
MISSION OF PHYSICAL THERAPY PROGRAM

In concert with the mission of the University of Scranton, and the American Physical Therapy Association Vision 2020, the Department of Physical Therapy aspires to prepare knowledgeable, service-oriented, self-assured, adaptable, reflective Physical Therapists who are sensitive to individual diversity. In the spirit of the *magis*, the Department of Physical Therapy promotes the quest for excellence and knowledge along with a commitment for life-long learning. Graduates are expected to render independent judgments that are ethical and based on the best clinical practices and scientific evidence currently available. The Department fosters a spirit of caring based on the *cura personalis*, and strives to prepare our graduates for a career of service to others.

Contemporary physical therapy core documents, including the Normative Model of Physical Therapist Professional Education: Version 2004 and The Guide to Physical Therapist Practice, 3rd ed, 2014 indicate that the physical therapist is to be educated at the post-baccalaureate level. The APTA Vision 2020 statement specifies "... *physical therapy will be provided by physical therapists who are doctors of physical therapy...*" and in 2014 the House of Delegates further refined the vision to be "*transforming society by optimizing movement to improve the human experience*".

Philosophy of Clinical Education

The purpose of the Clinical Education component of the University of Scranton's physical therapist education curriculum is to provide students with a well-rounded experience of clinical practice under the guidance of qualified clinical instructors (CI). The clinical environment is essential to allow the student to build psychomotor expertise and integrate knowledge in all aspects of physical therapist practice, as well as demonstrate growth in professionalism.

Clinical internships are arranged so that skills acquired in the classroom can be transferred and applied to a patient-care setting. Each level of clinical education builds upon the student intern's prior academic and clinical exposure. The student has a high level of involvement and responsibility in the planning of each clinical experience. Students are expected to take responsibility for their own learning by actively seeking out input from experienced clinicians, as well as engaging in active discussion with the clinical instructor. In addition, students are expected to continually assess their current skills and future professional goals in the process of becoming lifelong learners

Non-Discrimination Policy

The University of Scranton admits students without regard to their race, color, religion, national origin, ancestry, sex, veteran status, sexual orientation or age to all the rights, privileges, programs and activities generally accorded or made available at the school. The University does not discriminate on the basis of race, color, religion, national origin, ancestry, disability, sex, veteran status, sexual orientation or age in administration of educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. Otherwise qualified persons are not subject to discrimination on the basis of handicap or disability. (University of Scranton *Student Handbook*).

Policy on Students with Disabilities

The University of Scranton complies with all applicable laws and regulations with respect to the provision of reasonable accommodation for students with disabilities as these terms are defined in the law. The University will provide reasonable accommodations so that students can fully participate in curricular and extracurricular activities.

Request for accommodation: If a student has a physical, medical, psychological or learning disability that may impact attendance or require accommodations, it is the responsibility of the student to request such modification, and contact the Center for Teaching and Learning Excellence at 570-941-4038. This office will provide a letter of verification of disability to the instructor that describes the accommodations need for class or internships. The physical therapy program is dedicated to providing reasonable accommodation to qualified students with a disability, throughout the curriculum.

Accommodations for clinical internships will be considered on a case-by-case basis, designed to meet individual student needs. Determining reasonable accommodations to enable an individual to meet the essential requirements of a physical therapist will be a dynamic, interactive process involving the DCE/ADCE, ADCE/ADCE, academic and clinical faculty, in addition to the student and the Center for Teaching and Learning.

Student, CI, CCCE or Patient complaints about DPT Program

A. Public complaints about the PT program will be address through the approved University procedures;

1. Members of the general public and concerned parties of interest who have complaints about the conduct of the PT program and/or its students are to forward written documentation to the Department Chairperson.
 - a. The Department Chairperson will review the complaint and respond in an appropriate and timely manner
 - (1) The Department Chairperson may consult with any of the following individuals:
 - (a) Any person specifically named in the complaint
 - (b) Dean of PCPS
 - (c) Provost/VPAA
 - (d) Legal counsel
 - (e) President of the University
 - (2) All contacts and consultations requested and provided to the Department Chairperson will be documented in writing and maintained in a secured file in the Chairperson's office for one accreditation cycle.
 - b. The Department Chairperson will issue a written decision to the individual(s) presenting the complaint
 - (1) Supporting documentation will be provided
 - (2) Copies of the complaint and subsequent decisions will be held in the PT Chairperson's office in a secured file for one accreditation cycle.
2. If the decision of the Department Chairperson is not accepted, the complaint may be taken to the Dean of PCPS.

- a. The procedure, as outlined in A.1., will be followed
 - b. In addition to the individual(s) presenting the complaint, the PT Program will receive a copy of the Dean's decision
 - c. Copies of the complaint and subsequent decisions will be held in the PT Chairperson's office in a secured file for one accreditation cycle.
3. If the decision of the Dean(s) is not accepted, the decision may be appealed to the Provost/VPAA
 - a. The procedure, as outlined in A.1., will be followed.
 - b. In addition to the individual(s) presenting the complaint, the PT program will receive a copy of the decision of the Provost/VPAA.
 - c. Copies of the complaint and subsequent decision will be held in the PT Chairperson's office in a secured file for one accreditation cycle.
4. If the decision of the Provost/VPAA is not accepted, the decision may be appealed to the President of the University.
 - a. The procedure, as outlined in A.1., will be followed.
 - b. The decision of the President will be final and binding.
 - c. In addition to the individual(s) presenting the complaint, the PT program will receive a copy of the decision of the President of the University.
 - d. Copies of the complaint and subsequent decision will be held in the PT Chairperson's office in a secured file for one accreditation cycle.

Student, CCCE/CI or patient complaints about the PT Program (CAPTE)

Students, CCCE/CI or patients with complaints can also contact Commission on Accreditation of Physical Therapy Education by telephoning Sandra Wise, PhD (Senior Director, Interim Lead Specialist) Phone: 703-706-3240; E-mail: sandrawise@apta.org

Or by mail to the American Physical Therapy Association, Attention: Accreditation Department, 1111 North Fairfax Street, Alexandria, VA 22314-1488; Fax: 703/684-7343; or e-mailed to accreditation@apta.org.

II. CLINICAL EDUCATION AND CLINICAL PRACTICE

The Clinical Education component of the curriculum is designed to allow students the opportunity to integrate didactic knowledge and psychomotor skills learned with current physical therapy practice. Students are assigned to a variety of clinical education sites to facilitate the development of professional practice skills and to achieve the program goals of a generalist clinician.

Clinical Education Roles

Director of Clinical Education/DCE, Assistant Director of Clinical Education/ADCE. The DCE/ADCE are the faculty members of record for the clinical education courses. The DCE/ADCE are responsible for managing and coordinating the clinical education program at the academic institution, including facilitating clinical site and clinical faculty development. The DCE/ADCE are also responsible for coordinating student placements, communicating with clinical instructors (CI) about the academic program and student performance, and relaying current information to the clinical sites. In addition to the logistics related to clinical education, the DCE/ADCE also acts as an intermediary between the University of Scranton, clinics, CCCE, CI and student through phone and email contact, and/or personal visits.

Center Coordinator of Clinical Education (CCCE). The CCCE is the person in charge of overseeing the clinical education needs of a particular clinic and may additionally provide clinical instruction. The CCCE administers, manages, and coordinates clinical instructor (CI) assignments and learning activities for students during their clinical education experiences. In addition, this person determines the readiness of physical therapists to serve as CIs for students, supervises CIs in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information about the clinical education program to physical therapy programs.

Clinical Instructor (CI). The CI is a licensed physical therapist at a clinical site who directly instructs and supervises students during their clinical experiences. These individuals are responsible for facilitating clinical learning experiences and assessing student performance in the cognitive, psychomotor and affective domains as related to entry-level clinical practice, academic and clinical performance expectations. As a CI, the focus should be on facilitating learning experiences within the site as well as providing constructive feedback to the student in a timely manner that allows students sufficient opportunity to improve their skills. Every CI must be a licensed physical therapist, have a minimum of one year of clinical practice, demonstrate professional attributes and characteristics for role modeling, and be interested in working with students.

Rights and Privileges of CCCEs and CIs

The CCCEs and CIs have the right to:

- ☆Choose academic programs that they want to develop and maintain a relationship for student clinical education program, and offer internship opportunities annually
- ☆Cancel or refuse a clinical placement if the site is unable to provide adequate learning experiences
- ☆Be treated fairly and without discrimination by all students, faculty and administration in the University of Scranton program
- ☆Receive information in a timely manner regarding internship requests/confirmations, changes in the clinical education program, or any other relevant information
- ☆Request an on-site visit or phone conversation with the DCE/ADCE during an internship at any time
- ☆Be made aware of otherwise confidential information about students under their supervision pursuant to the Family Educational Rights and Privacy Act of 1972 (20 States Code Section 1232 et seq.)
- ☆Terminate a student's participation in a clinical education experience if an assessment concludes that the student's performance is unsafe, disruptive, or detrimental to the clinical site or otherwise not in conformity with the clinic's standards, policies, procedures, or health requirements
- ☆Be given opportunities to provide input into the academic and clinical education aspects of the curriculum
- ☆Participate in the University of Scranton DPT Program Advisory Committee
- ☆Be invited to participate in guest lecturer session as regularly scheduled during the academic semester as well as serve as a lab assistant or guest lecturer
- ☆Receive tuition remission for service of student supervision for any Graduate School course at a total of 4 credits for supervising an 8 week internship with a maximum of 6 credits per academic year

Student Role during Clinical Internship(s)

The role of the student is to:

- ☆Assume the role of an active learner. This is demonstrated by a thorough understanding of the objectives for each internship as well as the expectations of the clinical site, DCE/ADCE, CCCE and CI regarding each internship.
- ☆Take responsibility for learning and make the most out of the opportunities provided by the program, with the ultimate goal of becoming a caring, competent physical therapist.
- ☆Be accountable for personal and professional behaviors and actions.
- ☆Participate in ongoing self-assessment, reflection on areas of performance, and identify areas for growth and development.
- ☆Welcome constructive feedback on clinical performance and use this feedback to develop a plan for growth and development.
- ☆Practice diligently and be willing to make mistakes [except in areas of safety] – and learn from them.
- ☆Provide constructive feedback to academic and clinical faculty.
- ☆Respect the rights of patients, clinical instructors and any others associated with clinical education program.

Clinical setting examples

Internship opportunities for DPT students are offered by 600+ clinical sites, primarily in PA, NY and NJ, but also throughout the country. The types of clinical settings of interest to the program include:

- Acute Care/Inpatient Hospital
- ECF/Nursing Home/SNF/Sub-acute Rehabilitation/Transitional Living/TCU
- Home Health
- Industrial/Occupational Health Facility
- Outpatient Hospital/Outpatient Day Program
- Outpatient Private Practice
- Rehabilitation Hospital or unit
- School/Pre-school Program
- Examples of specialty areas include: performing arts, professional sports, pediatric specialties, vestibular, women's health, cancer care

Patient populations of interest to the program include:

- Patients/clients across the lifespan (pediatric, adult, geriatric)
- Patients/clients with a variety of diagnoses spanning the neuromuscular, cardiovascular/pulmonary, musculoskeletal and integumentary systems

Variety/requirement(s) of Clinical Internships

Students are required to participate in internships at a variety of clinical settings, included are (1) acute care, (2) outpatient orthopaedics, and (3) any of the following - sub/acute, rehab, home health or pediatrics and (4) one of the terminal internship can be an area of specialization or the repetition of acute care or outpatient orthopaedics. Assignment is intended to correspond to didactic preparation of students, therefore, specialty practice internships are deferred until internships III & IV. Through the completion of all clinical education and practice experiences, the Program expects that students will have the opportunity to participate in a wide range of clinical practice activities across the lifespan, including consultation, and administrative and practice management activities. Students will also participate in education activities such as patient education and community education.

Sequencing of Clinical Education

The Clinical Education component of the DPT program is designed to allow students to integrate knowledge and skills learned in the classroom into current clinical physical therapy practice. There are four full time internships woven throughout the three year curriculum. The syllabus for each internship can be found in the Appendix.

Brief description of the four full time internships:

- 8 weeks of full time clinical experience will occur in the early summer, after the first year of the DPT program (PT 792) and provide the student with the opportunity to interact with patients, professional physical therapists and allied health personnel. Students apply the specific skills and techniques learned in the classroom during the first year in the program. Close supervision, support and feedback are very important at this level. Frequent, formal feedback on their performance is required. Clinical placement at this level will reflect completed academic coursework. All academic coursework must be completed successfully (with a GPA of 3.0) before a student will be allowed to participate in this level of internship.
- 8 weeks of full time clinical experience will occur in the summer, after the second year of the DPT program (PT 794) and provide the student with further patient care experience. Many physical therapy examinations, evaluations and interventions may be performed independently, or with supervision. Close supervision, support and feedback continue to be important. A sense of professional independence and self-confidence should begin to develop at this level of clinical exposure. Clinical placement at this level will reflect completed academic coursework. All academic coursework must be successfully completed (with a GPA of 3.0) before a student will be allowed to participate in this level of internship.
- The final 16 weeks of clinical education experiences, consisting of two eight week components, occur in the spring semester of the third year of the DPT program (PT 796), after the completion of all didactic coursework. The student is now prepared to apply all advanced coursework in a more complex patient care setting. Supervision, assistance and support from the clinical faculty will facilitate the learning experience, particularly in the student's development of competence and independence. Students are expected to demonstrate entry-level patient management skills, with appropriate oversight by clinical instructor(s) in their respective environments. All academic coursework must be completed successfully (with a GPA of 3.0) before a student will be allowed to participate in this level internship. The first 8 week internship (III) must be completed before beginning the second component of the final internship (IV). If additional time at the initial site is needed or additional remediation, the second component start time will be modified as indicated by student performance and success. Both components must be completed successfully as described by the syllabus for the student be considered a candidate for graduation from the University of Scranton and be eligible to take the licensing examination.

Routine Communication between DCE/ADCE and Clinical Sites

The DCE/ADCE, CCCE, CI and Student continuously work closely in order to foster an optimal learning experience and ultimately develop a competent and caring physical therapist. To meet these goals, all parties must communicate in a timely and meaningful manner.

Communication from DCE/ADCE routinely occurs:

1. Spring semester – the request for site placements for the following academic year with program updates included in accompanying letter
2. Fall semester – postcards sent with name, dates and area of assignment of future intern for spring/summer
3. Individual student packet send approximately 4-6 weeks prior to the beginning of each internship. This packet includes:
 - a. Student information sheet and student objectives for the internship
 - b. Student photo
 - c. Copy of signed University of Scranton – OT/PT Program Confidentiality Policy
 - d. Student Health History
 - e. Information regarding tutorial for PT CPI Web

Prior to mailing the following information packet to clinical sites for each of the internships, students sign a Medical and Personal History Release Form (before Internship I) which allows DCE/ADCE to forward this personal information. With each mailing, clinical faculty are advised by note attached directly to the Student Health History Form, to shred these documents after completion of the internship, or return it to the University of Scranton, DPT Program office. Students are required to have their annual PA Child Abuse Clearance and Criminal Background Check available and in their possession on the first day of each internship, or other clearance(s) as required by specific clinical site.

Internship Conflict Resolution

If, for any reason, a student feels that an internship is not meeting his/her educational needs, it is the student's responsibility to take action. Assistance in defining and solving "the problem" should be first sought in collaboration with the CI. This applies in situations where the problem may be perceived as a personality conflict between the CI and the student. If an effort to resolve the problem directly with the CI has failed, the student is then encouraged to approach the CCCE. At this [or any time], the student and/or CCCE may choose to contact the DCE/ADCE. The CI and/or CCCE have the Critical Incident tool is available through the PT Web CPI which is relayed to the DCE/ADCE immediately. Reassignment of an internship is an option if there do not appear to be any reasonable or appropriate resolutions as another site can be arranged where the student may be able to satisfactorily complete the internship.

When a problem is identified as poor clinical competence or performance or inappropriate professional behavior is noted, all efforts should be made to resolve the problem with the CCCE, CI and student input. The desired change in behavior should be outlined and opportunities for the student to demonstrate change should be allowed. The CI and/or CCCE have the Critical Incident

tool available through the PT Web CPI which is relayed to the DCE/ADCE immediately. Students and CI/CCCEs should feel free to contact the DCE/ADCE at any time during the process, the earlier the better. The DCE/ADCE can participate as a mediator between the student and the CCCE/CI. If possible, a site visit will be arranged to meet with the individuals involved.

Professionalism in Physical Therapy: CORE VALUES

Seven core values were identified during an APTA consensus-based conference which further defined the critical elements that comprise professionalism. These core values are listed below in alphabetical order with no preference or ranking given to these values. The seven values identified were of sufficient breadth and depth to incorporate the many values and attributes that are part of physical therapist professionalism.

For each core value listed, the table that follows explicates these values by providing a core value definition and sample indicators that describe what the physical therapist would be doing in practice, education, and/or research if these core values were present.

1. Accountability
2. Altruism
3. Compassion/Caring
4. Excellence
5. Integrity
6. Professional Duty
7. Social Responsibility

For each core value listed, a definition is provided with sample indicators (not exhaustive) that describe what one would see if the physical therapist were demonstrating that core value in his/her daily practice.

Core Values	Definition	Sample Indicators
Accountability	Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.	<ol style="list-style-type: none"> 1. Responding to patient's/client's goals and needs. 2. Seeking and responding to feedback from multiple sources. 3. Acknowledging and accepting consequences of his/her actions. 4. Assuming responsibility for learning and change. 5. Adhering to code of ethics, standards of practice, and 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 and society. 8. Seeking continuous improvement in quality of care. 9. Maintaining membership in APTA and other organizations. 10. Educating students in a manner that facilitates the pursuit of learning.

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.	<ol style="list-style-type: none"> 1. Placing patient's/client's needs above the physical therapists. 2. Providing pro-bono services. 3. Providing physical therapy services to underserved and underrepresented populations. 4. Providing patient/client services that go beyond expected standards of practice. 5. Completing patient/client care and professional responsibility prior to personal needs.
Compassion/ Caring	Compassion is the desire to identify with or sense something of another's experience; a precursor of caring.	<ol style="list-style-type: none"> 1. Understanding the socio-cultural, psychological and economic influences on the individual's life in their environment. 2. Understanding an individual's perspective. 3. Being an advocate for patient's/client's needs. 4. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and 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 and to exercise self-determination in their care. 7. Focusing on achieving the greatest well-being and the highest potential for a patient/client. 8. Recognizing and refraining from acting on one's social, cultural, gender, and sexual biases. 9. Embracing the patient's/client's emotional and psychological aspects of care. 10. Attending to the patient's/client's personal needs and comforts. 11. Demonstrating respect for others and considers others as unique and of value.
Excellence	Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward	<ol style="list-style-type: none"> 1. Demonstrating investment in the profession of physical therapy. 2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions. 3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes. 4. Conveying intellectual humility in professional and interpersonal situations. 5. Demonstrating high levels of knowledge and skill in all aspects of the profession.

development of new knowledge.

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 and shaping of excellence in all professional roles.

Integrity

Integrity is the possession of and steadfast adherence to high ethical principles or professional standards.

1. Abiding by the rules, regulations, and 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 and internalizing stated ideals and 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 and acting accordingly.
9. Confronting harassment and bias among ourselves and others.
10. Recognizing the limits of one's expertise and making referrals appropriately.
11. Choosing employment situations that are congruent with practice values and professional ethical standards.
12. Acting on the basis of professional values even when the results of the behavior may place oneself at risk.

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, and to positively influence the health of society.

1. Demonstrating beneficence by providing "optimal care".
2. Facilitating each individual's achievement of goals for function, health and wellness.
3. Preserving the safety, security and 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.

Social
Responsibility

Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

1. Advocating for the health and wellness needs of society including access to health care and physical therapy services.
2. Promoting cultural competence within the profession and the larger public.
3. Promoting social policy that effect function, health, and 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, and 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 and worldwide issues and how they impact society's health and well-being and the delivery of physical therapy.
10. Providing leadership in the community.
11. Participating in collaborative relationships with other health practitioners and the public at large.
12. Ensuring the blending of social justice and economic efficiency of services.

Accessed APTA website
<http://www.apta.org/AM/Template.cfm?Section=Home&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=21299> 1/20/16

Professional Behaviors Assessment Portfolio

This document has been designed by the DCE/ADCE to allow students an annual opportunity for self assessment using the Generic Abilities as described in the literature by Warren May. Students will perform this self assessment during each Clinical Education Seminar (PT 791, PT 793, and PT 795). Students will develop a minimum of three (3) behavioral objectives to be included in the objectives generated for the internship(s) that will occur during the following semester. These documents are kept in a secure individual file in the department secretary office and are available for any faculty to review. The document is designed to be used as a tool to be used for counseling students who may be demonstrating inappropriate behavior, as well as recording conversations between student and faculty.

Professional Behaviors/Generic Abilities. Professional behaviors are attributes, characteristics or behaviors that are not explicitly part of the profession’s core of knowledge and technical skills but are required for success in the profession, both in the academic and clinical settings. The following ten physical therapy-specific professional behaviors define the behavior/conduct expected of PT majors. These behaviors are formally evaluated using the *Professional Behavior Assessment Portfolio* three times during the curriculum. Many PT majors may already demonstrate some or all of the professional behaviors. If not, faculty is available to facilitate growth toward this goal. Please carefully read the 10 professional behaviors. These behaviors are as important as your academic performance.

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

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

III. FOR CLINICAL EDUCATION

Standard Requirements

Informed consent

The APTA Guide for Professional Conduct (Principle 1.3 Informed Consent) stipulates that Physical Therapy providers shall obtain patient informed consent before treatment³. The legal doctrine of informed consent is the basic premise of patient autonomy. Individuals enter the health care system at various points along the healthcare continuum and entrust their needs to health care professionals. Informed consent dictates that patients are given sufficient information about the care they are to receive so as to fully understand the risks and benefits, and possible alternatives available. This includes knowing who is providing the care.

As a student of the University of Scranton's Doctor of Physical Therapy Program, students are required to identify themselves as a physical therapy intern to all patient/clients to whom they provide physical therapy services. They will also give such individuals the opportunity to refuse to participate in their clinical education.

American Physical Therapy Association membership

Students must be a continuous member of the American Physical Therapy Association throughout the 3 year program. A copy of their membership card must be submitted to the DCE/ADCE during Clinical Education Seminar annually.

Personal Professional Liability Insurance

Students are required to purchase and maintain personal physical therapy professional liability insurance. This insurance is available through the American Physical Therapy Association (APTA) from several vendors. Professional Liability Insurance is designed to protect your assets and cover your expenses in the event of a suit being brought against you for malpractice. The APTA endorsed plan is designed to meet the unique needs of today's PTs, PTAs, and students of physical therapy. The preferred provider is HPSO available at www.hpso.com. Cost for PA (accessed 1/20/2016) is \$38.00 per year. Certificate copy to be submitted to Tammi Cherra, department secretary prior to each internship.

Personal Health Insurance

Students are required to maintain personal medical and health insurance coverage throughout the professional phase of the program. This information is recorded on the first page of the health history form. While each clinical site may not require proof of such coverage prior to the student's arrival, students should be prepared to demonstrate proof of coverage at the beginning of each internship.

Child Abuse Clearance and Criminal Background Check

Pennsylvania law requires that any person who will work with or potentially work with infants or children must have both a **PA Child Abuse History Clearance** performed as well as a **PA State Police Criminal Background Check** which must be on file in the Tammi Cherra's (department secretary) office prior to the beginning of the first clinical internship. These clearances are performed at the student's expense.

The **PA Child Abuse History Clearance Instruction** can be accessed at <https://www.compass.state.pa.us> for electronic submission.

Second option is to download PA Child Abuse History Clearance (CY113), complete and submit to:

ChildLine and Abuse Registry
Pennsylvania Department of Human Services
PO Box 8170
Harrisburg, PA 17105-8170

Once the application is received in the ChildLine and Abuse Registry's Verification Unit, the results will be mailed to the applicant's address that was noted on the application within 14 days from the date that the application is received. Cost for the application is currently \$10.00

The **PA State Police Criminal Record Check** can be found and completed electronically at: <https://epatch.state.pa.us/Home.jsp> The results are generally provided electronically immediately. Please print that record.

Federal Bureau of Investigation (FBI) Criminal Background Check is utilizing Cogent Systems to process finger-printing based FBI criminal background checks. The fingerprint based background check is a multiple step process. For more information and to begin the registration process, go to www.pa.cogentid.com//index.dpw.htm. For questions about your FBI clearance, contact the FBI/Adam Walsh Unit at 717-783-6211 or 1-877-371-5422. Additional information regarding location(s) for actual fingerprinting are posted on the Clinical Education Information bulletin board.

Keep in mind that these Clearances can take a minimum of four weeks to be processed. It is recommended that students apply for these clearances as early as possible in the spring semester of the first program year. If a student maintains residence in a state other than PA, there may be additional clearances required, at the expense of the students. A copy of both forms must be submitted to the department secretary or the DCE/ADCE. The student must keep the original copy for personal records. Department copies are confidential and locked in a secure file in the physical

therapy office. It is the responsibility of each student to provide the evidence of satisfactory completion of this requirement to each clinical internship site.

Medical/examination and immunization record

The **Health History Form** is required to be completed on an annual basis, prior to participating in any clinical internship. This completed form is due in the department office early in the fall semester of each academic year. Students must have this form completed and on file prior to the assignment of each internship. This form includes: personal data, emergency contact, health insurance information and family medical history on the first page. Second page includes personal medical history; third page includes evidence of an annual physical and final page is an immunization record. Students are required to show evidence of Hepatitis B vaccination (or signature declining the vaccine), proof of a negative PPD test (or chest x-ray report showing no active TB disease) and immunization listing. Many clinical facilities require Hepatitis B vaccination of all employees as well as students assigned for clinical internships. A two-step TB test is now required prior to the first internship. Many clinical sites are requiring evidence of flu shots to participate in direct patient care. Immunization record must also be completed and updated as necessary. Health history forms are kept in a secured file in Tammi Cherra's (department secretary) office.

CPR and First Aid

Students are required to submit documentation of current valid American Heart Association Basic Life Support for Health Care Providers CPR certification or an equivalent provider. Hybrid courses are available, a hands-on component must be included in the certification process. Certification must cover the dates of the anticipated internships. Students are also required to complete a First Aid course (one time) as offered by the American Heart Association, American Red Cross or equivalent provider. Documentation of both are due in Tammi Cherra's (department secretary) office at the beginning of each fall semester. Arrangements can frequently be made to provide both of these courses.

Standard Precautions and OSHA Safety

Students will demonstrate competence in **Standard precautions and OSHA safety**. Information is initially presented in PT 702 Basic Patient Management for PT by viewing the video *Bloodborne Safety: Universal Precautions, Standard Precautions, and Needlestick Prevention in Acute Care*, by Medcom Trainex. 2001 and assessed using a test administered by course instructor. Competence is demonstrated with a minimum score of 18 out of 20, or 80%. Students must retake the test until the 80% competence level is achieved. Failure to meet the competence level or submit the test results to the course instructor or DCE/ADCE will result in cancellation of first internship. Copies of your test will be kept on file in the DCE/ADCE if needed by a clinical site.

Student contact with clinical sites

Students must contact their assigned internship site at least 6 weeks prior to their arrival. Contact information is available through the DCE/ADCE. Students may email or phone the site.

Questions are to simply to confirm information found in the database. Verify parking arrangements, and specific information that would be helpful for review, types of patients to expect, dress code, anticipated hours of work.

Cancellation / Changes in Clinical Education Assignments

Students must be aware that at no time is an internship at a clinical education site assignment guaranteed. Clinical education sites occasionally cancel scheduled internship due to unforeseen circumstances, e.g., changes in staffing, program availability etc. Every effort will be made to reassign the student intern for a similar clinical education experience and time period, however, because cancellations are beyond the control of the DCE/ADCE, a similar clinical education experience and time period cannot be guaranteed.

Other Requirements

Some clinical sites may require additional clearances or **drug screening**, which may be done at the expense of the clinical site or at the student's expense. Students will be advised of this requirement prior to beginning of the internship, and are expected to take care of additional requirements in a timely manner prior to the internship.

Students are required to maintain personal medical and health insurance coverage throughout the professional phase of the program. This information is recorded on the first page of the health history form. While each clinical site may not require proof of such coverage prior to the student's arrival, students should be prepared to demonstrate proof of coverage at the beginning of each internship.

IV. CRITERIA FOR ASSIGNMENT OF STUDENTS TO CLINICAL SITES

Clinical Internship Site Recruitment

Internship Agreements/Contracts for all internship sites are reviewed annually to ensure that they are demonstrating clinical practice which matches our program's mission and philosophy. As part of this process, contracts for sites that are no longer appropriate are made inactive and unavailable to students regularly to meet the needs of the program at the discretion of the DCE/ADCE. The addition of new clinical internship sites is an on-going process. Recommendations for additional clinical education sites are accepted from all students by the DCE/ADCE. Students who wish to submit a recommendation should supply a facility name, contact person, and telephone number. Requests will be made in writing using form as printed in Appendix and available on the clinical education bulletin board. Students must not make any further contact with prospective sites as contract negotiation is the responsibility of the University. Students involved in conversations beyond retrieving the above information will jeopardize their eventual placement at that site. Final decisions are left to the discretion of the DCE/ADCE.

Assignment of Clinical Internships

Internships I & II (PT 792 and PT 794). A lottery system is utilized for the selection of the first and second clinical internship placements. Students will draw a lottery number for their first internship and the listing will be reversed for choices for the second internship. Each student will receive an available clinical education site matrix which indicates the availability of clinical sites for each level of internship.

At the beginning of each academic year, students are directed to read the available clinical education files in addition to reviewing the department database after receiving the listing of sites that are available. Students are strongly encouraged to review the clinical education files as well as the departmental database to allow them to make the best selection for each internship site. DCE/ADCE are available for consultation, as well as copies of previous student assessment of clinical sites, which are available for review. Students must submit all appropriate paperwork to Tammi Cherra, department secretary prior to the deadline date to participate in lottery system.

Internship III & IV (PT 796). At the beginning of the final academic year, students are again directed to the clinical education files and the department database after reviewing the listing of sites that are available. Students are given the opportunity to select three facilities which are available and of interest for each of the two components. Students are counseled by the DCE/ADCE to select internships that will provide a well-rounded clinical experience, and meet program requirements. Final assignment of clinical sites is made by the DCE/ADCE. In situations where conflicts arise in the selection process (e.g., if there are not enough spaces at a particular facility for the number of students who requested that particular site) a lottery system may be utilized. All efforts are made to consider individual preferences, including facility location, financial constraints, housing etc.

Availability of Clinical Internship Sites

The University currently has fully executed contracts with approximately 600+ clinical education sites located across the United States. Many factors that influence the actual number and type of available sites for each level of internship are beyond the control of the core faculty and the DCE/ADCE, and the number of available sites varies from year to year. Every effort will be made to accommodate the needs of each individual student in the appropriately designated timeframes.

At no time are students allowed to change (advance or delay) the scheduled dates of the internship without prior knowledge and approval of the DCE/ADCE. Changes in dates of an internship have a significant impact on the clinical facility and staff and the decision must be mutually agreeable between the DCE/ADCE and CCCE.

Clinical Affiliation Agreement

All Clinical Education Sites must sign a clinical education agreement (contract) with the University of Scranton. This agreement describes the rights and responsibilities of each party in the clinical education process. An agreement may originate from the University of Scranton or from the Clinical Education Site, but must be fully signed by all parties prior to beginning any clinical education experience. Each party will maintain a copy of the fully executed agreement in their files. Consultation with Legal Counsel is utilized when the contract is initiated by the clinical site.

University provided Certificate of Insurance/Liability Coverage

A blanket Certificate of Insurance/Liability Coverage is provided by the University of Scranton to clinical internship sites providing supervision for physical therapist student interns (See sample in Appendix). This will be issued annually only to those sites supervising clinical education internships during the current academic year. This coverage is included in the language of our Clinical Affiliation Agreement in Section I:I which reads *"Assure and provide proof that students possess professional liability insurance either through the UNIVERSITY or an individual policy."*

V. CLINICAL EDUCATION POLICIES

Transportation and Housing

Student interns are responsible for all arrangements and expenses related to transportation and housing at each clinical internship site, including day to day transportation, and parking expenses. Students are also responsible for all costs associated with clothing, commuting, housing, and meals during all clinical internships.

Working Hours

Students must adhere to the hours of the clinical internship site or those set by their supervising CI. Students must arrive on time and stay until their CI gives permission to leave. **NOTE: Students are not permitted to provide interventions for any patient without a licensed physical therapist present.** Excessive tardiness or failure to abide by the hours set may lead to dismissal. The student may expect only one warning about tardiness or leaving early, which the CI/CCCE will report to the DCE/ADCE. If the excessive tardiness results in dismissal, the student must repeat that clinical internship. Scheduling of additional clinical internship is at the discretion of the DCE/ADCE and core faculty.

Attendance (including inclement weather)

Student interns are expected to take extra care of their health and physical condition to avoid absences during clinical internships. Should an intern be unable to report to the clinical site, s/he must notify the CCCE as soon as possible. Excusing the intern's absence because of illness, personal problems, or poor travel conditions is left to the judgment of the CCCE for up to two total days during the total internship. For greater than two days absence, decision(s) will be made by the DCE/ADCE in conjunction with department chairperson. Days missed greater than 3 consecutive days require a physician note stating student is fit to return to clinic/hospital; student will not be allowed to resume internship without this documentation. Student interns may be allowed one day's absence for a job interview during each of the final internship components (III and IV), as arranged with prior approval of the CCCE and CI. The DCE/ADCE should be informed when the intern misses more than two days of clinical practice by calling (570) 941-7936. Absences of greater than 1 week that are not, nor cannot, be made up may result in an *Incomplete* (I) or *Unsatisfactory* (U) grade and may require an additional clinical experience. Situations will be dealt with on an individual basis, and scheduling of additional time is at the discretion of the DCE/ADCE. Refusal to return to clinical setting is unacceptable and/or demanding/requesting new placement is also unacceptable and may result in dismissal from program. Consequences to be determined by DCE/ADCE in conjunction with Program Chair and Dean of PCPS.

Dress and Appearance

Students must dress in a professional manner during internships and at all other times when representing the University of Scranton. Professional dress for physical therapist students can vary depending on the practice site. Description of dress code standards at each clinical site is available on the program CSIF database within electronic CPI. Students are responsible for all costs associated with dress during clinical internships. Individual practice sites may have specific dress code guidelines that supercede the University of Scranton program guidelines. A neat, well-groomed appearance is expected. Interns must comply with the dress code designated by each clinical site. Interns must wear a University of Scranton name tag/identification and/or one provided by the clinical site at all times.

Additional guidelines:

- With CCCE approval, exceptions to a site dress code dress may be modified
- Jewelry should be kept at a minimum - a watch, rings without stones [wedding and/or engagement rings], and only small, non-dangling earrings are acceptable. Hand and wrist jewelry may violate protocol for hand washing, hindering thorough cleaning and be harmful in maintaining patient skin integrity.
- Long hair falling over the shoulders or onto the face can distract from performance as well as pose a danger to the interns. Long hair must be securely fastened and out of the visual field; if dyed, hair must be a natural color.
- Perfume/cologne/after shave may be noxious to the very ill patient, and your colleagues, and should be avoided.
- Fingernails should be short and clean with only clear or neutral colored polish, acrylic nails are unacceptable throughout the course of the professional program.
- Cosmetics should be tasteful and worn in moderation.
- Interns are advised that an unkempt, dirty, ruffled, careless or inappropriate appearance is reason for dismissal from the clinic. The intern may expect only one warning about appearance. Return after dismissal requires the permission of both the CCCE and the DCE/ADCE.
- Body art must be concealed under clothing including tattoos and piercings.

Emergency services needed during an internship

During clinical internships, sites may make available to students their employee health or Emergency Department facilities, at full or reduced cost to the students. If emergency care facilities are not available on site, students are responsible for seeking medical attention as needed, i.e. Urgent Care or local Emergency Department facilities. Referral to specialized services will be made by the evaluating physician as necessary. The student is responsible for the cost of emergency services [coverage through student personal health insurance]. Students are required to inform the DCE/ADCE or Program Chair immediately any illness or injury that removes any student from the clinical experience for more than one day.

Personal communication

The use of personal cell telephones for communication [voice or text] is prohibited during treatment hours while participating in clinical internships, except in the case of emergency. Use of personal cellular telephones for communication [voice or text] will not be tolerated in the clinical setting and will be considered inappropriate professional behavior. Exception may be made for family and/or health emergencies, which must be discussed with CI or other appropriate supervisor prior to the beginning of the day. Phones are otherwise to be kept in locker or available storage place, not readily available [i.e., in pocket]. CI, or CCCE has the right to send student home and contact DCE/ADCE for any offense of this policy.

Inappropriate or unsafe behavior during internships

Interns will be dismissed from the clinical education site by the CCCE without warning if the intern's behavior is unsafe, disruptive or dangerous. The CCCE will immediately contact the DCE/ADCE. Both the CCCE and the DCE/ADCE must approve the intern's return to the facility/site. If the intern is judged to present a problem that cannot be easily resolved, the DCE/ADCE, or CCCE may refer the intern for counseling. The intern may be required to withdraw from the physical therapy program by the DCE/ADCE in consultation with the core faculty, if problems cannot be resolved.

Confidentiality

Student interns must maintain confidentiality in their professional relationships with patients, clients, colleagues, faculty and the University. The APTA Code of Ethics - Principle 1, APTA Guide for and the APTA Guide for Professional Conduct (APTA Code of Ethics - Principle 1, APTA Guide for Professional Conduct – Principle 1.2 Confidential Information and Principle 1.4 Informed Consent) stipulate the handling of confidential information as well as Health Insurance Portability and Accountability Act (HIPAA). The University requires student interns to maintain the confidentiality of patient information obtained during any clinical or instructional experiences. All information obtained from patients, their records or computerized data must be held in strict confidence. No copies of patient records shall be made. Interns and supervising faculty must not identify patients in papers, reports or case studies without first obtaining permission of that patient and the facility. Outside of the clinic, PT student interns should not engage in any form of conduct that constitutes a conflict of interest or adversely reflects on themselves, the Department, the University or the profession. Prior to each internship, students must indicate understanding and support/agreement of this policy by signing the University of Scranton – OT/PT Confidentiality Policy which will be forwarded to each internship site.

Documentation

Documentation needs to be timely, accurate, thorough and concise. Each site will have standards for documentation to which the student must adhere. The following should be observed as general guidelines:

- Patient charts may never be removed from the clinical facility
- Electronic documentation may never be saved on a personal computer or flash drive
- Charts should never be left unattended in a treatment area
- Patients/families may not have access to their charts until they have made a request through the appropriate procedures
- All documentation should be completed for leaving at the end of the day
- Only facility abbreviations should be used with the documentation
- All documentation should be legible (including signature) with appropriate grammar and punctuation.

DCE/ADCE and Core Faculty Visits

The DCE/ADCE will establish and maintain a close collegial relationship with all affiliated clinical educational sites. The DCE/ADCE and core faculty believe that personal contact is an integral part in maintaining open lines of communication and that periodic visitation to the clinical sites promotes this purpose. We do not feel that a visit is warranted only when a student is present. DCE/ADCE will attempt to visit each regional facility in which a student is assigned at least once a year, if possible. Site visits may also be performed by additional faculty members. Visits to out-of-state facilities will be scheduled when possible (within budgetary guidelines) or in cases of emergency, student difficulty, or as requested by CCCE/CI.

One purpose of site visits is to meet with each individual student to discuss strengths and weaknesses of their performance and of the clinical site. This discussion is information gathering rather than evaluative. This visit also provides an opportunity for any needed counseling which often cannot be adequately handled via telephone.

The second purpose of site visits is to meet with the Center Coordinator of Clinical Education (CCCE) and/or clinical instructor (CI) to discuss specific student performance outcomes and general issues concerning the clinical education experience, to solicit information on clinical trends and collect feedback on academic preparation of University of Scranton students, to offer faculty services for in-service education, or other advisory opportunities. The DCE/ADCE and/or faculty are also available to provide an in-service, clinical updates etc., during a site visit.

The DCE/ADCE or department secretary will contact the CCCE to schedule visits. Visits can be expected to last between 1-2 hours. Direct observation of the student in patient care is not part of the visit except in situations where a second opinion to evaluate the students' performance is requested by the student, the CCCE or the CI. Additional visits may be scheduled if requested.

If a visit is not made, the DCE/ADCE will telephone the facility close to the mid-term of the internship to speak with the student, the CI and possibly the CCCE.

VI. EVALUATION OF INTERNSHIP PERFORMANCE

Mechanisms for Feedback (Clinical Internship Sites and CIs)

Students will complete weekly reflective log sheets which include assessment of their own performance over the week, self-directed feedback and establishment of goals for the next week. The intent of this document is to allow spontaneous discussion and communication between the student and CI, as well as formative evaluation. CIs are requested to initial this document indicating their review on a weekly basis, initials do not necessarily indicate agreement with student self-assessment, but may stimulate discussion between the student and CI.

Clinical instructors will provide ongoing formative evaluation feedback with respect to a student's progress towards achievement of the objectives specified for a clinical phase of the curriculum. Clinical instructors and students will be required to formally notify the DCE/ADCE or the Department Chairperson when the DCE/ADCE is unavailable, if major deficiencies in performance or other serious concerns become apparent. The DCE/ADCE will be available for consultation. Students will be required to complete a self-evaluation at midterm and at the end of the clinical evaluation period, utilizing the student evaluation instrument, electronic or Web CPI. This evaluation will be shared with clinical instructor(s) and utilized in determining progress towards achievement of specified clinical objectives. At the conclusion of the clinical education experience, this document will be utilized again for self evaluation, and will be accessible to the DCE/ADCE electronically. A printed summary sheet will be retained in the student's clinical education file with the department, or a printed complete copy if further discussions need to ensue between any of the parties.

Students will have two formal, summative evaluations performed by clinical instructor(s) at midterm and another at the conclusion of each internship. These formal, summative evaluations will be accomplished through utilization of a student evaluation instrument/electronic or PT CPI. Clinical instructors will formally discuss their specific assessments with students which are recorded on the PT CPI site. The PT CPI is used to inform students of instructor's assessment of the level of achievement toward specified objectives. Following this formal discussion, the instrument will be signed off on by the clinical instructor and student. At the conclusion of the clinical internship, the document will be electronically available to the DCE/ADCE. The completed instrument will be retained in the student's locked clinical education file with the department. Information included in this assessment is considered when DCE/ADCE assigns a grade for the internship.

Evaluation of Clinical Internship Performance

Students will be evaluated by the CI with input from the CCCE as indicated at mid-term and end point of each internship. The evaluator will utilize the APTA's PT CPI.

At the end of each internship, the student will be assigned a grade of S (satisfactory) or U ([unsatisfactory) or I (incomplete) by the DCE/ADCE. The grades will be determined by many factors.

Students will be assigned an S for the internship if:

- all required assignments are submitted by the designated due date
- students achieve the goals and objectives as described in the appropriate syllabus
- students receive an aggregate score for the 18 performance items according to the following:
 - Internship I Advanced Beginner performance
 - Internship II Intermediate performance
 - Internship III Advanced Intermediate performance
 - Internship IV Entry Level performance
- and have demonstrated consistent improvement in patient management skills as outlined in the goals and objectives throughout each clinical assignment.
- **No** criteria have the "significant concerns" box marked for the final evaluation
- It is the student's responsibility to submit all of the required paperwork as outlined. Failure to submit these required materials will result in an "I" or "Incomplete" or "U" or "Unsatisfactory" grade (see paperwork submission timeline).
- In the event that a student fails an internship, the student will be removed from the regular course sequence and a remediation plan will be developed by the DCE/ADCE and core faculty. Students will have the opportunity to repeat the failed internship upon the recommendation of the DCE/ADCE and core faculty. A learning contract will be developed by the DCE/ADCE that will specifically address the issues which resulted in the failure.

Grading System / Standards of Progress

A terminal grade for each clinical internship will be determined by the DCE/ADCE following consultation with individual clinical instructors and their assigned student(s) and information obtained from the completed PT CPI. All internships will be graded as either satisfactory (S) or unsatisfactory (U). Required competencies are described in specific internship course syllabi.

Clinical Internship Outcomes – Successful Outcomes

Successful completion of each clinical internship requires that the student meets or exceeds the minimal expectations/requirements of performance for that internship as described in the specific objectives in each internship syllabi (see Appendix). Successful completion of each internship is based on the ratings provided by the CI as well as the comments included by the CI(s) on the PT CPI. Determination of the grade is made by the DCE/ADCE (not the clinical internship faculty) at the completion of each clinical internship, based on the recommendations of the CI and the CCCE and on any and all critical incident reports or learning contracts written for unprofessional behavior, areas of didactic content deficiencies or incompetence in psychomotor skill performance that may be identified in the PT CPI.

Learning Contract

A learning contract is a tool designed by the DCE/ADCE to assist with the remediation of deficient areas (can be in any or all of the cognitive, affective or psycho-motor domain(s)) identified at any time during the internship including during the mid-term or final evaluation using the student's PT CPI, or identified at any time through formative evaluation by the CI. This learning contract identifies areas of deficiency and establishes a plan to allow for remediation. Specific performance criteria are identified and put into a matrix to allow the CI, CCCE, DCE/ADCE and student to establish objective and measurable evaluative criteria to be used during the remediation. Each learning contract is developed on an individual basis for any student identified to be at risk for failure, or having a single deficient area of performance. The learning contract will include specific, detailed components of remediation with timeframe, and consequences of failure to meet criteria. The learning contract will be established immediately upon notification of the DCE/ADCE that the CI has identified deficiencies. The DCE/ADCE will consult with the Department Chairperson, the CCCE and CI to develop the learning contract. A site or visits visit may occur as needed. Any communication method may be used by the DCE/ADCE as deemed appropriate (i.e., telephone, email correspondence or by FAX).

Clinical Internship Outcomes – Unsuccessful Outcomes

Students who have been identified as not meeting criteria for acceptable performance at any time during the internship will initially participate in a learning contract to improve performance. Students who continue to achieve an unsatisfactory grade in any phase of clinical internship will be considered "deficient." The DCE/ADCE, in consultation with the department chairperson and core faculty will meet formally to determine an appropriate course of action for a "deficient" student. Alternative course of action might include the following:

- Additional time for achievement of objectives: A "deficient" student will be required to complete additional clinical practice time at the same or another similar clinical setting. The DCE/ADCE will determine the additional time considered to be necessary to remedy the identified deficiencies after consultation with the CCCE, the CI(s), and the student. Additional clinical experience may be completed at the same facility or another facility selected by the DCE/ADCE. Additional clinical experience will be provided on a space available basis and may result in delayed graduation, or inability to proceed in the program curriculum.
- Dismissal from the physical therapy department: A student, who was unable to remove the deficiency(s) after remediation opportunities were granted, will be dismissed from the physical therapy program.

Written and practical examination policy related to remediation

Courses to be tested when remediating a course in the fall semester of the first year:

- PT 702 Basic Patient Management in PT
- PT 707 Applied Clinical Neuroscience

Courses to be tested when remediating a course in the spring semester of the first year:

- PT 702 Basic Patient Management in PT
- PT 707 Applied Clinical Neuroscience
- PT 703 Advanced Patient Management in PT
- PT 704 Therapeutic Exercise
- PT 705 Therapeutic Modalities in PT
- PT 713 Orthopedic PT I

Courses to be tested when remediating a course in the fall semester of the second year or the first clinical internship experience:

- PT 702 Basic Patient Management in PT
- PT 707 Applied Clinical Neuroscience
- PT 703 Advanced Patient Management in PT
- PT 704 Therapeutic Exercise
- PT 705 Therapeutic Modalities in PT
- PT 713 Orthopedic PT I
- PT 712 Neurological PT II
- PT 714 Orthopedic PT II
- PT 741 Cardiovascular and Pulmonary PT

Courses to be tested when remediating a course in the spring semester of the second year:

- PT 702 Basic Patient Management in PT
- PT 707 Applied Clinical Neuroscience
- PT 703 Advanced Patient Management in PT
- PT 704 Therapeutic Exercise
- PT 705 Therapeutic Modalities in PT
- PT 713 Orthopedic PT I
- PT 712 Neurological PT II
- PT 714 Orthopedic PT II
- PT 741 Cardiovascular and Pulmonary PT
- Pt 721 Rehabilitation I for PT

Courses to be tested when remediating a course in the fall semester of the third year or the second clinical internship:

- PT 702 Basic Patient Management in PT
- PT 707 Applied Clinical Neuroscience
- PT 703 Advanced Patient Management in PT
- PT 704 Therapeutic Exercise
- PT 705 Therapeutic Modalities in PT
- PT 713 Orthopedic PT I
- PT 712 Neurological PT II
- PT 714 Orthopedic PT II
- PT 741 Cardiovascular and Pulmonary PT
- PT 721 Rehabilitation I for PT
- PT 722 Rehabilitation II for PT

The policy for remediating an internship failure is found in this *Physical Therapy Program Student Clinical Education Manual*.

A DPT student must maintain a 3.00 cumulative GPA in order to enroll in internships. A DPT student who does not earn/maintain a 3.00 cumulative GPA prior to an internship semester will be subject to dismissal. Students who have not completed all coursework prior to an internship will not be allowed to advance to the internship until all of the deficient coursework has been corrected/completed. Students who display unsafe or unprofessional behaviors may be denied approval to begin an internship until the situation has been corrected to the satisfaction of the faculty.

Leave of Absence

The PT Department complies with the University policy on Leave of Absence. PT majors must obtain Department Chair and Dean of PCPS approval. Students returning following a leave of absence will be required to retake and pass the final examinations and practicals for any course considered essential for safe and successful completion of their next internship.

Student Grievance Procedure

PT majors who receive a grade or evaluation that they feel is incorrect, should first speak with the course instructor. If the problem is not resolved, the student should contact the PT Department Chairperson. If the problem remains unresolved, the student should contact the Dean of PCPS.

APPENDIX
