinical instructor(s) during clinical experiences. If a student's CI is working on a weekend or school holiday, the student is expected to work as well. Course directors, instructors and the School of Health Professions administration expect students to be regular and punctual in attendance. Absence from the clinic is not allowed without consultation with both the DCE and clinical instructor. Should a student need to miss clinic for any reason, it is expected that he/she inform the clinical instructor – by phone, email or in person – prior to the scheduled arrival time (only emergency situations will be exempt from this expectation). After contacting the CI, the DCE must be notified, and the DPT Student Clinical Education Absence Form will need to be completed upon the students return to the clinic. This form is available in the Clinical Education Handbook.

PROFESSIONAL BEHAVIOR EXPECTATIONS:

- Students are expected to show respect for the clinical instructor, other practitioners, patients, and each other.
- Students shall dress appropriately to represent the school in a professional manner. Business casual dress code is particularly expected unless the particular clinic dress code dictates otherwise.
- Students are expected to review HSC Live Email and Canvas daily for course and Department of Physical Therapy correspondences.
- Cell Phones: Students are expected to silence their cell phones to avoid disruption. Inappropriate phone use could result in dismissal from the clinic.
- Laptop Computers: Laptops may be used if needed. Inappropriate laptop use could result in dismissal from clinic.

ASSESSMENT AND GRADING POLICY:

http://catalog.unthsc.edu/content.php?catoid=10&navoid=1260

At the completion of this course, the student will receive a grade of either **Satisfactory/Pass or Unsatisfactory/Fail**

A grade of Satisfactory/Pass requires the following:

1. Satisfactory completion of all assignments

2. Timely return of all required documents

A grade of Unsatisfactory/Fail may be given for any of the following:

1. Violation of patients' rights.
2. Violation of the rights others.
3. Violation of the APTA Code of Ethics.
4. Unprofessional behavior.
5. Unsafe practice.
6. Substance abuse that affects performance.
7. Failure to complete any of the requirements listed in the previous section.

A grade of unsatisfactory will require the student to repeat the clinical and/or complete remedial clinical experiences agreed upon by the academic program and the clinical facility.

ACADEMIC ASSISTANCE:

The Course Directors, Instructors and Academic Advisors are available for email, telephonic and personal interactions with students. Students are encouraged to make appointments when they are experiencing difficulty with completing course requirements.

In addition, academic assistance is available through the HSC Center for Academic Performance (CAP). CAP provides academic counseling, learning and study strategy assessments, writing support, tutoring, and workshops on time management, test-taking skills, paper formatting, learning styles and strengths-based learning. All services are available to the School of Health Professions students at no charge. To schedule an appointment with CAP, call (817) 735-2531 or visit https://www.unthsc.edu/center-for-academic-performance/

ACADEMIC INTEGRITY PROGRAM:

The School of Health Professions supports an environment that promotes professional and ethical behavior while achieving academic growth and individual self-discipline. Each student within the School of Health Professions, upon matriculation, shall have signed an Academic Integrity Agreement that articulates the following:

- It is understood that it is the student's responsibility to become familiar with all policies related to academic ethics and professional integrity within the School of Health Professions and the University of North Texas Health Science Center at Fort Worth,
- It is understood that it is the student's responsibility as a part of his/her professional maturation to adhere to the Student Code of Conduct and Discipline and other policies related to ethical behavior, and
- The student promised to conduct himself/herself in a professional and ethical manner during all academic pursuits within the School of Health Professions at the University of North Texas Health Science Center at Fort Worth.

Therefore, enrollment is considered implicit acceptance of the rules, regulations, and guidelines governing student behavior at the University of North Texas Health Science Center at Fort Worth.

School of Health Professions faculty members are expected to report any infractions of these rules and regulations governing student behavior to the University of North Texas Health Science Center at Fort Worth's Division of Student Affairs. These infractions consist of actions of dishonesty, including but not limited to, plagiarism, cheating, and theft. Possible sanctions for a violation of academic integrity include, but are not limited to, disciplinary probation, suspension, and dismissal from the university.

The Student Code of Conduct and Discipline is posted at the following website:

https://www.unthsc.edu/care-and-civility/office-of-care-and-civility-test/student-conduct/

AMERICANS WITH DISABILITIES ACT:

The University of North Texas Health Science Center at Fort Worth does not discriminate on the basis of an individual's disability and complies with Section 504 and Public Law 101-336 (American with Disabilities Act) in its admissions, accessibility, treatment and employment of individuals in its programs and activities.

The University of North Texas Health Science Center at Fort Worth provides academic adjustments and auxiliary aids to individuals with disabilities, as defined under the law, who are otherwise qualified to meet the institution's academic and employment requirements. For assistance contact the Assistant Director, Disability Accommodations within the Center for Academic Performance at the Health Science Center. Brandie Wiley, 817-735-2134, Brandie.Wiley@unthsc.edu. Reference Policy 7.105 American with Disabilities Act Protocol in the Student Policies.

COURSE SCHEDULE

Week	Date	Course Session Topic	Notes **All Due Dates via CANVAS
1	October 19	Full time clinical experience	Midterm Visit Planning Form Due Early Student Assessment of Clinical Education Form Due Canvas discussion 1
2	October 26	Full time clinical experience	
3	November 2	Full time clinical experience	Canvas discussion 2
4	November 9	Full time clinical experience	
5	November 16	Full time clinical experience	Canvas discussion 3 Due dates via Canvas: • Midterm PT MACS due
6	November 23	Full time clinical experience	
7	November 30	Full time clinical experience	Canvas discussion 4
8	December 7	Full time clinical experience	Due dates via Canvas • Final PT MACS • Clinical Experience Planning Form for Weeks 1-8 • Part 1 and 2 of APTA PT student Evaluation

			• In-service evaluation form signed by CI • Compilation of all PT MACS progress reports

Description of teaching methods and learning experiences:
Lecture, class discussion, demonstrations, visual aids, CDs, reading assignments, handouts, guest lecturers, written examinations, students' presentations, study questions, Internet research, case studies reading and practice, independent study, written papers, portfolio, peer review

Required Assignments:

All assignments must be turned in by due date indicated above**.** Late assignments may require additional assignments to be completed in order to obtain a passing grade. All assignments should be submitted electronically and all attachments must be named in the following format: Last Name – Course Name – Assignment Name. (example: Schwarz – CPIII – Core Values Development). Each assignment must be in a separate attachment. Attachments need to be in Word or PDF and each assignment should be in one document/attachment. Assignments not attached in the following format will not be accepted.

1. **Midterm Visit Planning Form**
   This form will be filled out by the student and CI to assist in the planning of a midterm visit or call with the DCE.

2. **In-service**
   Chose a topic related to your setting for Clinical Practicum III or based on a patient you have treated during your clinical practicum. Prepare a presentation and give an in-service to your CI and other colleagues at your site. Your CI will need to fill out and sign the Student In-Service Evaluation Form, which should be uploaded to CANVAS at the close of Clinical Practicum III.

3. **Clinical Experience Planning Form**
   The Clinical Experience Planning form allows the student to complete a log describing weekly his/her clinical education goals, skills performed, self-assessment, and the following week goals. This form requires completion by the student with feedback from the CI. This form helps to organize student learning objectives; engages student in reflective practice; improves communication between the student and CI regarding students/CI's expectations, and addresses the student's performance and outcomes. A copy of this form needs to be uploaded to CANVAS at the close of Clinical Practicum III.

4. **Early Student Assessment of Clinical Education Experience**
   This form must be completed and returned by date indicated on Canvas

5. **PT MACS**
   Relevant sections of the PT MACS should be filled out by both the student and the CI for both a mid-term and final assessment.

The student is expected to earn a rating of "√" or "+" on all skills in Section I: Professional Behaviors (Skills #1-11). The DCE should be notified immediately if a deficiency is noted.

a) A final rating of "NI" (not independent) or written documentation of significant difficulty on any of these skills will require a review of the student's performance, and may result in required additional didactic work and/or required additional clinical time or remediation for the student to pass the clinical experience. Inability to remedy the "NI" and receive a "√" or "+" on skills 1-11 may result in clinical failure.
b) A final rating of "U" (unacceptable) on any of skills #1-11 will result in failure of the clinical experience.

Other relevant skills in Section II: Patient/Client Management; Section III: Management of Care Deliver, and Section IV: Practice Management should be addressed. **By the end of the Clinical Practicum III, all skills in Sections I, II, III, and IV are required to be completed with a rating of "√" or "+". At least 6 skills in Section V: are required to be completed with a rating of "√" or "+".**

In the event that a student does not receive **"√" or "+"**on one or multiple skills by the end of CPIII, at the discretion of the DCE with input from the clinical instructor, the student may be permitted to progress to the final internship, but will receive an Incomplete for the CPIII and will be required to have all remaining skills from the PT MACS checked off during the final Internship. In determining progression to the final rotation, the following factors will be considered:

- Number of skills from the PT MACS that have not been checked off at entry-level or above
- Availability of opportunities to have engaged in learning activities that would allow for a particular skill to have been checked off
- Overall performance on clinical rotations

A student who has not received a "√" or "+" on skills 1-11 will not be permitted to progress to the final internship.

The PT MACS will be completed via the Exxat Clinical Education Management system at both midterm and final.

6. **APTA's Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction**
   This evaluation tool has two parts. Part one is an evaluation of the Clinical Experience. Part 2 is an evaluation of your Clinical Instruction. Part 2 should be completed at both the midterm and final evaluations. Part 1 is to be completed only at the final evaluation. A copy of each section should be completed in Exxat after the close of Clinical Practicum III.

7. **Canvas Discussions**
   Canvas discussions will be due every other week, as indicated by the schedule above. For each topic, students are required to make one initial post and to comment on at least two additional posts made by classmates. Students may be asked to redo a post if the original post is not substantial.

DPHT 7680 – SPECIALIZED INTERNSHIP
COURSE SYLLABUS
Spring 2021: January 4 – March 26

COURSE INSTRUCTORS:

Brandy Schwarz, PT, EdD, DPT, OT, MBA
Director of Clinical Education

Office location:	MET - 539
Office hours:	by appointment
Telephone:	817-735-2977
E-mail:	brandy.schwarz@unthsc.edu

Ana Rodriquez
Clinical Coordinator

Telephone:	817-735-0146
E-mail:	ana.rodriquez@unthsc.edu

COURSE PREREQUISITES:
Prerequisites for this course include all preceding coursework in the curriculum. Any exceptions require approval from the physical therapy department faculty and chair.

COURSE DESCRIPTION:
The Specialized Internship consists of 480 contact hours over 12 weeks. Specialized Internship consists of twelve (12) weeks of full time supervised clinical practice in the students' selected area(s) of physical therapy practice which refines the critical thinking and clinical decision making processes as well as integration of evidence-based practice to guide autonomous practice and professional development.

GENERAL EXPECTATIONS:
This course is part of a professional graduate-level curriculum and, as such, has graduate-level expectations for attendance, participation, dress, and satisfactory completion on ALL assignments and evaluations. Out-of-class reading, study and written assignments are expected. Additionally, students are also expected to check their email daily and follow the guidelines outlined in the DPT Program's Student Handbook.

CREDIT HOURS: 6

CONTACT HOURS: 480

CLASS WEBSITE-CANVAS:
https://www.unthsc.edu/academic-affairs/center-for-online-education/canvas/

COURSE OBJECTIVES:

1. Identify with and adhere to the APTA's Code of Ethics, Generic Abilities, Core Values, the Guide for Professional Conduct, and legal standards and institutional regulations.
2. Internalize self-assessment of weaknesses and strengths with incorporation of feedback from clinical instructor as related to the role of physical therapist, professionalism and professional duty.
3. Show involvement in organizations working toward enhancing the health and wellness of the public.
4. Devise effective strategies and techniques to promote patient involvement in his/her care.
5. Practice in a safe manner that minimizes risk to patient/client, self and others, and respond effectively to patient/client and environmental emergencies in the practice setting.
6. Selects appropriate methods to effectively interact with patients, families, communities, and other healthcare professionals through the use of verbal and nonverbal communication that supports a team approach to the maintenance of health and treatment of disease
7. Adapt delivery of physical therapy services with consideration for patients' differences, values, culture, preferences, and needs.
8. Apply current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.
9. Select and perform appropriate tests and measures for screening and examination of patients/clients with a variety of diagnoses.
10. Perform full history and systems review on a variety of patients with both simple and complex diagnoses.
11. Synthesize data from the patient/client's examination to make clinical judgments in order to
    a. Determine a diagnosis and prognosis that guides future patient management.
    b. Determine the patient's need for further reexamination or referral to another health care professional.
    c. Establish a basic, safe, effected, and evidence-based plan of care in collaboration with the patient.
    d. Modify POC as needed based on patient/client reexamination
    e. Write short and long term patient/client functional goals, revise as necessary.
    f. Plan and perform treatment interventions in a safe and effective manner.
12. Create and implement an appropriate home program to patient/client/family and/or caregiver.
13. Produce quality documentation in a timely manner to support the delivery of physical therapy services.
14. Compile data from selected outcome measures in a manner that supports accurate analysis of individual patient/client and group outcomes.
15. Contribute to case management process and collaborate with other healthcare professionals as needed.
16. Direct and supervise personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.
17. Apply principles of health promotion and prevention to defined population groups.
18. Understand the importance of participating in the clinical education of students.

REQUIRED READINGS:

- Clinical Education Handbook
- Readings determined per clinical instructor

RECOMMENDED READINGS: per your clinical instructor

ACADEMIC PERFORMANCE EXPECTATIONS:

- Students are expected and required to report to clinic fully
- Assignments must be turned in electronically via CANVAS in the appropriate format.
- Students are expected to complete all assignments by their assigned due date. Any assignment turned in after the due date will require additional assignments to be completed in order to get credit for the original assignment. **Late offenses will be cumulative over the entire duration of the curriculum**.

- 1st offense: The student will be required to write a 2-page paper detailing the relationship between late assignments and the Generic Abilities and Core Values
- 2nd offense: The student will be required to write a 5-page paper detailing discussing the relationship between behaviors as a student and how those behaviors translate to behaviors and actions in professional practice. The paper will need to have at least 3 peer-reviewed articles referenced.
- 3rd offense: Failure of clinical rotation

ATTENDANCE EXPECTATIONS:

Students are expected to follow the schedule of their clinical instructor(s) during clinical experiences. Course directors, instructors and the School of Health Professions administration expect students to be regular and punctual in attendance. Absence from the clinic is not allowed without consultation with both the DCE and clinical instructor. Should a student need to miss clinic for any reason, it is expected that he/she inform the clinical instructor – by phone, email or in person – prior to the scheduled arrival time (only emergency situations will be exempt from this expectation). After contacting the CI, the DCE must be notified, and the DPT Student Clinical Education Absence Form will need to be completed upon the students return to the clinic.

PROFESSIONAL BEHAVIOR EXPECTATIONS:

- Students are expected to show respect for the clinical instructor, other practitioners, patients, and each other.
- Students shall dress appropriately to represent the school in a professional manner. Business casual dress code is particularly expected unless the particular clinic dress code dictates otherwise.
- Students are expected to review HSC Live Email and Canvas daily for course and Department of Physical Therapy correspondences.
- Cell Phones: Students are expected to silence their cell phones to avoid disruption. Inappropriate phone use could result in dismissal from the clinic.
- Laptop Computers: Laptops may be used if needed. Inappropriate laptop use could result in dismissal from clinic.

ASSESSMENT AND GRADING POLICY:

http://catalog.unthsc.edu/content.php?catoid=10&navoid=1260

At the completion of this course, the student will receive a grade of either **Satisfactory/Pass or Unsatisfactory/Fail**

A grade of Satisfactory/Pass requires the following:

1. Satisfactory completion of all assignments
2. Timely return of all required documents

A grade of Unsatisfactory/Fail may be given for any of the following:

1. Violation of patients' rights.
2. Violation of the rights others.
3. Violation of the APTA Code of Ethics.
4. Unprofessional behavior.
5. Unsafe practice.
6. Substance abuse that affects performance.
7. Failure to complete any of the requirements listed in the previous section.

A grade of unsatisfactory will require the student to repeat the clinical and/or complete remedial clinical experiences agreed upon by the academic program and the clinical facility.

ACADEMIC ASSISTANCE:

The Course Directors, Instructors and Academic Advisors are available for email, telephonic and personal interactions with students. Students are encouraged to make appointments when they are experiencing difficulty with completing course requirements.

In addition, academic assistance is available through the HSC Center for Academic Performance (CAP). CAP provides academic counseling, learning and study strategy assessments, writing support, tutoring, and workshops on time management, test-taking skills, paper formatting, learning styles and strengths-based learning. All services are available to the School of Health Professions students at no charge. To schedule an appointment with CAP, call (817) 735-2531 or visit https://www.unthsc.edu/center-for-academic-performance/

ACADEMIC INTEGRITY PROGRAM:

The School of Health Professions supports an environment that promotes professional and ethical behavior while achieving academic growth and individual self-discipline. Each student within the School of Health Professions, upon matriculation, shall have signed an Academic Integrity Agreement that articulates the following:

- It is understood that it is the student's responsibility to become familiar with all policies related to academic ethics and professional integrity within the School of Health Professions and the University of North Texas Health Science Center at Fort Worth,
- It is understood that it is the student's responsibility as a part of his/her professional maturation to adhere to the Student Code of Conduct and Discipline and other policies related to ethical behavior, and
- The student promised to conduct himself/herself in a professional and ethical manner during all academic pursuits within the School of Health Professions at the University of North Texas Health Science Center at Fort Worth.

Therefore, enrollment is considered implicit acceptance of the rules, regulations, and guidelines governing student behavior at the University of North Texas Health Science Center at Fort Worth.

School of Health Professions faculty members are expected to report any infractions of these rules and regulations governing student behavior to the University of North Texas Health Science Center at Fort Worth's Division of Student Affairs. These infractions consist of actions of dishonesty, including but not limited to, plagiarism, cheating, and theft. Possible sanctions for a violation of academic integrity include, but are not limited to, disciplinary probation, suspension, and dismissal from the university.

The Student Code of Conduct and Discipline is posted at the following website:
https://www.unthsc.edu/care-and-civility/office-of-care-and-civility-test/student-conduct/

AMERICANS WITH DISABILITIES ACT:

The University of North Texas Health Science Center at Fort Worth does not discriminate on the basis of an individual's disability and complies with Section 504 and Public Law 101-336 (American with Disabilities Act) in its admissions, accessibility, treatment and employment of individuals in its programs and activities.

The University of North Texas Health Science Center at Fort Worth provides academic adjustments and auxiliary aids to individuals with disabilities, as defined under the law, who are otherwise qualified to meet the

institution's academic and employment requirements. For assistance contact the Equal Employment Opportunity Office at the health science center https://www.unthsc.edu/administrative/human-resource-services/equal-employment-opportunity/

COURSE SCHEDULE

Week	Date	Course Session Topic	Notes **All Due Dates via CANVAS
1	January 4	Full time clinical experience	Due dates via Canvas: • Midterm Visit Planning Form • Early Student Assessment of Clinical Education Form
2	January 11	Full time clinical experience	
3	January 18	Full time clinical experience	
4	January 25	Full time clinical experience	
5	February 1	Full time clinical experience	
6	February 8	Full time clinical experience	
7	February 15	Full time clinical experience	Due dates via Canvas: • CIET midterm • You should also complete and review with your CI part 2 of the APTA student assessment with your CI, but you do not need to turn this in until the final.
8	February 22	Full time clinical experience	
19	March 1	Full time clinical experience	
10	March 8	Full time clinical experience	
11	March 15	Full time clinical experience	
12	March 22	Full time clinical experience	Due dates via Canvas • CIET • Clinical Experience Planning Form for Weeks 1-12 • Part 1 and 2 of APTA PT student Evaluation, including page 3 • In-service evaluation form signed by CI and a copy of your presentation/project

			• Interprofessional Professionalism Assessment

Description of teaching methods and learning experiences:
Lecture, class discussion, demonstrations, visual aids, CDs, reading assignments, handouts, guest lecturers, written examinations, students' presentations, study questions, Internet research, case studies reading and practice, independent study, written papers, portfolio, peer review

Required Assignments:

All assignments must be turned in by due date indicated above**.** Late assignments may require additional assignments to be completed in order to obtain a passing grade. Assignments must be submitted electronically and all attachments must be named in the following format: Last Name – Course Name – Assignment Name. (example: Schwarz – Internship – CIET). Each assignment must be in a separate attachment. All pages of the assignment should be in one attachment. Attachments need to be in Word or PDF. Assignments not attached in the following format will not be accepted.

1. **Midterm Visit Planning Form**
   This form will be filled out by the student and CI to assist in the planning of a midterm visit or call with the DCE.

2. **In-service**
   Chose a topic related to your setting for the Specialized Internship or based on a patient you have treated during your clinical practicum. Prepare a presentation and give an in-service to your CI and other colleagues at your site. Your CI will need to fill out and sign the Student In-Service Evaluation Form, which should be returned to the DCE after the close of the Internship.

3. **Clinical Experience Planning Form**
   The Clinical Experience Planning form allows the student to complete a log describing weekly his/her clinical education goals, skills performed self-assessment, and the following week goals. This form requires completion by the student with feedback from the CI. This form helps to organize student learning objectives; engages student in reflective practice; improves communication between the student and CI regarding students/CI's expectations, and addresses the student's performance and outcomes. A copy of this form needs to be submitted to CANVAS at the end of the final week of the Internship.

4. **Early Student Assessment of Clinical Education Experience**
   This form must be completed and uploaded to CANVAS.

5. **Clinical Internship Evaluation Tool (CIET)**
   The assessment tool for the Specialized Internship is the Clinical Internship Evaluation Tool (CIET), which measures clinical performance of the student relative to a competent clinician. The document will need to be completed and turned in to CANVAS at both midterm and final.

6. **APTA's Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction**
   This evaluation tool has two parts. Part one is an evaluation of the Clinical Experience. Part 2 is an evaluation of your Clinical Instruction. Part 2 should be completed at both the midterm and final evaluations. Part 1 is to be completed only at the final evaluation. A copy of this document, including page 3, should be completed in Exxat.

7. **CANVAS Discussions**
   CANVAS discussions will be due once a month, as indicated by the schedule above. For each topic, students are required to make one initial post and to comment on at least two additional posts made by classmates.

Appendix E: DPT Student Absence Request Form

Department of Physical Therapy

UNIVERSITY *of* NORTH TEXAS HEALTH SCIENCE CENTER *at*
Fort Worth School of Health Professions

Student's Name	**Class of**	**Date of Request**
Date(s) of Absence	**From:**	**To:**

CIRCUMSTANCE OF ABSENCE	
Please attach any documentation you have such as a doctor's note for illness to this form. For any absence other than unanticipated i.e. illness/family emergency, please provide the CI and DCE at least 4 weeks prior notice.	☐ Illness *(Documentation may be required if exceeds 1 day.)* ☐ Religious Holiday *(See Student Policy S/UNTHSC/General -03)* ☐ Family Issues *(Explain below.)* ☐ HSC Representative to Meeting *(Explain below)* ☐ Present Abstract or Poster at Meeting *(Explain below.)* ☐ Other *(Explain below.)*

I attest that the above statements are true to the best of my knowledge:

_____ *Student Signature*

Students are required to list events that were (will be) missed during absence and obtain DCE and CI approval	
Please list in detail the affected course and event	**DCE Approval (signature) and CI Approval (signature) are both required**
	DCE:
	CI:
<u>Clinical Instructor and/or DCE are requested to list make-up requirements (if any)</u>	

Completed Form must be submitted to DCE.

APPENDIX F: MIDTERM VISIT PLANNING FORM

(This ENTIRE document to be completed by the STUDENT)
*****This form is locked. You can ONLY enter text in the GRAY text boxes. Use "Tab" or the mouse to navigate through this form. All boxes need your input unless noted otherwise.**
Handwritten, scanned forms will NOT be accepted.***

STUDENT: **CLINIC NAME:**

CLINICAL INSTRUCTOR:

PHONE NUMBER: (BEST to contact the CI. Please don't use the generic number for the system operator)

-

SITE ADDRESS: (Please be SPECIFIC to the actual clinic, etc: Don't just use what you find on google)

-

PARKING INFORMATION: (Please be SPECIFIC: Lot #, garage level/location, landmarks, etc)

-

DIRECTIONS TO THE PT DEPT: (Be SPECIFIC: Building name, floor #, Tower name, landmarks, etc.)

-

CI's EMAIL ADDRESS: (Please ~~DOUBLE~~ TRIPLE check for accuracy)

-

CI's LICENSURE NUMBER: (If they desire to earn CCUs for serving as the PRIMARY CI)

(FYI: MAXIMUM of 10 CCUs per renewal period for serving as primary CI)

-

STUDENT'S PHONE NUMBER:

-

BEST DAYS/TIMES to CALL/VISIT:

-

COMMENTS/QUESTIONS/ADDITIONAL INFORMATION:

-

(Please **DOUBLE** check & verify that all the above addresses, emails, & phone numbers are correct. Thank you!)

APPENDIX G: REQUEST TO OPEN A NEW CLINICAL SITE

Student name_____

Site name _____

Contact person (if known) _____

Site phone number & Email_____

Site address_____

Clinical Rotation #_____

Please submit the following proposal for consideration in opening a new clinical site for the University of North Texas Health Science Center at Fort Worth PT Program.

1. How will this proposed site meet the program's needs? (These include acute care, neurological rehabilitation, rural, underserved and specialty practices.)

2. Please describe what professional growth opportunities this site will provide to you, which may not be provided by currently established sites.

I understand that if the Clinical Education Team agrees that this site will benefit me as well as the program and is successful in negotiating a clinical training agreement with this site such that a rotation is offered to me, I will accept the rotation offer.

Student signature_____ date_____

Clinical Education Team approved_____ not approved_____ date_____

Appendix H: Standard Affiliation Agreement

AFFILIATION AGREEMENT FOR STUDENT ROTATIONS

by and between
UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER
AT FORT WORTH
and

THIS AGREEMENT is effective upon the last signature of the parties ("Effective Date") by and between the **UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER AT FORT WORTH** (hereinafter "UNTHSC"), an institution of higher education of the State of Texas, and (hereinafter "FACILITY") located at .

RECITALS

WHEREAS, it is the desire of UNTHSC and FACILITY to have a contractual relationship so that FACILITY will become affiliated with UNTHSC; and

WHEREAS, it is the desire of UNTHSC to gain additional clinical facilities for teaching purposes by affiliation with FACILITY; and

WHEREAS, it is the desire of UNTHSC and FACILITY to have duly registered and eligible students of the UNTHSC (hereinafter "Students") participate in teaching programs at the FACILITY that are mutually coordinated and beneficial and will enhance the clinical education of Students.

AGREEMENT

NOW, THEREFORE, for and in consideration of the mutual covenants and agreements contained herein, it is agreed by and between the parties as follows:

Coordination between UNTHSC and FACILITY

1. UNTHSC and the FACILITY hereby become affiliated upon the terms and conditions specified in this Agreement.

2. This Agreement shall be coordinated by the office of the Dean of the School of Health Professions (hereinafter "DEAN"), or his/her designee, and the Chief Executive Officer of the FACILITY (hereinafter "CEO"), or his/her designee.

3. UNTHSC has a Director of Clinical Education (DCE) who serves as liaison between the UNTHSC and FACILITY's physical therapy department.

Clinical Education at the FACILITY

4. FACILITY agrees to accept Students from UNTHSC for training in-hospital and training in other clinical facilities coordinated by the FACILITY. UNTHSC shall furnish FACILITY with a list of, and other relevant information concerning, proposed Students to be provided to FACILITY under this Agreement. Said Students shall be accepted by FACILITY at such reasonable times and in such numbers as shall be mutually agreed upon

by UNTHSC and FACILITY. FACILITY will not compensate Students who receive training at FACILITY under the terms of this Agreement.

5. All Students who receive a portion of their education at FACILITY will be supervised by a physical therapist(s) duly licensed by the State of who is a member(s) of the medical staff of FACILITY.

6. Nothing in this Agreement shall be construed to limit the authority of UNTHSC over the education of Students, establishment of its curricula, and all other operations and functions of UNTHSC which remain the sole responsibility of UNTHSC. However, while Students receive a portion of their education at FACILITY, said Students shall be under the direction of their supervising physical therapist(s) at FACILITY.

7. All patients who are referred to the Rehabilitation Department in FACILITY shall be considered "teaching-patients," who are available for educational purposes unless excluded therefrom. It is the responsibility of the attending physical therapist(s) to insure that informed patient consent has been given by individual patients and that this is noted on the patient's medical record.

8. Students serving in FACILITY under this Agreement shall be responsibly involved in patient management and allowed to participate in patient care from admission to discharge, subject to limitations provided by law and restrictions imposed by the attending physician(s) and the physical therapist. FACILITY shall follow the UNTHSC Student Guidelines, a copy of which is attached to this Agreement as "Attachment A" and incorporated by reference. UNTHSC shall require that students conduct themselves in a professional manner, which reflects concern for the preservation of the integrity and human dignity of FACILITY's patients.

9. If, in the sole opinion of FACILITY, any UNTHSC Student fails to act in accordance with the policies and procedures of FACILITY or the Bylaws, Rules and Regulations of the its Medical Staff, Attachment A, or other policies of UNTHSC, or any of the provisions of this Agreement, the FACILITY's Administrator, or his designee, shall, in writing, notify the DEAN, or his designee, and the DCE. Upon receipt of said notice, the DEAN shall immediately suspend the affected Student from the student rotation until such time as the appropriate course of corrective action is mutually agreed upon by the DEAN, the FACILITY Administrator, or their respective designees, and the DCE. If such individuals fail to agree within ten (10) days of the date of said notice, UNTHSC shall immediately withdraw the Student from the student rotation.

10. FACILITY shall provide adequate facilities for Students to make this Agreement effective.

11. FACILITY will maintain continual evaluation of the quality of patient care to insure that it meets professional standards.

Compliance with Laws and Regulations

12. UNTHSC shall provide to FACILITY satisfactory evidence that each Student is free from contagious disease prior to Student's placement at the FACILITY. Further, each Student shall be required to pass any health examinations required by the FACILITY. In addition, Student is required to attend FACILITY orientation meetings and receive other training as deemed appropriate by the FACILITY. Student will also be required to agree to patient confidentiality. UNTHSC shall direct its Students to comply with the policies and procedures of FACILITY, including those governing the use and disclosure of individually identifiable health information under the Health Insurance Portability and Accountability Act (HIPAA). Solely for the purpose of defining the Students' role in relation to the use and disclosure of FACILITY's protected health information, such Students are defined as members of the FACILITY's workforce, as that term is defined by 45 CFR 160.103, when engaged in activities pursuant to this Agreement. However, such Students are not and shall not be considered to be employees of the FACILITY. UNTHSC will promptly report to FACILITY any use or disclosure of a

patient's Protected Health Information not provided for by this Agreement of which UNTHSC becomes aware.

13. All patients attended by Students will be cared for under the applicable standard of care and in conformity with the policies and procedures of FACILITY and the Bylaws, Rules, and Regulations of its Medical Staff.

14. UNTHSC and FACILITY shall maintain such records, books, and documents and provide such information to the U.S. Department of Health and Human Services, to the Health Care Financing Administration, to the U.S. Controller General, to the Texas Department of Health and to such other state and federal agencies as may be required to assist UNTHSC and FACILITY in complying with state and federal regulations and statutory provisions and to verify the nature and extent of costs of services specified herein. Such records shall be retained for a period of at least five (5) years whether or not this Agreement is terminated by rescission or otherwise. To the extent permitted by law, all records, books, and papers of UNTHSC and FACILITY pertaining to the performance of services pursuant to this Agreement, including billings and receipts shall be open to inspection during normal business hours by authorized federal and state authorities and to representatives of UNTHSC and FACILITY as appropriate.

15. **High Risk Exposures**. An occurrence report form is to be completed by FACILITY if a Student is exposed to blood or body fluids during a rotation at FACILITY through a needle stick, splash, laceration and/or other high-risk exposure. Upon obtaining written authorization by Student, FACILITY will send a copy of the Occurrence Report form to UNTHSC's Office of Quality Assurance. FACILITY will provide immediate evaluation and treatment for such exposure as recommended in accordance with Center for Disease Control guidelines. FACILITY's employee health policies regarding the costs of treatment and follow-up testing shall apply to the Students.

Insurance

16. UNTHSC shall ensure that the Students are covered by a policy of professional and general liability insurance or self-insurance with limits of no less than $1,000,000 per occurrence and $3,000,000 in the aggregate. Upon request by FACILITY, UNTHSC shall provide FACILITY copies of certificates of insurance.

17. During the term of this Agreement, FACILITY shall keep and maintain, at its sole cost and expense, professional and general liability coverage for the acts and omissions of FACILITY, its officers, directors, employees and agents (excluding Provider should it be deemed to be agents notwithstanding the contrary intent of the parties). All such insurance shall be issued upon such forms and in such amounts that are customary in the FACILITY's industry.

Independent Contractors

18. This Agreement is not intended to create, nor should it be construed to create, any relationship between the parties other than that of independent contractors contracting with each other solely for the purpose of effecting the provisions of this Agreement. Neither of the parties hereto, nor any of their respective employees, shall be construed to be the agent, employee or representative of the other. Any and all joint venture, joint enterprise, or partnership status is expressly denied and the parties expressly state they have not formed either expressly or impliedly a joint venture, joint enterprise, or partnership.

Term, Termination, Amendments and Notice

19. This Agreement shall become effective as of aforementioned Effective Date and shall continue in full force and effect for an initial term of one year and shall thereafter automatically renew annually unless terminated sooner. Either party may terminate this agreement, with or without cause, upon sixty (60) days' prior written notice to the other party provided that Student(s) shall be permitted to finish their current rotations. This Agreement can only be amended by a written amendment signed by duly authorized parties hereto.

20. Any notice required or permitted to be delivered hereunder shall be deemed to have been given when personally delivered, or if mailed, seventy-two (72) hours after deposit of the same in the United States Mail, postage prepaid, certified, or registered, return receipt requested, properly addressed to the parties hereto at the respective addresses set forth below, or at such other addresses as they shall specify by written notice delivered in accordance herewith:

UNTHSC: University of North Texas Health Science Center at Fort Worth

3500 Camp Bowie Blvd.

Fort Worth, Texas 76107

Attention: Dean, School of Health Professions

FACILITY:

Attention:

Miscellaneous

21. This Agreement sets forth the entire understanding of the parties and it supersedes all prior agreements and understandings between the parties with regard to the subject matter herein.

22. The headings preceding the text of several sections of this Agreement are inserted solely for convenience and shall not constitute a part of this Agreement nor affect the meaning of any section herein.

23. In the event that any section of this Agreement is held invalid or unenforceable by a court of competent jurisdiction for any reason, all remaining sections shall remain in full force and effect.

24. This Agreement shall be governed by the laws of the State of Texas.

25. The waiver by any of the parties of breach or violation of any provisions of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach thereof.

EXECUTED by the duly authorized parties below:

_____ _____

Date

UNIVERSITY OF NORTH TEXAS
HEALTH SCIENCE CENTER
AT FORT WORTH

_____ _____

Charles Taylor, PharmD Date
Provost and Executive Vice President for Academic Affairs

ATTACHMENT Student Guidelines

DPT PROGRAM RESPONSIBILITIES

1. **The physical therapy program philosophy and curricular design, instructional plan, and scheduling of clinical experiences shall be the responsibility of the DPT Program at UNTHSC at Fort Worth.**
2. **The DPT Program's Director of Clinical Education (DCE) will assign the student to the Clinical Facility, designate the length of the student's clinical affiliation, and determine and direct the nature of the student's experience in conjunction with the Site Coordinator of Clinical Education (SCCE). The DPT Program will assign only those students who have satisfactorily completed the prerequisite components of the curriculum, in accordance to the DPT Program's policies and procedures.**
3. **The DPT Program shall give adequate notice of the student assignment for clinical affiliation to the Clinical Facility.**
4. **The DPT Program shall reserve the right to revise any assignment prior to the student's entry into the Clinical Facility's clinical education program.**
5. **The DPT Program shall provide the student evaluation forms and other forms necessary for the clinical education program.**
6. **Representatives of the DPT Program retain the right to visit the Clinical Facility before, after and/or during the clinical affiliation period at times that are mutually convenient.**
7. **The DPT Program reserves the right to immediately withdraw a student from his/her assigned clinical education experience at the Clinical Facility when, in the DPT Program's judgment, the clinical experience does not meet the student's needs.**

CLINICAL FACILITY RESPONSIBILITIES

1. **Prior to the student's clinical affiliation, the Clinical Facility shall contact the student and inform the student that the Clinical Facility is prepared to accommodate the student's clinical experience.**
2. **The Clinical Facility shall designate in writing to the DPT Program the name of the person responsible for the Clinical Facility's clinical education program. The Clinical Facility agrees to notify the DPT Program in writing of any change or proposed change in its designation of the person responsible for the Clinical Facility's clinical education program, or of any other staff which may affect the clinical education program.**
3. **The Clinical Facility and the SCCE shall designate a qualified physical therapist as a Clinical Instructor (CI).**
4. **The Clinical Facility shall provide supervision for the clinical experience in accordance with State of Texas and federal guidelines.**
5. **The Clinical Facility shall have primary responsibility for ensuring the student's compliance with his/her following responsibilities:**
    a. **Following the administrative policies, standards, and practices of the Clinical Facility;**
    b. **Abiding by appropriate dress code required by the Clinical Facility;**
    c. **Providing his/her own transportation and living arrangements when not furnished by the Clinical Facility;**
    d. **Reporting to the Clinical Facility on time and following all established regulations during the regularly scheduled operating hours of the Clinical facility;**
    e. **Conforming to the standards and practices established by the DPT Program while training in the Clinical Facility; and**

   f. **Maintaining confidentiality of information relating to the Clinical Facility's patients/clients and/or residents.**

6. **The Clinical Facility shall maintain complete records and reports on each student's performance, providing evaluations to the DPT Programs on forms provided by the DPT Program.**
7. **The Clinical Facility shall provide the DPT Program with written midterm and final evaluations of the affiliating student's performance in clinical education.**
8. **The Clinical Facility and the SCCE shall have sole and primary responsibility for patient/client/resident care and treatment. A student shall be encouraged to observe as many procedures as possible; however, the student shall perform only those tasks consistent with the clinical education program and properly delegated in accordance with Texas state and federal laws. A student shall receive a structured learning experience and shall not serve as a routine substitute for Clinical Facility Staff.**
9. **In all cases, the Clinical Facility shall retain ultimate responsibility for the care of its patients/clients and/or residents.**
10. **The Clinical Facility shall, on reasonable request, permit the inspection of its clinical facilities, services available for clinical experiences, student records, and such other items pertaining to the clinical education as may be relevant, by representatives of the Program or agencies, or both, charged with responsibility for approval of the facilities or accreditation of the curriculum.**
11. **The Clinical Facility shall, at the commencement of a student's placement, provide the student a thorough orientation as to the Clinical Facility's administrative policies, standards and practice relevant to the clinical placement.**
12. **Except in emergencies, the Clinical Facility shall not grant leaves of absence from regular duties to students during their clinical placements without prior approval from the DPT Program.**
13. **The Clinical Facility shall provide first aid and/or emergency care which relate to the student's on-the-job injuries. The cost of such care would be the student's responsibility.**

Appendix I :

DEPARTMENT OF PHYSICAL THERAPY

Curriculum Sheet - Doctor of Physical Therapy (DPT)

	FALL		SPRING		SUMMER	
First Year	**DPHT 7400** : Clinical Anatomy I	4	**DPHT 7202** : Clinical Medicine II	2	**DPHT 7333** : Evidence Based Practice II	3
	DPHT 7200 : Clinical Anatomy II	2	**DPHT 7320** : Integrated Control of Movement	3	**DPHT 7233** : Therapeutic Interventions II	2
	DPHT 7221 : Evidence Based Practice I	2	**DPHT 7323** : Applied Exercise Physiology	3	**DPHT 7256** : Health Promotion (Even Years)	2
	DPHT 7305 : Applied Anatomy & Kinesiology	3	**DPHT 7324** : Development and Geriatrics	3	**DPHT 7133** : Preliminary Clinical Practicum	1
	DPHT 7301 : Clinical Medicine I	3	**DPHT 7230** : Therapeutic Exercise I	2		
	DPHT 7307 : Clinical Reasoning I	3	**DPHT 7225** : Culture Teaching & Learning	2		
	DPHT 7209 : Foundations of PT	2	**DPHT 7232** : Therapeutic Interventions I	2		
	Semester Credits:	**19**	**Semester Credits: 17**		**Semester Credits: 8**	
	Semester Weeks: 21 Weeks		**Semester Weeks: 18 Weeks**		**Semester Weeks: 9 Weeks**	
Second Year	**DPHT 7340** : Cardiovascular-Pulmonary PT	3	**DPHT 7150** : Therapeutic Exercise II	1	**DPHT 7270** : Business & Leadership in PT	2
	DPHT 7441 : Musculoskeletal PT I	4	**DPHT 7451** : Musculoskeletal PT II	4	**DPHT 7271** : Prosthetics, Orthotics, & Gait	2
	DPHT 7442 : Neuromuscular PT I	4	**DPHT 7452** : Neuromuscular PT II	4	**DPHT 7372** : Evidence Based Practice IV	3
	DPHT 7343 : Clinical Reasoning II	3	**DPHT 7254**: Advanced Clinical Diagnostics		**DPHT 7153** : Comprehensive Exams.	1
	DPHT 7345 : Clinical Practicum I	3	& Imaging	2	**DPHT 7155** : Rural and Underserved Pop.	1
			DPHT 7244 : Evidence Based Practice III	2		
			DPHT 7141: Integumentary PT	1		
	Semester Credits: 17		**Semester Credits: 14**		**Semester Credits: 9**	
	Semester Weeks: 21 Weeks		**Semester Weeks: 18 Weeks**		**Semester Weeks: 9 Weeks**	
Third Year	**DPHT 7560** : Clinical Practicum II	4	**DPHT 7680** : Specialized Internship	6		
	DPHT 7473 : Clinical Practicum III	4	**DPHT 7192** : Capstone	1		
	Semester Credits: 8		**Semester Credits: 7**			
	Semester Weeks: 21 Weeks		**Semester Weeks: 18 Weeks**			

Total Credits : 99 Updated for Summer 2020 and beyond

Appendix J:

DEPARTMENT OF PHYSICAL THERAPY
Early Student Assessment of Clinical Education Experience

EARLY STUDENT ASSESSMENT OF CLINICAL EDUCATION EXPERIENCE

Student Name _____ Student phone_____

Facility Name _____ Clinical Instructor _____

CI phone_____ CI e-mail _____

Year CI became licensed Year CI became an instructor
Highest Physical Therapy Degree Highest Earned Degree
University attended for PT

CI advanced degrees or certification: (Please check all that apply)
☐ APTA Certified Clinical Instructor ☐TEXAS Consortium Certified Clinical Instructor
☐ GCS ☐CSCS ☐OCS ☐NCS ☐ATC ☐Other

Type of Experience: ☐Acute ☐Sub-Acute ☐In-Patient Rehab ☐Out-Patient Orthopedic ☐Specialty _____

Please respond to the following statements as it relates to your clinical rotation using the drop down boxes:

		Additional Comments
I received a thorough orientation of the facility and my responsibilities as a student	Select from the drop down:	
I know where to find policies, procedures and forms needed for this clinical experience	Select from the drop down:	If you marked “Disagree” or “Strongly Disagree”, did you ask?
I have access to all facility resources as needed	Select from the drop down:	If you marked “Disagree” or “Strongly Disagree,” what resources do you need that you do not have?
I have been introduced to the rehabilitation team	Select from the drop down:	
I am aware of the individual(s) who will replace my CI (if CI is not available)	Select from the drop down:	If you marked “Disagree” or “Strongly Disagree”, did you ask?

I am aware of my own supervisory responsibilities (of PTAs, PT technician(s), etc.)	Select from the drop down:	If you marked “Disagree” or “Strongly Disagree”, did you ask?
I am aware of my caseload and workload expectations	Select from the drop down:	If you marked “Disagree” or “Strongly Disagree”, did you ask?
I am aware of my responsibilities regarding evaluations/interventions	Select from the drop down:	If you marked “Disagree” or “Strongly Disagree”, did you ask?
I was able to participate in the organization of my own clinical experience	Select from the drop down:	If you marked “Disagree” or “Strongly Disagree”, what would you like to see included in your experience that you were unable to communicate with your CI?
The clinical experience is organized to facilitate and expand my learning	Select from the drop down:	If you marked “Disagree” or “Strongly Disagree”, have you had a conversation with your CI about how to best facilitate your learning?
I am receiving the necessary feedback to facilitate and expand my learning	Select from the drop down:	If you marked “Disagree” or “Strongly Disagree”, have you had a conversation with your CI about how to best facilitate your learning?
My CI established a pattern of collaboration including feedback and open lines of communication	Select from the drop down:	If you marked “Disagree” or “Strongly Disagree”, have you had a conversation with your CI about communication?
I feel equipped to manage my educational responsibilities in this clinical setting	Select from the drop down:	
I feel that I need additional help and resources to be able to successfully complete this clinical experience	Select from the drop down:	If yes, what additional resources do you need to be successful?
Do you feel that you needed additional information prior to starting this clinical experience	Select from the drop down:	If yes, what additional information do you need to be successful?

Do you need a phone call from the DCE? - ☐YES ☐ NO

Student Signature/Date

_____

APPENDIX K : WEEKLY PLANNING FORM

(PLEASE DUPLICATE THIS FORM FOR EACH WEEK)

Instructions: This instrument should be used to focus learning, promote realistic self-appraisal, provide timely feedback, stimulate professional growth and clarify expectations on a weekly basis. The students should complete all sections marked "Student" prior to meeting with Clinical Instructor. Clinical Instructor will review and make additional comments or changes (if necessary). Use of this form is not required.

Week # _____ DATES: _____

Student: Summary of previous week: Note progress, achievements, feedback on previous goals, etc.
Student: Identify two-three skills, behaviors, goals that I would like to work during this week
Student: Identify methods that Clinical Instructor can assist your learning
Clinical Instructor: Note progress, achievements, feedback on previous goals, etc., (if they are different than above)
Clinical Instructor: Identify a method (or methods) that the student can improve during next week
Student: Include goals for the upcoming week

APPENDIX L : CLINICAL EXPERIENCE PLANNING FORM

NOTE TO STUDENT: The student is responsible for completing a weekly log describing his/her clinical experience. The clinical Instructor should initial the log at the end of each week. NOTE: A copy of this log should be provided to the DCE at midterm and at final.

STUDENT NAME_____ **CLINICAL FACILITY** _____

CLINICAL ROTATION_____**TYPE OF CLINICAL EXPERIENCE**_____

	#of Patients Seen	Type of Patients Seen	Skills Performed	Self-Assessment of Performance	Goal(s) for Following Week	CI Initials
Week 1						
Week 2						
Week 3						
Week 4						

	#of Patients Seen	**Type of Patients Seen**	**Skills Performed**	**Self-Assessment of Performance**	**Goal(s) for Following Week**	**CI Initials**
Week 5						
Week 6						
Week 7						
Week 8						
Week 9						

	#of Patients Seen	**Type of Patients Seen**	**Skills Performed**	**Self-Assessment of Performance**	**Goal(s) for Following Week**	**CI Initials**
Week 10						
Week 11						
Week 12						

APPENDIX M : EDUCATIONAL & BEHAVIORAL

INDICATORS REPORT AND LEARNING AGREEMENT

Please document either a behavioral or educational trends or a single occurrence of a serious nature. Please immediately contact the DCE at: 817-735-2977 or email at: brandy.schwarz@unthsc.edu. Send this completed form by email to the DCE.

Student Name _____
Clinical Instructor Name_____

Date, Time, Behavior/Educational Trend Observed	Evaluator/Observer's Interpretation
Agreement & Statement of Planned Change	**Timeframe for Achievement/Reevaluation of Change**

Student Signature/Date_____
Clinical Instructor Signature/Date _____

Student signature is required as the document was reviewed with the student.

Completed by program: Summary of Outcome(s)

Appendix N: Professional Behaviors - Self Assessment Form

Student:_____ Date_____

Instructions: Assess each of your abilities based on your assessment of your own performance. Circle the letter that indicates your current level of performance (B - Beginning Level, D - Developing Level, E – Entry-Level). The student is not required to be at the Post-Entry-Level at this time. For each of the professional behaviors provide at least one example of your performance in that area. You may attach additional sheets if necessary, but this is not required. Please sign and date the assessment.

1.	Commitment to Learning Examples:	B	D	E
2.	Interpersonal Skills Examples:	B	D	E
3.	Communication Skills Examples:	B	D	E
4.	Effective Use of Time and Resources Examples:	B	D	E
5.	Use of Constructive Feedback Examples:	B	D	E
6.	Problem-solving Examples:	B	D	E
7.	Professionalism Examples:	B	D	E
8.	Responsibility Examples:	B	D	E
9.	Critical Thinking Examples:	B	D	E
10.	Stress Management Examples:	B	D	E

Student:_____ Date_____
(signature)

Clinical Instructor
Signature:_____
(signature)

Self Assessment is: (*circle one*) Valid Not Valid
Comments:

APPENDIX O: ANECDOTAL FORM

Student's Name: _____

Date: _____

Evaluator/Observer's Name: _____

Setting (Place, Persons, Atmosphere, Surroundings, etc.): _____

_____

Student Action/Behavior: _____

_____

Evaluator Interpretation: _____

_____

_____

Student's Signature _____

Evaluator Signature _____

Student's Comment _____

Appendix P

PHYSICAL THERAPIST STUDENT EVALUATION:

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

June 10, 2003

American Physical Therapy Association

Department of Physical Therapy Education

1111 North Fairfax Street

Alexandria, Virginia 22314

PREAMBLE

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

Key Assumptions

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

Acknowledgement

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

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

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name _____

Academic Institution

Name of Clinical Education Site

Address City State

Clinical Experience Number Clinical Experience Dates

Signatures

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

_____ _____

Student Name (Provide signature) Date

_____ _____

Primary Clinical Instructor Name (Print name) Date

_____

Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned
Highest degree earned Degree area
Years experience as a CI
Years experience as a clinician
Areas of expertise
Clinical Certification, specify area
APTA Credentialed CI ☐ Yes ☐ No
Other CI Credential State ☐ Yes ☐ No
Professional organization memberships ☐ APTA ☐ Other

Additional Clinical Instructor Name (Print name) Date

_____

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned
Highest degree earned Degree area

Years experience as a CI
Years experience as a clinician
Areas of expertise
Clinical Certification, specify area
APTA Credentialed CI ☐ Yes ☐ No
Other CI Credential State ☐ Yes ☐ No
Professional organization memberships ☐ APTA ☐ Other

SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

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

1. Name of Clinical Education Site

   Address City State

2. Clinical Experience Number

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

   Acute Care/Inpatient Hospital Facility Private Practice

   Ambulatory Care/Outpatient Rehabilitation/Sub-acute Rehabilitation

   ECF/Nursing Home/SNF School/Preschool Program

   Federal/State/County Health Wellness/Prevention/Fitness Program
Industrial/Occupational Health Facility Other

Orientation

4. Did you receive information from the clinical facility prior to your arrival? ☐ Yes ☐ No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? ☐ Yes ☐ No

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

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:

1= Never 2 = Rarely 3 = Occasionally 4 = Often

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

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

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

Components Of Care	Rating	Components Of Care	Rating
Examination		Diagnosis	
• Screening		Prognosis	
• History taking		Plan of Care	
• Systems review		Interventions	
• Tests and measures		Outcomes Assessment	
Evaluation			

9. During this experience, how frequently did staff (ie, CI, SCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

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

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

Clinical Experience

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

- ☐ Physical therapist students
- ☐ Physical therapist assistant students
- ☐ Students from other disciplines or service departments (Please specify)

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

- ☐ 1 student to 1 CI
- ☐ 1 student to greater than 1 CI
- ☐ 1 CI to greater than1 student; Describe

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

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

- ☐ Attended in-services/educational programs
- ☐ Presented an in-service
- ☐ Attended special clinics
- ☐ Attended team meetings/conferences/grand rounds
- ☐ Directed and supervised physical therapist assistants and other support personnel
- ☐ Observed surgery
- ☐ Participated in administrative and business practice management
- ☐ Participated in collaborative treatment with other disciplines to provide patient/client care (please specify disciplines)
- ☐ Participated in opportunities to provide consultation
- ☐ Participated in service learning
- ☐ Participated in wellness/health promotion/screening programs
- ☐ Performed systematic data collection as part of an investigative study
- ☐ Other; Please specify

15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc.

Overall Summary Appraisal

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

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

☐ Time well spent; would recommend this clinical education site to another student.
☐ Some good learning experiences; student program needs further development.
☐ Student clinical education program is not adequately developed at this time.

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

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

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

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

21. What curricular suggestions do you have that would have prepared you better for *this clinical experience?*

SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

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

Assessment of Clinical Instruction

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

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

Provision of Clinical Instruction	Midterm	Final
The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.		
The clinical education site had written objectives for this learning experience.		
The clinical education site's objectives for this learning experience were clearly communicated.		
There was an opportunity for student input into the objectives for this learning experience.		
The CI provided constructive feedback on student performance.		
The CI provided timely feedback on student performance.		
The CI demonstrated skill in active listening.		
The CI provided clear and concise communication.		
The CI communicated in an open and non-threatening manner.		
The CI taught in an interactive manner that encouraged problem solving.		
There was a clear understanding to whom you were directly responsible and accountable.		
The supervising CI was accessible when needed.		
The CI clearly explained your student responsibilities.		
The CI provided responsibilities that were within your scope of knowledge and skills.		
The CI facilitated patient-therapist and therapist-student relationships.		
Time was available with the CI to discuss patient/client management.		
The CI served as a positive role model in physical therapy practice.		

The CI skillfully used the clinical environment for planned and unplanned learning experiences.		
The CI integrated knowledge of various learning styles into student clinical teaching.		
The CI made the formal evaluation process constructive.		
The CI encouraged the student to self-assess.		

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

Midterm Evaluation ☐ Yes ☐ No Final Evaluation ☐ Yes ☐ No

24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation

Final Evaluation

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

Midterm Comments

Final Comments

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

Midterm Comments

Final Comments

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.

Appendix Q: Internship Student Request Form

Name:_____

Preferred Specialty (Please mark 1st and 2nd choice):

- Sports
- Manual Therapy / Ortho
- Geriatrics
- Pediatrics (Neuro, ortho, schools, home health, other_(1st Choice)_____)
- Neuro (Stroke, TBI, SCI, other_____)
- Amputee
- Burns
- Women's Health
- Aquatics
- Wounds
- Other_____

Educational Goals for Internship (3 goals are required):

1. _____
2. _____
3. _____

Preferred Geographic Location (Please list at least 3 areas):

1._ _____

2_ _____

3_ _____

-OR-
I am willing to go anywhere that can provide me a quality internship in the area of my preferred specialty

Specific Facilities in which I am interested (Please list no more than 3):

1. _____
2. _____
3. _____

Other information/Comments:
_____
_____
_____

APPENDIX R: INTERNATIONAL INTERNSHIP REQUEST FORM

Name_____

1. Why do you want to be considered for an international clinical experience?

2. What are your expectations for an international clinical experience?

3. What specific challenges do you think you might face during an international clinical experience?

4. What specific learning goals would you like to address through this experience?

    1.

    2.

    3.

    4.

I understand that participation in an international internship will require additional meetings and assignments in preparation for the experience. Initials _____

I understand that participation in an international internship will incur additional costs including, but not limited to, airfare, housing, food, transportation, emergency evacuation insurance, and immunizations. These costs are my responsibility.

Initials _____

Signature: _____

Appendix S: STUDENT CLINICAL ROTATION INFORMATION

Student Information

Student Name:

Student e-mail:

Student phone:

Emergency Contact:

Goals for this Clinical Experience:

1.

2.

3.

Clinical Rotation Information

Clinical Affiliation (Check one): ☐Preliminary Clinical Practicum ☐ Clinical Practicum I

☐Clinical Practicum II ☐ Clinical Practicum III ☐ Specialized Internship

Dates: From to

Previous clinical rotations (location/setting):

Additional Information:

Appendix T: CLINICAL INTERNSHIP EVALUATION TOOL

Student Name:_____

Student ID Number_____ **Year of Graduation:**_____

Clinical Facility:_____

Type of Rotation:_____ **Date:**_____

Midterm:_____ **Final:**_____ **or One-Year Affiliation Quarter (specify):**_____

Days Absent:_____ **Days Made Up:**_____

Clinical Instructor:_____

Clinical Instructor's Phone Number:_____

Clinical Instructor's E-mail:_____

Please Return to: Brandy Schwarz, PT, DPT, OTR, MBA
Director of Clinical Education
Department of Physical Therapy
3500 Camp Bowie Blvd, MET 539
Fort Worth, Texas 76107

Revised October 2012

Reprinted from: Fitzgerald LM, Delitto A, Irrgang JJ, Validation of the Clinical Internship Evaluation Tool. *Physical Therapy*. 2007; 87:844-
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Clinical Internship Evaluation Tool Instructions

INTRODUCTION

The University of North Texas Health Science Center at Fort Worth's Department of Physical Therapy recognizes that in the present day health care environment, a student graduating from an entry- level physical therapy program must be ready to "hit the ground running." The graduate should be able to skillfully manage patients in an efficient manner while achieving an effective outcome. We strive to achieve this goal through both the didactic and the clinical education portions of our curriculum. Thus, for the final clinical experience, the Internship, we use a clinical performance tool that evaluates the student against this benchmark. In order for this tool to be an effective and reliable measure, students *must* be rated against the standard of a competent clinician who meets the above criteria. If students are rated against the standard of an entry-level practitioner, this tool will not provide a uniform method of evaluation.

USING THE FORM

This form is composed of two sections. The first section, ***Professional Behaviors***, evaluates Safety, Standards of Conduct, Initiative, and Communication Skills in the clinic. The second section, ***Patient Management*** evaluates the student's ability to efficiently manage a patient with an effective outcome. It is divided into four sections, Examination, Evaluation, Diagnosis/Prognosis, and Intervention.

When evaluating the student on ***Professional Behaviors***, the frequency of appropriate behavior is the construct being measured. The occurrence of the appropriate behavior is rated as:
Never (0% occurrence), *Rarely, Sometimes* (50% occurrence), *Most of the Time,* or *Always* (100% occurrence). From the onset of the fieldwork experiences, our expectation is that the student shows safe, professional behavior and demonstrates a great deal of initiative. **Note that you cannot mark "Not Observed" on these behaviors.** You may mark "not observed" for communication skills if the student has not had the opportunity to demonstrate a particular skill. For instance, if the student has had no opportunity to communicate with other professionals this would be "not observed." If there are any concerns, or if you have positive feedback for the student, please elaborate in the "Comments" section. We expect the student to **"***Always***"** demonstrate ***Professional Behaviors*** in the clinic, with the exception of Communication Skills, which may be developing during the initial clinical education experiences.
When evaluating the student's ***Patient Management*** skills, please keep in mind that the student should be compared to a 'competent clinician who skillfully manages patients in an efficient manner to achieve an effective outcome'. This form is designed for use with all patient types, thus the student can be evaluated based on your clinic population.

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Please score the ***Patient Management*** section as follows:

Well Below: Student requires a great deal of guidance including instructions and verbal cueing to complete a task.

Below: Student requires some supervision and/or has difficulty with time management while completing the task

At that Level: Student is at the level of a competent clinician. Student can carry an appropriate caseload for your clinic and achieve effective outcomes with patients.

Above: Student is performing above the level of a competent clinician in your clinic.

Clinical skills are highly effective and demonstrate the most current evidence in practice. The student can carry a higher than expected caseload.

Well Above: This is reserved for the student who demonstrates skills at the level of a master clinician or clinical specialist..

Please use the comment page for specific areas of concern and/or positive feedback.

On the last page you are asked to make a global rating about the student. The academic faculty will decide if the student has passed the affiliation based on your evaluation. Our expectation is that the student will have met the level of a competent clinician for all skills by the end of their clinical internship experiences, prior to that the student may have skills that fall below that level while still receiving a passing grade. For professional skills the student should be consistently performing at the level ***"****Always*". Please let the DCE know **immediately** if there is a problem in any area of ***Professional Behaviors*****.**

Please complete this form and review it with the student at both midterm and at the end of the affiliation. The student is responsible for submitting the completed form to the Department of Physical Therapy at both midterm and at the end of the internship. Do not hesitate to call the Department of Physical Therapy at any time during the affiliation with questions or concerns regarding use of this tool or the student's performance. The telephone number is 817-735-2952.

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REFERENCES:

American Physical Therapy Association. Guide to Physical Therapist Practice, ed. 2. Physical Therapy 81[1]. 2001

Sackett et al. Clinical Epidemiology A Basic Science for Clinical Medicine. 1991.

World Health Organization (2001) International Classification of Impairments, Disabilities and Health. Geneva: World Health Organization.

STUDENT NAME:_____

STANDARDS & BENCHMARKS			RATING			
PROFESSIONAL BEHAVIORS	**Never**	**Rarely**	**Some-times**	**Most of the Time**	**Always**	**Not Observed**
SAFETY						
1. Follows Health and Safety Precautions (e.g. Universal/Standard Precautions)						
2. Takes appropriate measures to minimize risk of injury						
3. Takes appropriate measures to minimize risk of injury						
Comments:						
PROFESSIONAL ETHICS						
1. Demonstrates compliance with all regulations regarding patient privacy, confidentiality,						
2. Demonstrates positive regard for patients/peers during interactions						
3. Demonstrates cultural competence; shows tolerance of						
4. Adheres to ethical and legal standards of practice,						
5. Maintains appropriate appearance and attire in accordance with the						
6. Maintains appropriate professional conduct and						
7. Demonstrates awareness of patients' rights and						
Comments:						

STUDENT NAME:_____

STANDARDS & BENCHMARKS			RATING			
PROFESSIONAL BEHAVIORS	**Never**	**Rarely**	**Some-times**	**Most of the Time**	**Always**	**Not Observed**
INITIATIVE						
1. Recognizes and maximizes opportunity for						
2. Implements constructive criticism						
3. Utilizes available resources for problem						
4. Is a positive contributor to the efficient operation of the clinic through the demonstration of						
Comments:						
COMMUNICATION SKILLS						
Communicates verbally with precise and appropriate terminology and in a timely						
1. With patients and families/caregivers						
2. With healthcare professionals (e.g. MD, nurses, insurance carriers, case						
Communicates in writing with precise and appropriate terminology and in a timely						
3. Documentation standards (e.g. concise, accurate,						
4. With professionals (e.g. documentation, letters, plans of care, etc.)						
5. With patients and families/caregivers (e.g. patient						
Comments:						

Student signature:_____ **Date:**_____

Clinical Instructor signature:_____ **Date:**_____

STUDENT NAME:_____

Please compare the student to the competent clinician who is able to skillfully manage patients in an efficient manner to achieve an effective outcome. (Refer to page 3 for RATING definitions)

STANDARDS & BENCHMARKS			RATING		
PATIENT MANAGEMENT	**Well Below**	**Below**	**At that Level**	**Above**	**Well Above**
EXAMINATION					
1. Obtains an accurate history of current problem					
2. Identifies problems related to activity limitations and participation restrictions using standardized outcomes instruments when available					
3.Performs systems review and incorporates relevant past medical history					
4.Generates an initial hypothesis					
5.Generates alternative hypotheses (list of differential dx)					
6. Selects evidence-based tests and measures to confirm or disconfirm hypotheses					
7.Recognizes contraindications for further tests and measures					
8. Demonstrates appropriate psychomotor skills when performing tests and measures					
EVALUATION (Analysis and synthesis of exam results; critical thinking skills)					
1. Makes correct clinical decisions based on the data gathered in the examination (confirms/disconfirms initial and alternative hypotheses)					
2. Identifies impairments in body structure and function; activity limitations; and participation restrictions					
3. Administers further tests and measures as needed for appropriate clinical decision making					
DIAGNOSIS/PROGNOSIS					
1. Determines a diagnosis for physical therapy management of the patient					
2. Determines expected outcomes (using standardized indices of activity limitations and participation restrictions where applicable) of physical therapy interventions (goals)					
3. Selects appropriate physical therapy interventions or makes appropriate consultations or referrals					
4. Determines appropriate duration and frequency of intervention; considers cost effectiveness					
5. Determines criteria for discharge					
INTERVENTION					
1. Adheres to evidence during treatment selection					
2. Applies effective treatment using appropriate psychomotor skills					
3. Incorporates patient/family education into treatment					
4. Incorporates discharge planning into treatment					
5. Assesses progress of patient using appropriate measures					
6. Modifies intervention according to patient/client's response to treatment					
7. Recognizes when expected outcome has been reached and makes appropriate recommendations					
8 Recognizes psychosocial influences on patient management					

STUDENT NAME:_____

Please comment here on the specific areas of concern or areas of strength.
Examination:
Evaluation:
Diagnosis/Prognosis:
Intervention:

1. Global Rating of Student Clinical Competence

On a scale from 0 to 10, how does the student compare to a competent clinician who is able to skillfully manage patients in an efficient manner to achieve effective patient/client outcomes?

Place an "X" in the box which best describes the student.

0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**

Well Below **a competent clinician** — ***At the Level*** **of a competent clinician** — ***Well Above*** **a competent clinician**

2. Is the student performing at a level that is satisfactory for his/her current level of education?

_____ Yes _____ No

If no, please explain: _____

_____

_____

_____

_____

_____

_____

****

Student

Signature:_____ **Date:**_____

Clinical Instructor Signature:_____ **Date:**_____

Appendix U: CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE

UNIVOFN-01 TGODSEY

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/29/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 4682
Fort Worth, TX-Hub International Insurance Services
421 West Third Street, Suite 800
Fort Worth, TX 76102

CONTACT NAME:
PHONE (A/C, No, Ext): (817) 820-8100 FAX (A/C, No): (817) 870-0310
E-MAIL ADDRESS: ftw.service@hubinternational.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Columbia Casualty Company	31127
INSURER B : Sentinel Insurance Company, Ltd.	11000
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
University of North Texas System
1155 Union Circle #310950
Denton, TX 76203

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			HPP4031960334	9/1/2019	9/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N	N / A		46WERT3322	9/1/2019	9/1/2020	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
A	Healthcare Prof Liab			HPP4031960334	9/1/2019	9/1/2020	Each Claim	1,000,000
A	Healthcare Prof Liab			HPP4031960334	9/1/2019	9/1/2020	Aggregate	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Named Insureds included for Professional Liability Only:

University of North Texas Health Science students (Texas College of Osteopathic medicine, community health, long term health care administration, pharmacist, physical therapist, and physician assistant).

University of North Texas Health Science Center and its non-physician licensed providers, faculty and staff.

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

University of North Texas System
1155 Union Circle #310950
Denton, TX 76203

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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Student Consent for Clinical Educational Experiences

___ I understand that a portion of my education in The University of North Texas Health Science Center at Fort Worth (HSC Fort Worth) DPT program consists of 5 clinical rotations.

___ I understand that all expenses related to clinical education experiences are my sole responsibility.

___ I understand that during any clinical experiences I will be subject to the known and unknown risks members of my profession experience in the provision of health care. These may include exposure to people with infectious and communicable diseases, mental illnesses, and risks attendant to the work environment. I realize, however, as a student, I am not eligible for coverage under the University's nor the healthcare facility's worker's compensation insurance, and that there is no mechanism for compensation in the event I am injured during my clinical experience.

___ I will be expected to abide by whatever policies the facility has regarding risk exposure management for its employees, even though I am no considered by HSC at Fort Worth nor the facility to be an employee of the facility.

___ I will carry at all times proof of the following: 1) current CPR certification, 2)current immunization records required by University and clinical site, and 3) background check clearance, 4) negative drug screen for proof of health clearance, 5) current liability insurance, and 6) health insurance coverage.

___ I understand that failure to meet the above documentation criteria will delay or prevent my participation in clinical education experiences.

___ I understand that I must be registered for clinical courses for my liability insurance to cover me.

___ I understand that each facility may require additional background check or drug screen prior to the start date of each rotation and the costs are solely my responsibility.

___ I voluntarily agree to participate in clinical education experiences arranged by the HSC at Fort Worth DPT program.

I,_____(PRINT NAME), have read the requirements for the Professional Behaviors. I have been given the opportunity to ask questions which have been adequately answered. I understand that professional behavior is just as much a part of becoming a competent physical therapist as is the theory and application of treatment.

_____ _____

STUDENT SIGNATURE DATE