

PHYSICAL THERAPY DEPARTMENT



CLINICAL EDUCATION MANUAL

Alvernia University
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Important Resources

- [American Physical Therapy Association \(APTA\)](#)
- [Commission on Accreditation of Physical Therapist Education \(CAPTE\)](#)
- Link to most current DPT Policy & Procedure Manual: [DPT Manuals¹](#)

Effective May 2018, the Doctor of Physical Therapy Program at Alvernia University is accredited by the Commission on Accreditation in Physical Therapy (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>.

The program's current status is accreditation; for more information see <http://www.capteonline.org/WhatWeDo/RecentActions/PublicDisclosureNotices/>.

If needing to contact the program/institution directly, please call 610-568-1546 or email christopher.wise@alvernia.edu

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¹ <https://www.alvernia.edu/academics/graduate-programs/dpt-doctor-physical-therapy/dpt-manuals>

Department of Physical Therapy **Clinical Education Manual Acknowledgement**

The Clinical Education Manual of the Alvernia University Department of Physical Therapy Program serves as an important guide and reference for students in the successful preparation and completion of the clinical experience requirements of the DPT curriculum. It also serves as a critical reference for the Clinical Instructors and sites who give so graciously of their time and knowledge to assist in the clinical education of students. Finally, it serves as a contract between students and the program, defining professional and academic responsibilities within clinical experiences.

I have read and understand the policies contained in the Alvernia University DPT Program Clinical Education Manual. I agree to follow the policies as outlined in the Manual while enrolled in the Doctor of Physical Therapy (DPT) program, and I agree to fully participate in the clinical education component of the program's curriculum.

I understand that I may be placed in a clinical experience that is located > 60 minutes from my home/desired area(s) and may include placements in other states. I understand that my personal preferences have been balanced with academic requirements and available contracts/sites/CI at the time of placement. _____ **[initial]**

As a representative of Alvernia University, the Department of Physical Therapy and the profession of Physical Therapy, I agree to adhere to the **DPT Code of Citizenship** during all clinical education activities, as outlined in the DPT Policy & Procedures Manual. _____ **[initial]**

I also understand that policies may change, and that it is my responsibility to review and adhere to any changes as they are provided to me by the program. I will be asked to review this manual annually and attest again to my understanding, with major changes in policy clearly delineated and communicated.

Finally, I understand that failing to follow the policies in the Clinical Education Manual may result in (but not limited to) a delayed start of an experience, the cancellation/rescheduling of an experience, a non-passing grade for my clinical education experience(s)/Clinical experience(s), or even a delay in my graduation date.

DPT Policies & Procedures and Alvernia University policies take precedence in the event a conflict or discrepancy is perceived.

Name (print):

Signature:

Date:

Please print this page and return it to the Physical Therapy Department Secretary.

Cc: Student File

Section I: Introduction to Clinical Education

Purpose of the Clinical Education Manual

This manual is designed to guide the physical therapy student, the Center Coordinator of Clinical Education (CCCE), and the Clinical Instructor (CI) through Alvernia University (AU) Doctor of Physical Therapy Program's (DPT) Curriculum and Clinical Education Curriculum. It is the intent of this manual to establish communication and clarify expectations between AU DPT Program, clinical sites, and the students regarding policies and procedures surrounding clinical experiences and to improve the efficiency and ongoing function of AU DPT clinical education program. The manual, however, does not replace the necessary communication between the clinical sites and the AU DPT Program that should occur on a regular basis to provide ongoing feedback regarding the status of the clinical and academic programs. Both the student and the clinical facility should have a copy of this manual. It is recommended that the manual be read prior to the student's arrival at the clinical site, and be utilized as a reference during all clinical practical courses.

Revision Policy

Alvernia University Doctor of Physical Therapy Clinical Education Program reserves the right to update and revise policies or procedures on an as needed basis. This manual is updated for accuracy annually, prior to the start of each academic year. The most current version can be located at all times on the AU website, DPT Manuals page² or upon request. At the start of each academic year, every student is asked to review the most current manual and attest to their understanding and adherence to policy. Similarly, each active clinical site (those taking AU DPT students) are provided with a link to the most current version in their student orientation materials.

Students must adhere to any revisions made to the policies and regulations in the Clinical Education Manual. Students should consider this manual an important source of information, and therefore a valuable reference to guide them to answers to questions, or to important procedures or deadlines, etc.

² <https://www.alvernia.edu/academics/graduate-programs/dpt-doctor-physical-therapy/dpt-manuals>

Mission of Clinical Education

The mission of the AU DPT clinical education program is to train students to become generalist practitioners who are capable of safe and effective entry-level physical therapy evidence-based practice. The Clinical Education Program is designed to dovetail with and complement the didactic portion of the Program's curriculum and provide early and frequent immersion of the student into the clinical setting.

Consistent with the CAPTE standards for clinical education the department is committed to developing generalist with entry level skills in all aspects of physical therapy practice, including but not limited to settings, populations, and skills.

Clinical Education Program Design

The clinical education curriculum is designed to be commensurate with the progression of the didactic course work and to address and enhance student development. Students will observe and participate in direct patient care during the first year of the program for the purpose of fostering the early integration of classroom learning into clinical practice. This will occur through two **Integrated Clinical Experiences (ICE)**, which are *part-time clinical experiences* within the first two years of the program. Four *full-time clinical education courses and experiences* are staggered throughout the curriculum and are planned to coincide with course content and reinforce clinical skills taught during class.

Students will participate in Integrated Clinical Experiences (ICE) within two clinical education courses (DPT523 and DPT622) during the first two years of the curriculum in which they will observe clinical practice, and participate in patient care in order to apply newly learned concepts and skills. An emphasis is placed on self and peer assessment of professional behaviors and core values. Integrated Clinical Experiences will comprise a total of 54 hours in outpatient settings, wellness programs and/or the pro-bono settings.

Students will also participate in four full-time clinical education courses (DPT 524, 624, 724, 725). These full-time clinical experiences comprise a total of 36 weeks and are dispersed throughout the curriculum to ensure clinical application, synthesis, and integration of theories, concepts, and principles learned during didactic instruction.

The clinical education courses conclude the curriculum, culminating in two full-time 12-week clinical experiences after completion of all didactic classroom instruction. It is in this way students develop entry-level clinical competence. Integrated Clinical Experiences and full-time clinical experiences will build upon the didactic portion of the curriculum emphasizing clinical competency, critical thinking, and self-reflection to promote the students who will become highly skilled, entry-level generalists.

Clinical Education Goals

The DPT Clinical Education curriculum will endeavor to:

- 1) The physical therapy student will integrate information from courses in the basic, clinical and behavioral sciences in order to problem-solve effectively in the clinical setting according to APTA's Minimum Required Skills of Physical Therapist Graduates at Entry-level.
- 2) The physical therapy student will possess the psychomotor abilities, including gross motor and fine motor skills, to perform effective patient/client management elements of examination, evaluation, diagnosis, prognosis and intervention in the clinical setting according to APTA's Minimum Required Skills of Physical Therapist Graduates at Entry-level.
- 3) The physical therapy student will demonstrate the ability to complete psychomotor skills within a specified timeframe that is consistent with actual clinical practice in physical therapy.
- 4) The physical therapy student will integrate physiological, biomechanical, behavioral, cultural and environmental factors to perform safe and effective patient client management.
- 5) The physical therapy student will demonstrate Entry Level/Post-Entry Level characteristics defined by the 10 Professional Behaviors, as adopted by the AU DPT Program, in various clinical scenarios and settings.
- 6) The physical therapy student will be prepared to assume a leadership role as autonomous, collaborative practitioners of choice. The physical therapist will be responsible for evaluating and managing an individual's movement system across the lifespan to promote optimal development; diagnose impairments, activity limitations, and participation restrictions; and provide interventions targeted at preventing or ameliorating activity limitations and participation restrictions.

- 7) The physical therapy student will regard patient/client/consumer values and goals as central to all efforts in which the physical therapy profession will engage and advocate for patients/clients/consumers both as individuals and as a population, in practice, education, and research settings to manage and promote change, adopt best practice standards and approaches, and ensure that systems are built to be consumer-centered.

Clinical Education Expectations for Students

The following statement defines the DPT Program's expectations for students throughout the clinical education program:

The DPT Program expects all students to achieve entry-level performance in the management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan, continuum of care, and in a variety of practice settings that are consistent with contemporary Physical Therapy practice.

To ensure that students are meeting Program and accreditation expectations, each student will engage in part-time and full-time clinical practice experiences that provide a variety of experiences in the management of patients/clients with diseases and conditions representative of those commonly seen in practice:

- a. across the lifespan, including: pediatric/geriatric, adult, and older adult populations;
- b. across practice patterns, including individuals with impairments in each of the following practice patterns: neuromuscular, musculoskeletal, cardiopulmonary, integumentary patterns, and other body systems;
- c. across the continuum of care, including individuals who are at various stages within the continuum of care including: acute, subacute, chronic, and protracted/long-term care; and
- d. across various practice settings that include patient/client management experiences within both inpatient and outpatient settings.

Clinical experience placements for each student must first consider the above academic requirements.

****Please Note ****

Students should be prepared to travel and seek housing in geographic locations which are outside of their home/desired area(s) and may include placements in other states. Clinic assignments to meet the above academic requirements may require travel greater than 60 minutes from the student's home/desired location. All associated expenses are the responsibility of the student.

The Clinical Education Curriculum

Overview

The clinical education curriculum of the AU DPT program consists of Integrated Clinical Experiences within 2 part-time-clinical education courses and 4 full-time clinical experiences.

Integrated Clinical Experiences (ICE) occur within DPT 523 in Year One and DPT 622 in Year Two of the program. The purpose of these part-time clinical experiences is to provide opportunities for the students to observe clinical practice and to develop clinical and professional skills. Under direct supervision of a clinical instructor, students will perform beginning level clinical skills that are commensurate with current course work and will perform self and peer assessment of professional behaviors. The AU DPT Integrated Clinical Experiences Instrument will be utilized and graded using a Pass/Fail methodology.

Full-Time Clinical Experiences: Students will complete 4 full-time clinical experiences for a total of 36 weeks in Year One through Year Three in the program. Upon completion of the clinical education curriculum, the student will have completed experiences working with individuals with a variety of diagnoses and functional abilities. Students will have the opportunity to apply knowledge and skills from all aspects of didactic coursework. With direct supervision of clinical instructors, students will be mentored in the development of their clinical reasoning and critical thinking skills while providing direct, hands-on patient care.

Description of Clinical Practice Courses within the DPT Curriculum

DPT522 Foundations of Clinical Practice occurs in the first semester of the DPT Program and will include an introduction to expectations in the clinical environment including professional behavior expectations and the application of HIPAA regulations to daily PT practice, medical terminology, medical and physical therapy abbreviations, documentation and reimbursement requirements. Documentation skills as well as principles of evidence-based practice and scientific writing will be introduced during classroom meetings and through online learning activities and quizzes. The purpose of this course is to prepare students for clinical practice through the use of discussion, reflective learning, real-life examples based on clinical scenarios, patient case studies, documentation and reimbursement exercises, and collaborative learning.

DPT 523 Clinical Practice I, which occurs during the 2nd semester for 15 weeks, is the first part-time Integrated Clinical Experience (ICE). This course consists of engagement in part-time patient care experiences. The intention of this course is to enhance each student's abilities to engage in patient care, evidence-based practice, and clinical research. During part-time clinical experiences, students participate in clinical observation and the supervised application of discrete examination and intervention skills/procedures. Expectations for professional behaviors and clinical skills performance are commensurate with the course objectives and prerequisite and concurrent clinical skills courses. The goal of these part-time clinical experiences is to expose each student to a variety patient care experiences which encompass multiple systems diagnoses and impairments across the lifespan and continuum of care

DPT524 Clinical Practice II, which occurs during the 3rd semester for 6 weeks, is the first of 4 full-time clinical education experiences. This clinical practice course is strategically placed after the completion of the Foundation of Physical Therapy (DPT504), Physical Therapy Procedures I (DPT508), Foundations of Clinical Exam and Evaluation (DPT509), and the first course in the musculoskeletal (DPT516) and neuromuscular (DPT520) practice series. Prior to this first full-time clinical practice experience, students will also have been provided with a firm clinical science foundation through DPT 500, 501, and 502. The goal of DPT524 is to provide students with an opportunity to integrate and apply their new knowledge and skills, engage in critical thinking and problem-solving related to clinical challenges, and perform examination and intervention procedures with individuals in a non-specialized inpatient setting. Students will have opportunities to implement newly-developed examination, evaluation, diagnosis, prognosis, and intervention procedures for individuals with common musculoskeletal, neuromuscular, and cardiopulmonary diagnoses under close supervision. Although DPT524 represents the first full-time clinical experience, previous Integrated Clinical Experiences serve to inculcate students into the clinical environment and provide a framework that may be used to develop professional behaviors through early exposure to actual patients and real-life clinical situations. As students embark on these full-time clinical experiences, they are expected to develop their abilities in the integration, application, and synthesis of discrete clinical skills into a more cohesive examination and intervention plan that results from patterns of evidence-based critical thinking.

DPT 622 Clinical Practice III, which occurs during the 4th semester. Is the second part-time Integrated Clinical Experience (ICE). This course consists of part-time patient care experiences in wellness, outpatient and the pro-bono clinic. This course is intended to enhance students' abilities to engage in patient care, and evidence-based practice. During part-time clinical experiences, students participate in clinical observation and the supervised application of discrete examination and intervention skills/procedures. Expectations for professional behaviors and clinical skill performance are commensurate with the course objectives and concurrent clinical skills courses. This course is concurrent with didactic courses in the musculoskeletal, cardiopulmonary, and neuromuscular practice pattern series. The goal of these part-time clinical experiences is to expose each student to a variety patient care experiences which encompass multiple systems diagnoses and impairments across the lifespan and continuum of care.

DPT624 Clinical Practice IV is the second full-time clinical experience (6 weeks), which occurs at the end of the second academic year following completion of the practice pattern coursework. Commensurate with the level of didactic and clinical practice experience, students are prepared to examine, evaluate, devise and implement a plan of care, and provide intervention for individuals with musculoskeletal, neuromuscular, and cardiopulmonary impairments that range from simple to moderate degree of complexity. This clinical experience will take place in a non-specialized inpatient or outpatient setting where students will manage 50% of a full case load under moderate to distant supervision. Having completed the PT Procedures courses (DPT 508, 608), the practice pattern coursework, as well as several courses within the Administration and Education track and the Critical Inquiry track, students are well prepared to engage in clinical practice with an increased level of challenge and expectation. DPT624 will build on prior clinical experiences and the retention of previously learned procedures will be expected along with consistent demonstration of professional behaviors.

DPT724 Clinical Practice V and **DPT725 Clinical Practice VI** are two full-time 12-week clinical experiences that occur after the completion of all didactic course work. As post-didactic clinical experiences, students are expected to utilize the full armamentarium of PT examination and intervention procedures at Advanced Intermediate level to Entry-level proficiency. The length of these clinical practice courses, which collectively span 24 weeks, provides sufficient opportunities for students to refine their clinical skills and become fully integrated into the clinical site in which they have been placed as fully functioning members of the rehab team. By the end of DPT725, students will manage a full entry-level caseload and become involved in all aspects of patient care including scheduling, billing, documentation, and participation in staff meetings and in-services. The level of supervision throughout these experiences is expected to be distant and minimal thus seeking to develop each student as an independent, critical problem-solver.

Section II: AU Doctor of Physical Therapy Program Overview

ALVERNIA UNIVERSITY MISSION & VISION

Guided by Franciscan values and the ideal of “knowledge joined with love,” and rooted in the Catholic and liberal arts traditions, Alvernia University is a rigorous, caring, and inclusive learning community committed to academic excellence and to being and fostering broadly educated, life-long learners; reflective professionals and engaged citizens; and ethical leaders with moral courage.

To Be a Distinctive Franciscan University, Committed to Personal and Social Transformation, Through Integrated, Community-based, Inclusive, and Ethical Learning. **Integrated Learning:** combining liberal

arts and professional education, and blending rigorous inquiry, practical experience and personal reflection in the classroom, on campus, and in society; **Community–Based Learning:** engaging the local, regional and global communities as partners in education and service; **Inclusive Learning:** welcoming people of diverse beliefs and backgrounds; responsive to the educational needs of recent high school graduates, working adults and established professionals, and senior citizens; respectful and self-critical in our dialogue about differences in values and perspectives; **Ethical Learning:** challenging individuals to be values-based leaders by developing habits of the mind, habits of the heart, and habits of the soul.

COLLEGE OF PROFESSIONAL PROGRAMS MISSION

The Mission of the College of Professional Programs is to empower departments to develop students', faculty members', and staffs' personal and professional responsibility in the context of their vocations. Through modeling ethical standards of our richly diverse professional programs, we encourage continual investment in best practices and engaged learning in collaboration with our communities.

DOCTOR OF PHYSICAL THERAPY PROGRAM MISSION

The mission of the **Alvernia University Doctor of Physical Therapy (DPT) Program** is to pursue academic excellence in preparing the next generation of autonomous physical therapist clinicians. By challenging students to think critically, act professionally, and serve altruistically, the Program endeavors to develop graduates who are life-long learners, reflective professionals, engaged citizens, and ethical leaders with moral courage. Graduates will be prepared to assume a leadership role in the ever-changing health care environment as Doctors of Physical Therapy who are committed to clinical competence and the application and perpetuation of evidence-based knowledge.

Achievement of this mission is accomplished through the promotion of a graduate who is self-reflective, service-oriented, and highly skilled. **Self-reflective** professionals are committed to lifelong learning and demonstrate the capacity to thoughtfully consider their actions and creatively solve problems. **Service-oriented** professionals are agents of change who understand their role within the health care continuum. Such practitioners are committed to making contributions to the profession and to the communities in which they live in the context of client and societal needs. **Skilled** professionals exhibit clinical knowledge and competence through the application of evidence-based principles and practices. Such practitioners are dedicated to achieving optimal outcomes through exploration of innovative strategies.

DPT Program Goals

Program Goals: To accomplish its mission, the Program will:

Program Goal 1: Provide an innovative and visionary curriculum that includes interprofessional learning, responds to the needs of the profession, fosters new educational models and delivery methods, and adjusts to the changing manner in which students learn.

- **Program Goal 1: Outcome 1:** *The DPT Program will engage students in regular interprofessional learning experiences that include interaction with students in other health-related professions, interaction with health professionals from other disciplines, and/or course content focused on interprofessional practice.*
- **Program Goal 1: Outcome 2:** *The DPT Program will pursue models of teaching and learning designed to connect the classroom with the clinic in a manner that addresses the needs of all students and includes the use of technology, web-based learning, active learning, innovative clinical education, and service-learning.*

- **Program Goal 1: Outcome 3:** *The DPT Program will adapt the curriculum in concert with changing trends in the profession and in accordance with current best evidence and best practice standards.*

Program Goal 2: Promote the profession through research that emphasizes the translation of evidence into clinical practice, explores new research models, and leads to innovative strategies related to movement and function.

- **Program Goal 2: Outcome 1:** *The DPT Program will explore models of research designed to impact clinical practice and promote the profession of physical therapy.*
- **Program Goal 2: Outcome 2:** *The DPT Program will collaborate with local clinicians in the integration and perpetuation of evidence into clinical practice.*

Program Goal 3: Collaborate with local clinicians, other health professionals, consumers, and community organizations to pursue patient centered initiatives that address the health-related challenges of our society.

- **Program Goal 3: Outcome 1:** *The DPT Program will pursue opportunities to collaborate with other healthcare professionals and students, consumers, and individuals within the community in the pursuit of effective strategies for addressing health-related challenges.*

Faculty Goals: To accomplish its mission, the Faculty of the Program will:

Faculty Goal 1: Demonstrate expertise in the clinical practice of Physical Therapy with advanced knowledge and skill in accordance with best practice guidelines and informed by the current best evidence.

- **Faculty Goal 1: Outcome -1:** *25% percent or more of the Core and associated faculty will possess, or be in pursuit of an advanced clinical specialization, through the American Board of Physical Therapy Specialties (ABPTS), or other recognized body, that is specific to the area of content in which they teach.*
- **Faculty Goal 1: Outcome 2:** *50% or more of core faculty will continue to engage in regular clinical practice/consultation.*
- **Faculty Goal 1: Outcome 3:** *Program faculty will attend regular clinically-based continuing education courses and pursue scholarship designed to contribute to the development of best clinical practice standards.*

Faculty Goal 2: Embody the principles and practices of effective teaching by fostering an environment conducive to authentic learning and serve as a role model and resource for students, graduates, and colleagues.

- **Faculty Goal 2: Outcome 1:** *Core faculty are expected to demonstrate evidence of teaching practices that reveals instructor knowledge, adherence to best practice guidelines, and skill in content delivery by satisfactorily meeting expectations of student, self, peer, and administrative evaluation.*
- **Faculty Goal 2: Outcome 2:** *Tenure-Track Core faculty will demonstrate effective teaching skills as evidenced by the achievement of promotion and tenure within the University.*

Faculty Goal 3: Demonstrate a commitment to serve the Program, University, profession, and local/global community through collaboration and leadership.

- **Faculty Goal 3: Outcome 1:** *Each core faculty member is expected to serve on a minimum of 1 University or College committee and a minimum of two Program committees annually and regularly attend Program, College, and University faculty meetings.*
- **Faculty Goal 3: Outcome 2:** *Core and associated contract faculty will maintain membership and involvement in professional associations which support the practice, education, and research of Physical Therapy.*

- **Faculty Goal 3: Outcome 3:** *Core and associated contract faculty will actively serve within a professional association at either the local, state, or national level.*

Faculty Goal 4: Advance an agenda of scholarly activity, pursue professional advancement, and engage in lifelong learning that is designed to contribute to the profession of Physical Therapy.

- **Faculty Goal 4: Outcome 1:** *Core faculty will maintain an agenda of scholarly activity which includes dissemination in non-peer and peer-reviewed formats.*
- **Faculty Goal 4: Outcome 2:** *Core faculty will attend continuing education seminars in their area of clinical, research, and teaching interest.*

Graduate/Student Goals:

To accomplish its mission, the Graduates/Students of the Program will:

Graduate/Student Goal 1: Demonstrate competence in the examination, evaluation, diagnosis, prognosis, and intervention of the movement system across the lifespan within all available practice settings.

- **Graduate/Student Goal 1: Outcome 1:** *Graduates of the Program will demonstrate entry-level competence through the successful completion of the curriculum, including all written and practical exams as well as the comprehensive exam, and will demonstrate entry-level competence in all clinical skills upon completion of the clinical practice courses.*
- **Graduate/Student Goal 1: Outcome 2:** *Graduates of the Program will demonstrate entry-level competence through the passage of the National Physical Therapy Examination (NPTE).*
- **Graduate/Student Goal 1: Outcome 3:** *Graduates of the Program are expected to assume clinical positions as physical therapists within a variety of physical therapy practice settings within 6 months of graduation and provide care in accordance with professional and clinic-specific standards.*

Graduate/Student Goal 2: Embrace best practice standards, that include the integration of best available research, clinical expertise, and patient centered values and goals.

- **Graduate/Student Goal 2: Outcome 1:** *Students will adhere to evidence-based principles and practices during formal clinical education experiences as determined by clinical faculty.*
- **Graduate/Student Goal 2: Outcome 2:** *Graduates of the Program will consistently utilize the current best evidence and best practice guidelines in the care of individual patients as evidenced through self- and employer-assessment.*

Graduate/Student Goal 3: Collaborate with other health professionals, consumers, and community organizations to address the health challenges of society as autonomous DPTs who are characterized by independent thinking, self-determination, altruistic service, and who embody the highest standards of ethical and moral practice.

- **Graduate/Student Goal 3: Outcome 1:** *Graduates and students of the Program will engage in regular collaboration with other healthcare providers and the community to address society's healthcare needs.*
- **Graduate/Student Goal 3: Outcome 2:** *Graduates and students of the Program will recognize health disparity and promote advocacy in practice, education, and research.*
- **Graduate/Student Goal 3: Outcome 3:** *Graduates and students of the Program will perpetuate evidence to support the comparative effectiveness of physical therapy, to offer creative solutions to enhance health services delivery and to increase the value of physical therapy to society.*

Graduate/Student Goal 4: Engage in the persistent, lifelong acquisition of authentic knowledge and skill to advance the art and science of Physical Therapy and its role in the delivery of health care and health promotion.

- **Graduate/Student Goal 4: Outcome 1:** *Graduates and students of the Program will engage in self-reflective clinical practice that advances their knowledge and skill in the delivery of health care and health promotion.*
- **Graduate/Student Goal 4: Outcome 2:** *Graduates and students of the Program will pursue new knowledge through continuing education that advances their knowledge and skill in the delivery of health care and health promotion.*
- **Graduate/Student Goal 4: Outcome 3:** *Graduates and students of the Program will pursue a scholarly agenda, including dissemination, that advances their knowledge and skill in the delivery of health care and health promotion.*

Curricular Philosophy

Consistent with the principles aforementioned, the mission of Alvernia University, and the vision of the American Physical Therapy Association (APTA), the primary philosophical orientation of the Doctor of Physical Therapy Program will emanate from four primary tenants.

I. Principle of Learner-Directed Education

The Doctor of Physical Therapy Program emphasizes a curricular structure that is individualized and learner-directed. Implicit in its framework is an appreciation of individual student learning styles. Kolb⁶ describes a model of learning that begins with a **concrete experience** followed by **reflective observation**, **abstract conceptualization**, and concluding with **active experimentation**. In clinical practice, physical therapists learn through a process very similar to that described by Kolb. The objective of the overall curricular structure and individual course structure is an explicit consideration of the learning style that is represented throughout each endeavor and to choose the experiences that best represent the pre-existing individual learning styles of the students. Paramount to philosophical orientation is the need for educators to possess a relentless preoccupation with the welfare of their students as equally contributing partners on a journey toward enhanced knowledge and understanding. In a model of learner-directed education, instructors are viewed as facilitators who guide students through meaningful learning experiences. The development of competent, critically-thinking graduates prepared to impact their profession and the lives of others requires an educational process that considers a myriad of learning styles and seeks to provide opportunities for the integration of multiple learning preferences and one in which the onus of learning is placed upon the student.

II. Principle of Performance-Based Education

Above all, the Alvernia University DPT graduate must achieve clinical competence. With achievement of licensure as the minimum requirement and expert, competent, clinical care as the expectation, graduates of the program will develop the knowledge base and clinical skill to practice effectively and autonomously. The content and organization of the curriculum is performance-directed and engenders a philosophical orientation toward competence in clinical practice. In accordance with this initiative, content emphasizes evidence-based practice and encourages the pursuit of practice-based evidence. The knowledge base and essential skills required to enable graduates to practice competently and autonomously will serve as the preeminent criterion for inclusion in the curriculum. Teaching initiatives will focus on the specific development of the cognitive, affective, and psychomotor domains of learning.

III. Principle of Community-Conscious Education

Incumbent on the physical therapist professional is the ability to see beyond one's self and serve others altruistically, generously, and without prejudice. To empathetically view experiences from different perspectives is an imperative mandate for all health care professionals. The philosophical orientation of the AU DPT Program strives to instill, enhance, and expand each student's appreciation of those who are different. A myriad of deliberate and sustained experiences provide opportunities for students to develop cultural competence. This goal is achieved by changing attitudes and patterns of thought that precede behavioral adaptations. Viewing disability through the eyes of those whom we serve infiltrates every aspect of the curriculum and demonstration of skill in appreciating diversity is expected and required.

IV. Principle of Doctoral-Trained Professional Education

A doctor may be defined as “a person who has earned the highest academic degree awarded by a college or university in a specified discipline”. Implicit within this definition is the doctor's contract with society. With this privilege comes a great deal of personal responsibility to “do no harm”. More than avoidance of non-maleficence, however, doctors are expected to operate at all times under the terms of beneficence. As doctors of a newly-anointed doctoring profession, graduate physical therapists must attend to the dual constructs of personal responsibility and societal expectation. Graduates of the AU DPT Program receive explicit instruction in the personal requirements and professional responsibilities associated with their entrance into the doctoring profession of physical therapy. As doctors of physical therapy, graduates will appreciate their role as leaders within the health care community and be fully equipped to pursue their rightful place as autonomous professionals in the service of those in need. As citizens of a larger community, graduates will be prepared to practice ethically, honestly, and diligently for the better good of mankind in clinical practice, academic endeavor, and scientific inquiry. Graduates will be dedicated to embracing the art and the science of physical therapy according to the ethical principles and practice act requirements as delineated elsewhere. Associated with professionalism is the ability to altruistically serve those in need and to provide expert care that is founded upon the current best evidence.

Values Statement:

Consistent with Alvernia University and the profession of physical therapy, the DPT Program is founded upon the core values of altruistic service, respect for the dignity and autonomy of others, cultural competence, and a relentless commitment to excellence. These values guide all Program initiatives from course content to hiring practices to student admissions and ensure that the mission, goals, and outcomes of the Program are achieved. An appreciation for the role of the Program as part of a larger community will prepare graduates for making significant contributions to the communities in which they live and serve.

References:

1. Reynolds A. What is competent beginning teaching? A review of the literature. *Rev Educ Res.* 1992;62:1.
2. Irby D. What clinical teachers in medicine need to know. *Acad Med.* 1994;69:333.
3. Brophy J. *Teachers' Knowledge of Subject as it Relates to Their Teaching Practice.* Greenwich, CT: JAI Press, 1991.
4. Eisner EW. *The Educational Imagination: On the Design and Evaluation of School Programs.* New York: Macmillan, 1979.
5. Jensen GM, Gwyer J, Hack LM, Shepard KF. *Expertise in Physical Therapy Practice.* Boston: Butterworth-Heinemann, 1999.
6. Shea JB, Morgan RL. Contextual interference effects on acquisition, retention, and transfer of a motor skill. *J Exp Psychol Hum Learn.* 1979;5:179.
7. <http://www.thefreedictionary.com/doctor>

Curricular Model

The Program's curricular model is best described as a “hybrid” model that combines both a traditional and systems-based approach to professional education. The traditional aspect of the curriculum begins with a strong foundation in the basic sciences, which serves as the scaffolding upon which the clinical science and practice courses are built. The systems-based model uses the systems-based practice patterns that

are developed through a progression from foundational to more complex concepts. Once students obtain foundational knowledge in the clinical sciences, they embark on educational experiences designed to explore the role of physical therapy in addressing specific impairments that emerge from each of the practice patterns described in the Guide to Physical Therapist Practice (GPTP) (musculoskeletal, neuromuscular, cardiopulmonary, integumentary).

The progression of content and learning experiences that develop from basic to complex in the context of clinical practice is consistent with evidence supporting the best methods to ensure the development of clinically-relevant skills and knowledge. The Clinical Education Program strives to actively engage clinicians in all aspects of the curriculum, and when feasible serving as lab assistants, guest lecturers, primary course instructors, clinical instructors, pro bono clinic supervisors, student mentors, and provide ongoing feedback regarding individual course content and overall curricular structure. Within this model, the integration of clinicians who are actively involved in regular clinical practice creates learning experience that connects the classroom to the clinic and are consistent with contemporary PT practice.

The curriculum embodies the application of service-learning and evidence-based educational principles as the foundation of the curriculum. Such principles include an emphasis on problem-solving and critical and integrative thinking. The application of these principles is demonstrated in the Program's learner-directed model in which students are required to routinely reflect on their performance. The curricular structure is designed with the intent to allow students to progress from foundational to complex concepts which culminate in empowering students to become independent problem solvers in the presence of ambiguity. Active learning represents a significant component of the curriculum that includes an emphasis on connecting the clinic to the classroom, lab-based coursework, peer-mentoring in the classroom and clinic, and student assignments that require engagement and collaboration. The Program's extensive real-world learning opportunities connect the clinic to the classroom early and often through pro-bono and co-curricular service and in-class patient care activities. Structured and varied experiences of sufficient depth and breadth to allow the acquisition and application of essential knowledge, skills, attitudes, and behaviors, early and frequent exposure of students to clinical experts in the classroom and clinic.

The content and sequence of the curriculum is outlined in the [Appendix](#), Curricular Sequence [2019-2020](#), [2020-2021](#) and the content of each course described within each [Course Description](#).

Instructional Methods

Varied instructional methods will be used throughout the Program for the purpose of meeting student needs and achieving expected learning outcomes. The overarching philosophy of the Program is **to engage each student as an active participant in the process of learning through learning experiences that place the responsibility for learning on the student**. Within this "Learner-Centered Paradigm", the course instructor facilitates and guides the student toward greater levels of knowledge and skill while the student takes the lead and responsibility for the attainment of new knowledge. The primary purpose of the learner-centered paradigm is for the instructor to create environments and experiences that bring students to discover and construct knowledge for themselves.

In-classroom instruction is considered to be only one of many ways in which learning may occur. Within this model, **the process of learning may be divided into three distinct phases**: 1.) the preparation for learning phase which is designed to prepare students for the active learning experience; 2.) the active learning phase which focuses on developing skill through practice; and 3.) the evaluation of learning phase which insures that learning has occurred and reinforces prior learning.

Within the Program, there is a consistent emphasis on connecting the classroom to the clinic. In semester one, students will learn how to observe, assist, and instruct patients in the performance of basic functional skills. In semester two, students are introduced to assessment skills and may perform newly learned skills

with actual patients during their first Integrated Clinical Experience (ICE). Two 12-week post- didactic clinical internships will ensure entry-level performance.

Whenever possible, clinicians and clinical experts from within the local community are actively involved in all aspects of the curriculum and may serve as lab assistants, guest lecturers, primary course instructors, clinical instructors, pro bono clinic supervisors, student mentors, and provide ongoing feedback regarding individual course content and overall curricular structure. Within this model, the integration of clinicians who are actively involved in regular clinical practice is elevated as the preferred method for creating an authentic, contemporary learning experience that connects the classroom to the clinic.

The curriculum will emphasize the importance of repetition in facilitating the attainment of new knowledge. Content will be delivered in a fashion that progresses from foundational to more complex. Teaching methods address the affective, cognitive, and psychomotor domains and will be developed in a manner that seeks to address the varied learning styles of each student. Opportunities for active engagement, which places the responsibility for learning on the doctoral student, will result in the creation of authentic knowledge. Evaluative criteria that is used to assess student learning will be consistent with the manner in which the content was taught and applied.

Faculty adhere to instructional methods and foundational curriculum guiding documents to inform teaching and learning strategies. These will include The Normative Model, GPTP, Clinical Practice Guidelines and other higher education resources, including the Journal of PT Education and published texts.

MHT 7/2020 c/w MPP

Essential Functions of a Physical Therapist

The DPT Program at Alvernia University, in compliance with the Americans with Disabilities Act (ADA), does not discriminate against qualified individuals with disabilities. A person qualified for the DPT program is one who has met academic standards and is able, with or without reasonable accommodations, to meet the essential functions of a physical therapist, in alignment with current practice as determined by several sources as referenced.

These essential functions are the activities that a student physical therapist must be able to perform, with or without accommodations, in partial fulfillment of the requirements for successful completion of the professional curriculum. They are applicable in the classroom, laboratories, simulated clinical settings, and on clinical education assignments. Alvernia University uses independent clinical education sites that may or may not be able to offer the same reasonable accommodations made available by the university.

The list of essential functions is designed to assist students interested in the DPT program to make informed decisions about career options. Additional requirements and competencies are outlined in course syllabi and on the clinical performance instrument. The Essential Functions must be completed in all settings, which include highly complex environments, and within a time frame that is consistent with actual clinical practice. If it becomes apparent that a student is unable to fulfill each essential function with reasonable accommodation or if the needed accommodations are beyond what would be considered reasonable thus causing undue hardship to the university or harm to others.

The Alvernia University DPT Program Essential Functions document has been developed to achieve compliance with the following statutes: the Americans with Disabilities Act of 1990, the ADA Amendment Act of 2008, and Section 504 of the Rehabilitation Act of 1973. ADA records are maintained by the Accessibility Services Coordinator. Information related to ADA, Discrimination, and Title IX can be found on the University website at <http://www.alvernia.edu/student-life/index.html>. Questions should be directed to Accessibility Services, located in Bernardine Hall BH 105C, services@alvernia.edu and by phone at 610-568-1499/fax 484-335-4486. For questions, concerns, or to request review of a request for accommodations, students should contact: **Director, Office of Accessibility Services**, Bernardine Hall

Essential Functions in the Affective Domain

1. Interact effectively and sensitively using appropriate verbal, nonverbal, and written communication skills with faculty, peers, other members of the health care team, and patients/clients, and caregivers.
2. Read, write and interpret written and nonverbal communication at a competency level that allows one to safely function in classroom, laboratory, and clinical settings.
3. Recognize the impact and influence of age, lifestyle, family or peer support, socioeconomic class, culture, beliefs, race, and abilities on faculty, peers, other members of the health care team, and patients/clients, and caregivers.
4. Recognize the psychosocial impact of movement dysfunction and disability on the client and caregivers and integrate these needs into patient examinations, evaluations, assessments, interventions, discharges, and or referrals.
5. Efficiently organize and prioritize multiple tasks, integrate and critically analyze information, and formulate applicable decisions.
6. Practice in a safe, ethical, and legal manner, following guidelines for standard practice as established by federal, state, and local law, the College, clinical facilities, the APTA, and related professional organizations.
7. Accept personal responsibility for all actions, reactions, and inactions.
8. Demonstrate responsibility for self-assessment, professional growth and development.
9. Effectively and consistently manage personal stress and appropriately respond to the stress of others.
10. Speak and write effectively in English to convey information to other individuals and groups.

Essential Functions in the Cognitive Domain

1. Comprehend, retain, recall, and apply complex information learned in required prerequisite courses to the program's professional course work
2. Read, comprehend, integrate, critically analyze, interpret, and apply information from written materials, demonstrations, lectures, laboratory sessions, and research literature, and other pertinent sources to develop and support the rationale for appropriate patient examinations, evaluations, assessments, interventions, discharges, and or referrals.
3. Collect, organize, prioritize and document information to make safe, appropriate and timely decisions regarding patient care for the purposes of examination, evaluation, assessment, intervention, discharge, and or referral for any patient.
4. Demonstrate management skills including planning, organizing, supervising, and delegating.

Essential Functions in the Psychomotor Domain

1. Possess sufficient mental and physical stamina, postural and neuromuscular control, and eye- hand coordination for extended periods of time in order to perform patient care tasks in a manner that does not compromise patient or therapist safety.

2. Safely, reliably, and efficiently perform required physical therapy examination and intervention procedures to evaluate and treat the functional skills & limitations and gross motor system of patients across the lifespan. These include but are not limited to:
- Cognitive, mental, emotional status
 - Cardiopulmonary status
 - Segmental length, girth, volume
 - Skin integrity & wound care
 - Sensation
 - Strength
 - Joint mobility, motion and play
 - Muscle tone and reflexes
 - Coordination & balance
 - Development skills & movement patterns
 - Functional abilities
 - Posture & gait
 - Endurance
 - Pain
 - Therapeutic exercises
 - Prosthetics & orthotics
 - Adaptive devices & assistive technology
 - Demonstrate the ability to perform CPR and emergency first aid.
 - Safely and reliably read meters, dials, printouts, and goniometers.
 - Demonstrate the ability to manipulate and operate physical therapy equipment and monitoring devices.
 - React safely and appropriately in a timely manner to sudden or unexpected situations involving persons and or equipment

Sources:

1. American Physical Therapy Association. Minimum Required Skills of Physical Therapist Graduates at Entry Level. BOD G11-05-20-449.
2. American Physical Therapy Association. Guide to Physical Therapist Practice. Alexandria, Virginia, 2008.
3. AASIG Technical Standards, Essential Functions Document. Section on Education, September 1998.
Ingram, D. (1997). Opinions of Physical Therapy Department Chairs on Essential Functions, Physical Therapy, 77(1)

Section III: Roles and Responsibilities

Director of Clinical Education (DCE)

The Director of Clinical Education (DCE) is a core faculty member who is responsible for the planning, coordination, facilitation, administration, monitoring, and assessment of the clinical education. The DCE is the course instructor for all clinical practice courses (ICE and full time) and awards the course grade. The DCE serves as a liaison between the physical therapy program and clinical education sites. In cooperation with other academic faculty, the DCE establishes clinical education standards, selects and evaluates clinical education sites, and maintains communication among all parties. ([APTA Model Position Description DCE](#))

DCE Upholds Academic Regulations, Policies, and Procedures Related to Clinical Education:

Under the direction of the PT Department Chair, the DCE assumes responsibility for maintaining the integrity of the clinical education program. This will be accomplished through a process by which the academic regulations and all policies and procedures that are related to clinical education are strictly upheld. This process is most effective by enacting 3 levels of interaction. The DCE will seek to communicate and assist clinical sites in meeting the expectations and policies related to the clinical education program prior to contract execution, during clinical experience experiences, and following completion of each clinical experience.

Prior to executing a contract with a clinical site, the DCE will fully inform each site of all policies and expectations. As clinical sites are added to the cohort of active clinical experience sites, the DCE will communicate both informally and formally with the CCCE regarding the distinct roles of both the university as well as the clinical site. The DCE will provide each clinical site with the DPT Clinical Education Manual, which includes the program mission, philosophy, expected outcomes, an overview of the curriculum, and all policies and procedures related to the clinical education program. Prior to hosting a student, all clinical sites will engage in a fully executed contract with the University. The DCE will encourage open dialogue to ensure that any questions or concerns from the clinical site are addressed prior to contract execution.

In March of each year, the DCE mails and/or emails a **Clinical Experiences Request/ Response Form** to all affiliating Center Coordinators for Clinical Education requesting placement for students in all clinical education experiences for the following calendar year in compliance with the Uniform Mailing Date established by the Education Section of the APTA. Clinical sites are asked to return completed request/response forms by April 15 each year which will indicate the specific number of students and their placement for the following calendar year. Once the completed Clinical Experiences Request/ Response Form is received, the DCE will confirm placements and provide the CCCE with pertinent information regarding the student and the objectives related to that specific clinical experience. A confirmation letter will be sent to the student and clinical site.

The DCE shares the responsibility of student supervision and evaluation with the Clinical Instructor throughout each clinical experience utilizing periodic reports, phone conversations, site visits, and consultation. The DCE, or assigned core faculty member, will contact the clinical site to discuss the student's progress and performance at various points during each experience. The DCE, or designated faculty member, will set up a "site visit" via in-person visit, phone call, audio-video electronic transmission program with the student and Clinical Instructor during each clinical experience. The purpose for these

site visits is to assist with clinical site development and to foster productive working relationships between the DPT program and the clinical sites.

If a student is placed on a Learning Contract upon entering a clinical experience, the DCE will ensure that the CI is aware of the details of this contract, is prepared to implement this contract, and will support the CI in assisting the student in fulfilling the contract. If the CI perceives that the student is at risk for failing to uphold the requirements of the contract, the CI will confer with the DCE. After evaluating the CI's concerns, the DCE will determine if the student's case warrants submission to the ARC. If submitted, the ARC will act accordingly as previously defined in Part VI of the **DPT Program Policies and Procedures Manual**. The ARC's decision may result in modification of the student's learning contract, alteration in the student's progression within the program, or dismissal of the student from the program. In circumstances when a student has transferred to another clinical instructor or facility, the DCE will check in with the CI and student on a regular basis during the first week.

If a clinical instructor is identified as not meeting the requirements of the program, the DCE will immediately contact the CCCE/CI to determine the extent of the breach. The DCE will submit a "request for corrective action" in writing to the CCCE, which must be completed. If this occurs during a student's clinical experience, the "request" must be completed within 2 days or the student will be removed. If the nature of the breach in contract is egregious or emergent, the student will be removed immediately. If a clinical site indicates that they are no longer capable of meeting the obligations of the contract or cannot ensure that the situation will not arise again, that site will be removed from the active site list until further notice. After removal of a student from a clinical experience or removal of a clinical site from the active site list, the DCE will provide a formal letter to the CCCE outlining the reasons and invite further discussion and clarification as needed. To ensure that all CI's are meeting program requirements, the DCE will monitor the CSIF on an annual basis, during the process of site selection, and immediately prior to student placement. The DCE closely monitors student progress at sites where one individual supervises more than one student at a time, or at sites where a student might start with one clinical instructor and be transferred to another clinical instructor, to insure the necessary support is provided.

If a clinical site is identified as not meeting the academic regulations established by the program, the DCE will immediately contact by phone or implement a site visit with the CCCE/CI to gain clarification. If the site is truly not meeting the requirements as outlined in the contract, the DCE will notify the CCCE for the clinical site of this breach of contract and submit to the CCCE a "request for corrective action" notification in writing. The DCE will follow up with the CCCE for the clinical site within 2 days of this request to identify if the situation has resolved. If corrective action has not been taken at that time, the student will be immediately removed from the clinical experience and will complete the remainder of the clinical experience at another site in a similar practice setting, when possible. If the nature of the breach in contract is egregious or emergent, where the offense poses a safety risk to the student and/or clients, the student will be removed from the clinical site immediately. If a clinical site indicates that they are no longer capable of meeting the obligations of the contract, they will be immediately removed from the active site list. If this occurs while a student is being hosted at the site, the student will be immediately removed from the site and will complete his/her clinical experience at another location. After removal of a student from a clinical experience, the DCE will provide a formal letter outlining the reasons for the removal to the site's CCCE. If the clinical site is unable to ensure that this situation will not arise again, the clinical site will be removed from the active list of clinical sites and students will no longer affiliate at this location until a time in which the suitability of the site can be re-evaluated. Prior to future placement of another student at a clinical site in which an issue has arisen, the DCE will verbally communicate with the CCCE prior to the clinical

experience to ensure that the issue has been resolved and will provide written documentation of this discussion with a reiteration of the concern and the statutes of the contract.

DCE Maintains Agreements Between the Institution and Clinical Education Sites:

The DCE will maintain site folders for all active clinical sites. Each site folder will contain: Clinical experience Agreement (contract), copy of current professional Liability Insurance certificate, records of communication with site, previous student clinical site evaluations, specific clinical site requirements for students, and all other correspondence between the University and the clinical site. All active clinical sites are logged into a database by the DCE and PT Department Administrative Assistant, which is used to track CCCE contact information and contract initiation and expiration dates. The database is reviewed prior to each semester for contracts which require updates. On an annual basis, all clinical site files are individually reviewed and the database is updated accordingly. Contracts which are within 3 months of expiring are updated according to the type of contract (university-generated or facility-generated). Clinical sites that utilize facility-generated contracts are contacted to begin the contract renewal process. Sites which utilize university-generated contracts are sent new contracts to review and sign. As a compliment to the ongoing clinical site database, APTA CSIF Web will be utilized with the ultimate goal of having all clinical sites update their information online annually.

DCE Communication with Students:

Formally and informally, students will be provided with instruction by the DCE regarding the expectations for professional and performance behaviors in the clinical setting including review of the Integrated Clinical Experience forms for part-time clinical experiences and review of the [APTA Physical Therapist Clinical Performance Instrument \(PT CPI\)](#) for full-time clinical experiences. All students will be required to complete the APTA Learning Center training course for using the PT CPI prior to DPT524. Prior to each clinical practice course, students will be provided with a course syllabus which outlines the objectives of the course. The syllabus serves as a contract between the DCE and the student and describes the consequences for not meeting course requirements.

Communication between the Academic Coordinator of Clinical Education and the students will occur formally throughout their tenure within the program and informally as needed. Formal contact will include the following:

1. Orientation – The DCE will introduce the clinical education program during orientation and review the DPT Clinical Education Manual. At this time, the DCE will formally review all necessary requirements for DPT 522 & 523.
2. Office hours – Formal 1:1 meeting times can be arranged through office hours. Extended office hours will be offered during time when students are researching and choosing clinical sites and completing necessary paper work and requirements to ensure ample opportunities for students to have their questions and concerns addressed. Evening office hours are available when students are participating in full-time clinical education experiences/clinical experiences.
3. Communication: Expectations for Part-time and Full-time Clinical Practice Courses– During DPT522 and DPT523, the DCE will meet with the students to review all policies, procedures, and expectations related to the clinical education program. In DPT522, students will also complete required OSHA and HIPAA online training programs. Assessment tools will be reviewed including the Integrated Clinical Experience Form ([ICE Experience Form](#)) and the APTA Physical Therapist Clinical Performance Instrument (PT CPI). All students will complete the APTA

Learning Center training program for using the PT CPI.

4. Clinical Education Site Placement Process – The DCE will facilitate the process of clinical site placement that involves both student preference and assignment by the DCE. The DCE will establish open lines of communication between the PT Department and the clinical site. For all full-time clinical experiences, each student will provide information to the DCE by completing an information form indicating his/her learning experience interests and preferences for clinical site geographic locations. Data is collected and analyzed to determine the learning opportunities available for students within each clinical site which encompass direct care for patients within a variety of practice patterns, across the lifespan, and throughout the continuum of care.

Data regarding each student's placement for each full-time clinical experience is collected and maintained in a Student Clinical Site Placement spreadsheet. This data includes the site name, site location, and types of clinical settings/ learning opportunities provided for the student during each full-time clinical experience.

In the planning process for securing clinical sites for each full-time clinical experience course, the DCE utilizes the above clinical site learning opportunities data and the student clinical site placement data to determine the needs of each student and the program. In an effort to fulfill student and program needs, the DCE will seek additional clinical site placements. In order to assure that each student has opportunities to perform direct care for patients within a variety of practice patterns, across the lifespan, and throughout the continuum of care (cumulative across all four full-time clinical experiences), clinical experience placements are determined for each student by the DCE with consideration of each student's learning needs and the clinical sites' learning opportunities.

5. Mid-Term Interview- During each full-time clinical practice course, the DCE, or designated faculty member, will complete the mid-term evaluations in person or by phone. Students will be encouraged to share feedback regarding learning experiences, feedback provided by the Clinical Instructor, challenges, concerns, likes and dislikes at this time.
6. Clinical Education Feedback Session- Following each clinical practice course, the DCE will meet with each class to collect data and to provide an opportunity for students to collaboratively discuss their overall clinical experiences.
7. Submission and Communication of Final Grades- As the primary instructor of the clinical practice courses, the DCE has the primary responsibility of assigning grades after consultation with each CI. The DCE will also be available to students for feedback.
8. Informal communication between the DCE and students will be ongoing through email, telephone and in person. The DCE will maintain an open door policy, however, students will be encouraged and/or directed to daytime and evening office hours if time is needed to answer questions. The DCE will verbally, and in writing, encourage students to keep the lines of communication open and express any concerns/issues as early as possible with the DCE.

DCE Communication with Core Faculty:

Under the direction of the Physical Therapy Department Chair (DC), the Director of Clinical Education (DCE) will be the primary coordinator and manager of the clinical education component of the curriculum. The DCE will regularly communicate with the DC regarding all facets of the clinical education program.

The current pattern of communication between the DCE and DC includes weekly summaries at faculty meetings, and daily interaction including opportunities to check-in with each other regarding clinical education. In addition, the DCE and DC faculty offices are in close proximity and both faculty members have open door policies. A weekly meeting will occur between the DCE and DC on an ongoing basis.

The DCE will regularly communicate with the DPT core faculty the policies and procedures related to the clinical education program and discuss any changes to these policies or issues that arise during weekly faculty meetings. Clinical education will be a standing agenda item at these meetings. The core faculty are expected to prepare students for their clinical experiences in accordance with the program's academic policies. The DCE will periodically review the syllabi of the clinical courses within the curriculum to ensure that course objectives satisfy the demands of the clinical education program.

DCE Communication with Clinical Sites:

Once a student has been assigned to a clinical site, a letter introducing the student and a confirmation of the dates for the clinical experience, will be sent to the clinical site by the DCE. The DCE will be responsible for updating all affiliated clinical sites on changes within the didactic and clinical education curriculum, and DPT program in general. The DCE will send to all CCCEs and CIs updated versions of either an electronic file, paper copy, or electronic hyperlink for the DPT Clinical Education Manual. Prior to each clinical practice course, the DCE will send to the assigned Clinical Instructor, the dates of the clinical experience, the assigned student's name and email address, the course syllabus, and a cover letter which explains grading expectations and procedures, and DCE contact information. The DCE will develop relationships with clinical faculty for the purpose of ensuring that the curriculum is consistent with contemporary physical therapy practice. The DCE will oversee all issues related to clinical site compliance requirements and, with the assistance of the PT Department Secretary, will ensure that all students have met the compliance requirements needed for participation in clinical education experiences.

Determine if Clinical Education Faculty Meet the Needs of the Program

Prior to entering into a clinical education contract, the DCE ensures that each clinical site and all clinical faculty meet the expectations of the Program and to the best of the clinic's abilities, meet current standards set forth by the APTA Guidelines for Clinical Education (updated 12/14/2009). The DCE, using the following sources, determines the appropriateness of the clinical education sites: the Clinical Site Information Form (CSIF), clinical site visits, and/or communication with the CCCE/CI. To meet program expectations, each site must have a copy of each clinician's current valid PT license, demonstrate adequate administrative support and space, employ a designated CCCE, and offer a variety of appropriate learning experiences that are commensurate with course objectives. The administration and clinical faculty must exhibit a positive attitude toward clinical education as determined by past student feedback reported on the **Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction** ([SECCI Form](#)) form and current interactions with the DCE. The clinical atmosphere must be professional and foster an "environment of learning" as shown by positive interactions and willingness for clinicians to assist and facilitate goal setting with students. Optimally, clinical sites have educational policies that include staff education on teaching and student supervision through in-servicing and support for continuing education. Sites that do not meet the above described standards will be offered assistance by the DCE to further develop their clinical education program.

The DCE, in collaboration with the clinic's CCCE, is responsible to ensure that clinical education faculty meet the needs of our program and individual students. The CSIF provides information related to the Clinical Instructor's number of years and types of experience, certification and continuing education. Each

Clinical Instructor who is affiliated with the University updates a personal profile within the APTA PT CPI website in which they are sharing their education level, years of clinical experience, years of experience as a Clinical Instructor, and specialty certifications. Each student provides updated information for his/her assigned Clinical Instructor by completing the APTA Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction during each full-time clinical experience. The DCE is responsible for compiling all data and also collects CI information through site visits, email or by phone conversations with the CCCE and/or CI. Prior to confirming a student placement, the DCE will attempt to ensure that the CI has the skills and experience to meet the course objectives. If the CI appears to lack adequate experience, the DCE will determine if resources are available from the clinic and AU DPT faculty to educate the CI and provide the necessary support or the DCE, or will reassign the student to a different CI or clinical site. At the conclusion of each academic year, the DCE will evaluate the effectiveness of each CI through the use of the Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction form data and data collected through the midterm site visits and other interactions with CCCE's/CI's and students. From this data, the DCE will seek to identify trends across all clinical sites as well as needs or deficiencies of clinical faculty within specific clinical sites or needs among specific clinical instructors. The DCE will utilize this information to develop resources to support clinical faculty. This information will also be used to determine if clinical instructors are not meeting the Program's criteria for retention, upon which they will not be assigned another student until such deficiencies have been corrected. These criteria include appropriate communication and supervision of students, safety in the clinic, and appropriate professional behavior and attitudes towards patients, staff, and students.

Clinical Education Liaison- Roles and Responsibilities

The Roles and Responsibilities of the Clinical Education Liaison include the following and are provided in detail within the [Clinical Liaison Job Delineation](#).

The Clinical Education Liaison is a licensed physical therapist, associated faculty member whose purpose is to support the Director of Clinical Education (DCE) in placement and management of students in clinical experiences and in development of the Clinical Education program. The individual within this position, serves as a primary liaison between the Program and clinical faculty/sites.

Clinical Faculty and Sites

The DPT Clinical Education Manual is the binding document that states the responsibilities of the Center Coordinator of Clinical Education (CCCE) and Clinical Instructors (CI), and will be kept current by the DCE. The DCE will provide each site with either a link to the online manual or a printed version of the manual, upon request. This manual includes the Program mission, philosophy, expected outcomes, and an overview of the curriculum and policies and procedures related to the clinical education program. The DCE will also communicate both informally and formally with the CCCE/CI regarding the distinct roles of both the University as well as the clinical site. Prior to hosting a student, all clinical sites will engage in a fully executed Clinical experience Agreement (contract) with the University which represents each individual site as required by CAPTE. Within the contract, the specific roles and responsibilities of each party are thoroughly outlined. Receipt of a signed original or pdf of the agreement indicates the CCCE and CI have acknowledged and are in agreement regarding their responsibilities. The DCE will encourage an open dialogue to ensure that any questions or concerns from the site are addressed prior to contract execution

Selected clinical faculty will also be involved in curricular design and development both informally and by providing input during the Program's Professional Advisory Board meetings, Clinical Education Focus Group meetings, and End of Semester Review (ESR). In addition, clinical faculty may also be involved in patient care and the supervision of Program students in developing and operating the pro bono clinic(s).

Center Coordinator of Clinical Education (CCCE)

The Clinical Coordinator of Clinical Education (CCCE) is a licensed physical therapist or other qualified individual employed and designated by the clinical education site who is responsible for coordinating the assignments and activities of students at the clinical site. The CCCE is expected to show effective communication, interpersonal, supervisory, instructional, and administrative skills.

The CCCE's responsibilities include: 1) identifying, organizing and coordinating the specific learning experiences available at the clinical education site sites, 2) completing the APTA CSIF Web (or printed version of the CSIF or equivalent record at the initiation of a contract updating information annually or when changes occur with regard to the site's organizational operations and/or PT departmental staffing, 3) coordinating student assignments, student orientation, and clinical instructor development, 4) ensuring the CI's readiness to participate in the clinical education process by using the APTA Guidelines and Self-Assessment to analyze their preparedness as clinical supervisors and ensure that they meet minimal competency standards, 5) directing, supervising and evaluating the activities of the students assigned to that site including ensuring that students have appropriate documentation space and technology, and 6) coordinate and distribute pertinent information between the students, CI, and DCE. (Reference: [APTA Guidelines: Center Coordinators of Clinical Education.](#))

Clinical Instructor (CI)

The Clinical Instructor (CI) is a licensed physical therapist, employed by the clinical facility, and responsible for the direct instruction, supervision and evaluation of the physical therapy student in the clinical setting. Responsibilities of the CI include: 1) plan and provide daily clinical education learning experiences for the student using the objectives for the clinical experience and those indicated in the Student Information Form, 2) provide ongoing, daily and weekly formative feedback regarding the student's performance, as well as formal written midterm and final evaluations (summative feedback) using the APTA's Clinical Performance Instrument (CPI) or Integrated Clinical Experience Form (for part-time clinical experiences), 3) act as a professional role model, and 4) ensure patient and student safety and report such deficiencies to the DCE. A description of the roles and responsibilities of the CI can be found in the APTA CI Roles ([APTA Guidelines: Clinical Instructors](#)).

The minimum program requirements for clinical faculty will be clearly communicated to each prospective clinical site and again, immediately prior to student placement. The minimal requirements of the program for each CI that will be involved in the supervision of students are as follows:

- 1) The CI will possess a license to practice physical therapy in the state in which the student will be supervised.
- 2) The CI will have a minimum of one year of full-time experience in clinical practice.
- 3) The CI will demonstrate clinical competence, as determined by the requirements established by the clinical site, within the area of practice in which the student will be supervised.
- 4) The CI will have verification of ongoing continuing education in his/her area of clinical specialization.
- 5) The CI will have no record of prior issues in the supervision of physical therapy students as determined by information gained from the CSIF and conversations with the CCCE.

6) The CI will be a physical therapist and not a physical therapist assistant or other healthcare professional.

Although not required, in addition to the above expectations, it is preferred that the CI: 1) possesses certification as an APTA Credentialed Clinical Instructor, 2) has obtained ABPTS certification, or other credentials in the area of practice in which the student will be supervised (especially for DPT 724 and 725), and 3) has more than 3 years of experience in full-time clinical practice.

Clinical faculty are expected to effectively teach using an adult learning approach that provides the students with quality educational experiences. To be effective, the CI is expected to be familiar with the academic program's objectives and expectations for each experience. The CI must possess authentic, evidence-based clinical knowledge and skill within each specific practice setting. The CI should partner with each student in the acquisition of new knowledge and in the development of effective skills. Clinical Instructors will demonstrate the ability to motivate and encourage students to share in the learning process through skillful communication. The CI should serve as a mentor and role model and embody ethical and culturally competent practice, have a positive attitude and genuine interest in teaching, and show enthusiasm about the information being taught. The CI is expected to be a good problem solver that possesses the ability to facilitate these skills in his/her students. The CI is expected to impart clinical knowledge and clearly-defined expectations to the student in a respectful and engaging fashion. The CI must provide constructive and timely feedback regarding student performance and be prepared to adapt the level of supervision, type of feedback, and manner of instruction in a way that ideally meets each student's individual needs. The CI must demonstrate the attributes of an engaged listener and create an environment that fosters collegial interaction and focused learning. The CI's ability to impart evidence-based, authentic and contemporary clinical knowledge and skill is based on the degree to which the CI possesses such knowledge. Toward that end, those entrusted to assume this role must be experienced, well-trained, skilled clinicians who have pursued post-professional training and are committed lifelong learners. CIs should be actively engaged in the profession and possess an awareness of the PT's role within the healthcare continuum while pursuing collegial relationships with others

Associated Rights & Privileges

Coordinators of Clinical Education and Clinical Instructors within the Alvernia University DPT Program have the following rights and privileges associated with this position: 1) the right to be treated fairly with dignity and without discrimination by all students and Alvernia University faculty, 2) the right to request assistance from the academic program in addressing clinical education issues or problems that arise in the clinic, 3) the right to receive information regarding affiliating students, and any changes in the Program in a timely fashion, and 4) the right to terminate a student's participation in the clinical education experience if they perceive that the continued participation of a student is unsafe, disruptive, or detrimental to the clinical site or patient care, or not in conformity with the clinic's standards, policies, procedures or requirements.

Additional privileges for CCCE/CI include priority access to continuing education programming sponsored by Alvernia University at a reduced cost and access to all library resources, including database access. The DPT program will offer training for Clinical Instructors through the sponsorship of an annual APTA Clinical Instructor Credentialing Program for which local clinicians will be invited to attend. This APTA training course is designed to provide clinicians with the skills and information necessary to provide a structured learning environment and enhanced clinical educational experience for students. The library has the necessary physical therapy resources to support clinical faculty's educational and scholarship goals. This includes online access to numerous online databases which provide access to

current journal articles, 32 print journal titles related to allied health subject areas, proxy-server authentication to access electronic resources from off-campus, and assistance with a librarian through the following contact methods: in-person, IM chat, telephone, or email. Clinical instructors will have access to the library's physical space which includes a technology-rich environment.

The primary objective of DPT Program- sponsored continuing education program is to build the bridge between academic and clinical education and ensure the integration of classroom instruction into the clinical setting.

Role of Student Physical Therapist in Clinical Education Setting

Each student must assume many roles and responsibilities throughout the clinical education curriculum and will be held accountable for his/her own actions at all times. Students are representatives of Alvernia University and are responsible to the Doctoral of Physical Therapy Program and Graduate School of Professional Studies, the Clinical Facility, CCCE/CI and patients as follows:

1. Respect and adhere to policies and regulations of the University, program and clinical facility.
2. Respect for the administration and mission of the facility.
3. Demonstrate attitudes and behaviors according to the Code of Ethics of the APTA, the Alvernia University Mission, and the Code of Ethics for the State in which the clinical facility is located.
4. Provide the best possible physical therapy services with utmost compassion, respect and undivided concern.
5. As an adult learner, the student is responsible for participating fully in his/her clinical experiences and assist the CCCE/CI in developing learning experiences and behavioral objectives appropriate for the student' areas of clinical strengths and weaknesses.
6. Students are responsible for all homework assignments and preparation for patient care prior to and during clinical experience/clinical experiences.

At any time during the clinical curriculum, if a student cannot abide by the responsibilities listed above o perform the [Essential Functions](#) previously outlined, he/she must seek counsel with the DCE, CCCE, or CI. Students are held accountable for all actions or lack thereof at all times.

Communication and Documentation

The DCE, CCCE, CI and the student work closely throughout all clinical practical experiences to foster optimal learning and ultimately develop a competent, generalist, licensed physical therapist. To meet this goal, communication must occur with one another in a meaningful and productive manner throughout all clinical experiences. The following are available channels of communication:

- I. Clinical Practice Courses / Meetings
 - a. Orientation – The DCE will introduce the clinical education program during orientation and provide each student with a DPT Clinical Education Manual. At this time, the DCE will formally review all necessary requirements for DPT 522 (Foundations of Clinical Practice), DPT 523 (the ICE component of Foundations of Clinical Examination and Evaluation), as well as provide an overview for DPT622 (Clinical Practice III). If any clinical site requires screening or other laboratory tests in addition to meeting the requirements set by AU Health and Wellness Office and the PT Department, students will receive a letter in advance of the clinical experience starting date which specifies the requirements and options for completing all requirements.

- b. Office hours – Formal 1:1 meeting times can be arranged through office hours. Extended office hours will be offered during full-time clinical experiences. As the primary instructor of the clinical practice courses, the DCE has the primary responsibility of assigning grades after consultation with the CI. The DCE will also be available to students for discussions and feedback.
- c. Clinical Education Feedback Session- Following each clinical practice course, the DCE will meet with each class to collect data and to provide an opportunity for students to collaboratively discuss their overall clinical experiences.

II. Letters / Phone Calls / Emails

Communication is welcome and encouraged, and clinical sites and students are encouraged to contact the DCE whenever there is a problem, concern, or opportunity to provide feedback (positive or constructive). The DCE can be reached by email (pamela.unger@alvernia.edu) office phone (610-796-5261) or by cell phone (610-393-6189) at all times during normal clinical hours or after hours as needed.

Informal communication between the DCE and students will be ongoing through email, telephone and in person. The DCE will maintain an open door policy; however, students will be encouraged and/or directed to office hours if time is needed to answer questions. The DCE will verbally and in writing through the Clinical Education Manual encourage students to keep the lines of communication open and express any concerns/issues as early as possible with the DCE.

III. Forms and Questionnaires

At various times during the year, forms and/or questionnaires are sent to clinical sites. Forms include:

- a. Request to complete or update the Clinical Site Information Form (CSIF/CSIF Web)
- b. Clinical Placement Request/Response form:
The APTA has deemed March 1 through March 15 as the standard time to request student placements at clinical sites for the following calendar year. During this window each year, the DCE will send a letter, request/response forms, and an email to all appropriate affiliated clinical sites requesting placement for the following academic year.
- c. Confirmation of Student Placements: Once a student or students have been assigned to a clinical site, a letter or an email will be sent to the clinical facility and the student in order to confirm the placement.
- d. Student Clinical Information Form
Six weeks prior to the clinical experience, the clinical site will receive the Student Information Form, which provides the CCCE/CI with up to date information about the student's previous clinical experiences, the overall curriculum sequence, the student's goals, behavioral objectives, expectations, and preferred style of supervision and feedback. It is recommended that the CI use the information provided from the Student Information Form as a starting point for a discussion with the student during the first day of the clinical experience and as a guide to plan an individualized approach for supervision and feedback. Students will be required to reflect upon these goals and behavioral objectives at the conclusion of their experience and

will not be awarded a course grade until completed. Any questions or concerns should be addressed to the DCE prior to the student's first day.

e. Curriculum, Course Syllabus and Clinical Education Objectives

Along with the Student Information Form described above, the CCCE/CI will receive the DPT and clinical education curriculum and clinical practice course syllabi which include specific behavioral objectives at least 6 weeks prior to the beginning of any clinical experience. Any program updates or changes will be provided to the CCCE/CI prior to the beginning of the clinical practice course or as needed throughout the clinical experience.

f. Clinical Evaluation Forms – See Clinical Education Evaluation Process – Section VI

IV. Clinical Site Visits

- a. The DCE will arrange site visits (via in-person or telecommunication methods) midway through each student's full-time clinical experience or as needed. The primary purpose of site visit meetings is to provide an opportunity for formal feedback between the student, CI, CCCE, DCE, and/or designated faculty member. Discussion will include but will not be limited to communication, feedback, supervision, problems, and strategies for current or potential issues. Clinical Site Visits will be documented using a Site Visit form for all in-person or phone call/video conferencing site visits. The DCE or designated faculty member will also plan a site visit as he/she feels necessary if additional supervision is required or if safety of the student, CI, or patients is in question.

Section IV: Clinical Education Policies & Procedures

Requirements for Student Participation in a Clinical Experience

Prior to students embarking upon any of their clinical practice experiences and integrated clinical education experiences, it is vital for the core faculty to determine each student's readiness for managing the rigors and challenges of clinical practice. A student's readiness for clinical practice will be based on each student's demonstration of sufficient ability in the cognitive, affective, and psychomotor domains in all coursework leading up to the clinical experience. To ensure competent care and to protect the clients whom the students serve, each student must meet the following specific criteria before beginning each clinical education course.

1. All students must have successfully completed all coursework prior to the clinical practice course with a grade of "C" or better, or with a grade of "Pass" in all clinical practice courses. This requirement for student progression within the Program includes the requirement for passing all practical examinations with a grade of 75% or better. See the practical exam re-take policy in the syllabi of all clinical courses. Students will not be permitted to enter a clinical practice course with a grade of "Incomplete" in any course unless authorized by the DPT Academic Review Committee.
2. A learning contract may be in place for students entering a clinical practice course. However, in such cases, core faculty must agree that the student is sufficiently prepared for the experience and will practice in a safe and effective manner. The extent to which a CI and clinical site is able to accommodate and comply with the specific requirements of the learning contract may also impact a student's ability to engage in a clinical practice course at a particular location.

3. The student must meet the criterion: "student demonstrates safe practice principles in the performance of lab skills and practical examinations". This criterion is determined through student passage of all practical examinations. Each practical exam includes criteria related to "Safety" and "Professionalism" and failure to achieve these criteria will result in an immediate failure of the practical examination.
4. Any student who has committed a breach of the Program's Code of Citizenship and related policies regarding professional behaviors may be prohibited from participation in a clinical practice course. If a student fails to correct identified unprofessional behaviors, demonstrates ongoing breaches in professional behavior, or commits an egregious breach of the Program's expectations related to professional behavior, the student will be prohibited from participation in a clinical practice course and disciplinary action may be taken up to and including dismissal from the Program.
5. All students must demonstrate the ability to execute all of the "[Essential Functions](#)" of a physical therapist with or without reasonable accommodation as previously outlined.

The student must be deemed by the core faculty, including the student's faculty advisor and DCE, to be sufficiently prepared for the clinical education experience, as determined by the professional judgment of the faculty. This determination is based upon each student's performance within the Program in combination with the requirements of the planned clinical site. To support student success, faculty reserve the right to restrict access to specific clinical sites based on these factors. Faculty will share any concerns regarding a student's readiness to participate in a particular clinical experience during faculty meetings within the standing agenda item, "Student Issues". At the end of semester review meeting (ESR), faculty will vote on which students they feel are prepared and which students are not prepared to engage in the pending clinical education experience. A favorable decision by the faculty is required for students to enter each clinical education experience. It is the responsibility of core faculty to first and foremost preserve the safety of patients and students to the extent to which they are able.

A student who is at risk or has been determined to lack the readiness for a scheduled clinical experience may not be prepared for a clinical practice course and may be referred to the DPT Academic Review Committee. The ARC will develop a Learning Contract and/or Action Plan that are designed to provide specific tasks with timelines for supporting the student in his/her preparation for the clinical practice course in order to advocate for the student's subsequent success in an upcoming clinical experience (Refer to the DPT Policy & Procedure Manual). In the event that a student is deemed to be unprepared to participate in or advance in a clinical practice experience, (with or without a Learning Contract), the student may be offered an opportunity for further development within the requirements of a learning contract after which demonstration of competency and safety will be required prior to participating in the clinical experience. If failure to achieve competency and safety is not possible within the time frame required for the student to complete his or her clinical practice course, a failing grade will be assigned, and the student may be dismissed from the Program with or without the opportunity for readmission with the next cohort of students. All courses are pre-requisites of one another so failure to complete a clinical practice course may result in failure of the student to progress within the Program. The ARC, in conjunction with the DCE, will determine if an exception can be made that would enable the student to complete a clinical practice course out of sequence. This will be decided upon on an individual basis and based upon the extent and nature of each particular student's deficiency and unique situation. When possible, efforts will be made for learning contracts to be fulfilled and competency and safety demonstrated prior to each clinical practice course so that students can remain within the established curricular sequence of the Program. These criteria are outlined in detail within the DPT Policy & Procedure Manual.

Clinical Site Selection/Assignment Process

Procedures for Developing Clinical Sites

Under the supervision of the DPT Department Chair, the DCE is charged with establishing an adequate number of clinical education sites needed to meet the goals and needs of the clinical education program. Additional clinical sites are solicited through a variety of means and potential sites identified provided with a letter of introduction, which describes the DPT Program and provides the potential site an overview of the curriculum.

Once a Clinical Site/CCCE verbally agrees to participate, the Clinical Education Clinical experience Agreement or contract will be sent to the CCCE or Clinical Site Director along with detailed program clinical experience expectations, course and curricular sequence descriptions, and a link to the Clinical Education Manual, as needed. The DCE is available through email or phone for questions and clarification. The DCE will work with the CCCE in order to attain the necessary signatures for the Clinical experience Agreement from both the clinical site and AU administration. Once a dually signed Clinical experience Agreement is secured, a signed original will be sent by the DCE to the CCCE or clinical site. An electronic pdf of the signed agreement will be sent to the AU Compliance Office and an original will be retained by the Physical Therapy Department. This pattern of communication and administrative procedures will be followed for all new clinical education sites.

Students are not permitted to contact clinical sites or make contract inquiries. Students are encouraged to make recommendations regarding feasible new clinical sites to the DCE and the Clinical Education team using the Student [Clinical Site Preference Form](#).

The DCE will serve as the primary liaison between the DPT Program and clinical sites. The DCE will share the benefits of participating in the clinical education program, which includes access to Alvernia University library resources including an on-line data base, discount on continuing education courses, and opportunities for collaboration on research. Through formal and informal communication, the DCE and staff will ascertain any specific site requirements, the availability of the site for hosting students, and in which one(s) of the four clinical practice experiences the availability/interest exists.

The DCE will be responsible for updating all affiliated clinical sites on changes within the didactic and clinical education curriculum and program in general. The DCE will develop relationships with clinical faculty for the purpose of building support for all aspects of the curriculum, its' assessment and continuous improvement.

Site visits are used for the purpose of establishing and strengthening relationships with clinical sites and faculty, assessing the clinical site facility to ensure the requirements of the program are met, and providing necessary assistance.

Procedures for Student Placement in Clinical Sites

The DCE is responsible for ensuring that each student is placed in a clinical site and with a clinical instructor that is consistent with goals and objectives for the student's particular experience/clinical experience. Consistent with CAPTE requirements, the overarching goal of the Clinical Education program is to provide opportunities for each student to reach entry-level performance with patients across multiple systems, across the lifespan, and throughout the continuum of care

Students are not permitted to contact clinical sites or make inquiry as to available slots for placement.

Once a student has been assigned to a clinical site, a letter introducing the student and a confirmation of the dates for the clinical experience, will be sent to the clinical site by the DCE.

Student site visits will be used for the purpose of monitoring student progression, assisting the CCCE/CI with student issues, and to discuss the student mid-term evaluation. The DCE or designated faculty member will be available to conduct a site visit as needed.

Procedures for Student Clinical Education Assignments

Part Time Clinical Experiences (Integrated Clinical Experiences – ICE)

- Part-time integrated clinical experiences will primarily use either a 1:1 student to Clinical Instructor instructional model or a 2:1 student to Clinical Instructor collaborative teaching model based. Each student will be assigned to a clinical experience by the DCE that is either on campus or relatively close proximity to campus. For DPT 523, students will be informed of clinical site placements approximately one month prior to the starting date for the integrated clinical experiences whenever possible. For DPT 622, each student will be assigned to a different clinical site than their assignment for DPT523. Prior to the fall and spring semesters, students will be provided with the necessary information (CCCE and CI contact phone and email) to contact the clinical site and begin preparation for any additional requirements set by the clinical site.

Full-Time Clinical Experiences Placement Procedure

- There are 4 full-time clinical experiences, DPT 524, DPT 624, DPT 724, and DPT 725. Students will be assigned to each clinical experience by the DCE based on the goals of the program, learning needs of the student (breadth, depth of experiences) and preference information provided to the DCE by the student. Decisions for student placements will be based on assuring that each student has opportunities to provide direct patient care with patients across multiple systems, across the lifespan, and throughout the continuum of care.
- Placement Process: During the early part of each Fall(DPT I and II) and Spring (DPT III) semester, each student will be asked to complete a [Student Clinical Placement Preference Form](#). This form is provided in order for the DCE to gather information regarding each student's interests, learning needs, and preferred geographic locations for future full-time clinical placements.

The DCE will notify the confirmed clinical sites and provide them with relevant student contact information. Students are instructed by the DCE to prepare to send any necessary documents to the CCCE or CI in advance of the clinical experience dates (ie: medical records, criminal background clearances, documentation of a negative drug screening, and documentation of current BLS/CPR certification). Students will receive CCCE/CI contact information once the site has been confirmed. Students are instructed to contact their assigned Clinical Instructors via email or phone call to introduce themselves and to discuss any pertinent information needed in order to prepare for the clinical experience.

Please note the following policies. Violation of these policies may result in termination of the clinical experience and require remediation (repeat) of the experience:

1. **Under no circumstances should students contact a clinical facility and request a clinical placement.**
 - a. Any contact with potential clinical sites is to be initiated by the DCE and the clinical education staff. Students are not permitted to contact any clinical site until they have been assigned there as a student.

2. **It is unacceptable for students to alter their clinical experience /clinical experience in any way.**
3. **There are NO vacation days allowed within a clinical experience.**
4. **Sick days or any missed time must be communicated with the DCE and must be made up *in their entirety* for successful completion of the clinical experience (and grading).**
5. **In general, the student's schedule will be equivalent with the schedule of the clinic and/or the CI and does NOT follow the academic calendar.**
6. Any alterations (such as changes in dates) made directly with the clinical site by the student without approval from the DCE, may result in cancellation of that clinical education experience.

Confirmation Letter and Curricular Overview/Objectives: Once a student has been assigned to a clinical site, a letter introducing the student and confirming the dates for the clinical experience will be sent to the clinical site by the DCE. This letter will also provide an overview of the curriculum and objectives for the pending clinical education experience. Grading criteria and the expected level of student performance using the APTA Clinical Performance Instrument are delineated by the DCE. Any changes that are made in the curriculum are also communicated through letters which are sent out with reservation forms. This ensures that all sites are receiving the information in multiple formats.

Clinical Experience Cancellations

Occasionally there are sudden, unforeseen changes at a clinical site, such as staff resignations, which require the site to cancel a scheduled placement. The University is not always given adequate advance notice of such events. Students should, therefore, be prepared for changes in their assignment and understand that they need to be flexible in their needs.

Section V: Rights, Responsibilities, Safety, Privacy, Dignity of Students

The University policies and procedures that address the rights, responsibilities, safety, privacy, and dignity of DPT program students can be found under the heading "Community Standards" in the [Alvernia University Student Handbook](#).

Student Background Checks and Medical Compliance

All applicants must understand that in order to meet Program outcomes, they are obliged to directly work with children and/or older adults. There are no alternatives to meet these Program outcomes. Such applicants/students with convictions/charges documented on the criminal or child abuse reports will be denied acceptance into courses with associated clinical practice and, therefore, cannot complete the applicable program of study. Such applicants/students will be advised of other academic study options at Alvernia University and will not be admitted into the DPT Program. Convictions/charges documented on a PA Criminal Record Check report or a Federal Criminal Background Check Report will be based on criteria outlined in Acts 169/13. To practice physical therapy, licensing beyond a college degree is required. Applicants may be denied employment for misdemeanors and felony convictions, including alcohol related offenses.

Criminal Background Clearances and Fingerprinting

Pennsylvania State and Federal Criminal Record Checks: It is the policy of Alvernia University's academic programs to fully comply with Pennsylvania (PA) State Laws related to criminal record and child abuse history clearances prior to entering any clinical education setting that involves direct contact with children or older adults (defined as a person who is 60 years of age or older) and is associated with academic programs and/or service learning. Students will be required to attain and submit to the AU Physical Therapy Department Secretary the following criminal background checks prior to August 1 of the matriculation year. Annual PA State and Federal criminal background record checks will be required.

1. Act 34 [Pennsylvania (PA) Criminal History Clearance]

All students enrolled in the DPT program are required to have a **PA Criminal History Clearance**. A \$22.00 fee is required for this clearance. Complete the application on line at: <https://epatch.state.pa.us/Home.jsp> (a credit card must be used to pay the fee online)– Select “Submit a New Record Check” (on the left hand side), fill in the information and press submit – print the report.

2. Act 151 [Pennsylvania (PA) Child Abuse History Clearance]

All students enrolled in the DPT program are required to have a **PA Child Abuse History Clearance**. Register online by logging onto: <https://www.compass.state.pa.us/CWIS> A password will then be sent to the applicant's email. (Use an Alvernia email account.) All information must be completed in full (the form asks for all information for people with whom the applicant has resided including names, addresses, and household members since 1975. This also includes anyone the applicant has lived with as roommates, etc. This information must be provided to the best of the applicant's knowledge and belief. Under “Purpose for Clearance” check – “Volunteer Having Direct Contact with Children”. **The average time to attain the PA Child Abuse History Clearance is 4 weeks (please plan accordingly).**

3. Act 114 (Federal Criminal Background Clearance with FBI Fingerprinting)

All students enrolled in the DPT program are required to have a Federal Criminal Background Clearance report prior to matriculation and completed on an annual basis. All FBI Background Checks are managed through an online website, Identogo. Pre-registration is required and an appointment may be required for electronic fingerprinting (Call the fingerprinting location to ask if an appointment is necessary). A \$22.60 fee is required. Please follow the steps listed below:

Access the Identogo site: <https://uenroll.identogo.com> If screen prompts appear that do not allow you to directly enter a Service Code, continue with the following steps: Select “Get Fingerprinting” in upper right screen; type in “Pennsylvania” to select a fingerprinting service by State; select “Digital Fingerprinting”. To enter a Service Code: follow the instructions provided by the AU Physical Therapy Department regarding students with current residency in Pennsylvania or students with out-of-state residency or less than 2 yrs. of residency in Pennsylvania.

Students in academic programs and/or service learning (if required by the facility) with conviction charges documented on the background check reports will be advised on an individual basis. The student must understand and agree that Alvernia University may disclose the results of the background checks to the clinical facility where the student has sought to be placed. Certain types of clinical facilities have the right and/or responsibility to preclude students from the facility who have a history of criminal activity or child abuse. The AU DPT Program will include written statements regarding background checks in their marketing and catalog documents. Students will be advised of the background check policy prior to any clinical education or service learning experience (if required by the facility). Students will be responsible for all costs associated with pre-clinical education background checks and clearances which are required annually prior to embarking on all clinical education experiences. The student will pay these fees directly online at the time that they apply for these clearances.

Drug Screening

AU requires a **10-Panel Drug Screen** (urinalysis) in accordance with National standards (including testing for marijuana, opiates, cocaine, amphetamines, PCP, barbiturates, benzodiazepine, methaqualone, propoxyphene, methadone). Penn State- St. Joseph Health Labs is the designated laboratory system. Testing locations are listed on the Referral Form. Students are required to sign a release (the Alvernia University Drug Testing Waiver Agreement) to allow Penn State- St. Joseph Health Labs to report results directly to the Alvernia University Health and Wellness Center. Drug screens are required for each DPT student on an annual basis or as required by a clinical site. Alvernia University will be responsible for the fee for the first drug screen performed for each student during the required testing time periods, however, in order for the fee to be covered by the University, the drug screen must be performed by one of the Penn State- St. Joseph Health Labs.

Required Medical Records and Authorization to Release Medical Information

Students are expected to submit all required medical and criminal background check records to the CCCE or CI prior to the start of the clinical experience or on Day 1 of the clinical experience as required by the clinical site. In rare cases, some required health information may need to be sent directly from the Alvernia University Health & Wellness Center to the clinical site. Students are responsible for completing and submitting the **Authorization to Release Medical Information Form** (available on the Alvernia Student Health Portal) to the Alvernia University Health & Wellness Center³ in order that information requested by clinical sites may be made available to them by the Alvernia University Health & Wellness Center. Information shared with clinical sites becomes part of the student's Educational Record under FERPA. This includes, but is not limited to: immunization records, physical exams, Tuberculosis tests, blood titers, and drug screens.

The only medical information that the Physical Therapy Department maintains is the compliance summary reports received from the Alvernia University Health & Wellness Center regarding student completion of health requirements. The AU Health & Wellness Center records include: immunization records, PPD tests, physical exams, drug screens, and the medical history tracking form, which is reviewed prior to each semester. All students must have up-to-date records on file with the AU Health & Wellness Center in order to begin each clinical education experience. Specific health requirements for each clinical education site as well as updates for requirements are sent to the DCE by the clinical site. The student is provided with the health requirements by the DCE upon confirmation of the clinical education experience. Students are informed that clinical sites may have additional health requirements and that they will need to comply with all clinical site health requirements prior to the start of their educational experience. Students will be informed of these additional requirements within a sufficient period of time to ensure compliance.

Personal health insurance is required for all students prior to enrollment into the DPT Program. Proof of personal health insurance coverage must be provided in the fall semester of each year to the Alvernia University Health & Wellness Office by uploading a copy of the current health insurance card or certificate into the student's Health and Wellness Center portal. Insurance may be purchased through the University. Current insurance rates for voluntary students are determined by the student's age and term. Information related to health insurance and rates is available to students under the "**Student Billing**" tab on the University homepage at alvernia.edu/parents/student-billing. This information is updated annually to reflect changes. Any costs for emergency care, deductibles, co-pays, or costs for care not covered by the student's insurance will be the responsibility of the student and their families. Refer to the Alvernia University Health & Wellness Center webpage (<http://www.alvernia.edu/student-life/student->

³ Located in Veronica Hall

[services/health/index.html](#)) regarding options for enrollment in a university-sponsored student health insurance policy.

Costs associated with the need for emergency medical care while the students are involved in off-campus educational experiences will be handled by the student's personal health insurance coverage, which all students must have prior to admission into the program and maintain throughout their time in the Program. Any deductibles, co-pays, or costs for care not covered by the student's personal insurance will be the responsibility of the student and their families.

Medical Compliance Requirements

Each DPT student is required to complete all medical compliance requirements prior to August 1 of their entry in to the program (matriculation year). Instructions will be provided to all students regarding submission of copies of all medical compliance records and the completion of required documents through the Alvernia University Health and Wellness Portal. Students will need to retain the originals for all medical records. All DPT students will be required to update medical records during all years of the DPT program as required by Alvernia University, the DPT Program, and specific clinical education facilities.

Costs associated with the need for emergency medical care while the students are involved in off-campus educational experiences will be the responsibility of the student and may be covered by the student's personal health insurance coverage which all students must have prior to admission and while enrolled in the DPT Program. Any deductibles, co-pays, or costs for care not covered by personal health insurance will be the responsibility of the student and their families.

Medical History and Physical Examination

Students are required to submit to the Alvernia University Health and Wellness Center a completed Medical History Form and proof of having received a Physical Examination by a physician. Health records maintained by the University Health and Wellness Center are confidential and will be released only with written permission of the student.

Required Immunizations and Medical Tests

For the safety of all students, the University requires specific immunizations and medical tests. These requirements are supported by the Centers for Disease Control and the Advisory Committee on Immunization Practices.

The following is a list of AU's requirements for immunizations and tests which are to be submitted to the Health and Wellness Center by August 1 of the matriculation year.

- Tuberculosis (TB) Testing - Proof of a negative 2-step PPD test is required (defined by the CDC as two negative PPD skin tests within the past 365 days)
- Measles, Mumps, Rubella (MMR) - Proof of immunity against Measles, Mumps and Rubella. Two immunizations are required or a blood titer which demonstrates a positive antibody response documenting immunity.
- Hepatitis B Immunization Series – Proof of three immunizations or a blood titer demonstrating a positive antibody response documenting immunity.
- Varicella Immunization - Completed Varicella series (2 immunizations) or a blood titer demonstrating a positive antibody response documenting immunity.
- Tetanus, Diphtheria, Pertussis (Tdap) Immunization - Proof of immunization within the past 10 year period.

- Influenza Vaccine - Proof of influenza immunization with current season influenza vaccine. *Vaccines are available through a “Flu Vaccine Clinic” offered by the Alvernia University Health and Wellness Center in September/ October or through local pharmacies.
- Any student living on-campus is required to have a meningitis vaccine within the past 5 years or may choose to sign a waiver denying the immunization. See the Health and Wellness portal to access the waiver form.
- Pneumovax Vaccine - Proof of immunization or signed declination. See the Health and Wellness portal to access the declination form. Please note that this vaccine is a requirement for many clinical sites and, as such, may limit your ability to be placed in certain critical locations, such as in required hospital settings.

Other Policies and Requirements

Additional Student Fees

Students will pay an annual comprehensive program (student activity) fee, which will cover costs associated with lab fees and required clinical equipment. Students will incur additional costs related to textbooks and supplies that are required for each course. Students will also be responsible to paying a graduation fee. As previously outlined, costs associated with the need for emergency medical care while the students are involved in off-campus educational experiences, deductibles, co-pays, or costs for care not covered by personal health insurance will be the responsibility of the student and their families.

Professional Liability Insurance Requirements

Professional liability insurance coverage is provided for DPT Program students through United Educators Insurance (Commercial General Liability Policy Number: E54-26I). The policy is renewed annually on July 1 beginning at 12:01 a.m. at the address of 400 Saint Bernardine St., Reading, PA 19607 with the retroactive date of the previous July 1 at 12:01 a.m. The limits of liability (including defense costs) are \$1,000,000 per incident, \$3,000,000 annual aggregate. Students enrolled in the DPT Program are automatically covered by the Alvernia University professional liability insurance policy and do not need to enroll for coverage.

Students are expected to immediately report any incident related to or arising out of a Professional Service or Professional Clinical experience Program to the Physical Therapy DC and/or DCE who, in turn, will report the incident to Alvernia University's insurance carrier. The policy covers any actual or alleged wrongful act in the performance or failure of performance of any professional service or while performing services in a professional clinical experience program. Professional services are activities that may only be legally performed by a person holding a professional license, regardless of whether the person is licensed or not; and, whether the person is an employee, uncompensated volunteer or independent contractor of Alvernia— as long as they are acting within the scope of his/ her professional license and only while acting within the scope of his/ her duties assigned by the Included Entity (i.e. Alvernia or clinical experience site). It does not include any activity for which an employee is compensated by any party other than an Alvernia or clinical experience site.

Housing and Transportation for Clinical Experiences

It is the responsibility of the student to secure transportation and living arrangements during all clinical experiences and clinical experiences, including those outside the Reading area. Any additional expenses related to travel to assigned clinical sites and for housing will be the responsibility of the student. When

possible, students will be informed of any additional costs associated with affiliating at a particular clinical site in advance of the starting date.

Dress Policy

The Student is expected to maintain professional demeanor and appropriate personal hygiene. The student should follow the dress code specified by each clinical site. Dress codes vary from scrubs, uniforms, casual attire, or more formal attire (including dress shirt and ties for men). It is student's responsibility to ascertain the proper dress code prior to participating in the clinical experience. If no dress code is specified in advance by the clinical site, the student should follow the dress code of AU DPT Program as outlined within the DPT Policy & Procedure Manual.

Attendance in Clinical Education Experiences

The student is expected to be prompt and to participate in clinical education experiences during all assigned regular working hours of the clinical facility and the clinical instructor. Clinical sites are open from Sunday to Saturday and are frequently open during early morning hours through evening hours. On occasion, the student may need to stay beyond typical hours to complete patient care and/or documentation. Holidays will be determined by the schedule of the clinical facility and not by the university schedule. While at the clinical site, the student is directly responsible to the CI/CCCE and the clinical facility, and must abide by the policies and procedures of the hospital/department concerning breaks, parking, etc. Likewise, the student is responsible for setting up and cleaning up the work area of all assigned patients, as well as assisting in the general maintenance and orderliness of the facility.

Students should expect to participate in at least 40 hours of clinical education experiences per week. Not included in this time are the hours needed to complete documentation, other patient-care related tasks, or assigned homework.

- Every student is required to attend his or her assigned clinic. Attendance is mandatory to the assigned hospital or clinic on the dates of the assignment.

In general, the student's schedule will be equivalent with the schedule of the clinic and/or the CI and does NOT follow the academic calendar.

There are **NO vacation days** allowed within a clinical experience.

- The student is responsible for reporting any potential scheduling conflicts to the DCE.
Excusing a student from assigned clinical hours will be at the discretion of the DCE on an individual basis.
Alterations or modifications from the assigned clinical hours (make up hours) will be at the discretion of the DCE *in cooperation and communication with the CI and CCCE* on an individual basis.

- **A reminder, as previously stated:**

Sick days or any missed time must be communicated with the DCE at the *earliest point of knowledge*.

Sickness must be similarly communicated to the CI and the clinic through the clinic's approved procedures *at the earliest point of knowledge*.

Bereavement days will follow the PT Department policy, as outlined in the DPT Policy & Procedure Manual and general extends to immediate family.

- Any unexcused absences from the assigned clinic may result in a failure of the course.

- Missed time will need to be made up *in its entirety* prior to the end of the clinical experience, with the collaboration of the student, DCE, and the clinical site.
Missed time requiring make up may delay progression within the program sequence, up to an including graduation.

Injuries, Illness, Family Emergency and Other Clinical Site Schedule Changes

In the event of illness, injury, or family emergency, the Student is responsible for contacting the DCE and CI/CCCE as soon as possible and will maintain contact on a daily basis with the DCE and CI/CCCE throughout the absence. It is the expectation that all missed clinical time will be made up and the DCE, in coordination with the CI/CCCE, will formulate a plan for make-up time. In addition, the DCE reserves the right to require an alternate assignment of the student to ensure mastery of the content. Lengthy absences may require rescheduling of the clinical experience/ clinical experience. Absences other than illness, injury, or family emergency are RARELY acceptable and students should not make plans or accept invitations that would result in absence from scheduled clinical hours.

It is NOT permitted for students to request schedule changes or days off from their CI/CCCE, even if they intend to make up the time, without prior approval of DCE.

In the case that a student would like to request a change to the clinical schedule in order to accommodate a known event, the student must bring their request to the DCE. **The DCE requires that requests be made in writing and include supporting documentation where appropriate.** Based on merits of request, the DCE may approve a change in the student's clinical schedule, however, the schedule change must also be approved by the Clinical Instructor/ CCCE.

In the event that a student misses assigned clinical hours secondary to the clinic closing or the clinic's inability to provide CI coverage, students are required to make-up the missed time. If the facility cannot accommodate the missed time, the student may be required to complete missed time at another facility or complete an alternative assignment at the discretion of the DCE, to ensure student mastery of the content objectives.

Cell Phone Use and Personal Communications in the Clinic

Personal phone calls to/from students in and out of clinical sites should be limited to emergency situations only. It is not appropriate to carry a cell phone for personal use during clinical experience hours. If you abuse or offend this policy during your clinic internships a Citizenship Alert will be filed.

Patient/Client Safety

BLS-CPR Certification for Healthcare Providers

Documentation of current BSL Certification is required through a qualified provider from either the American Red Cross or the American Heart Association. The required certification level is **“Basic Life Support for Healthcare Providers”** and *must include hands-on training* for proficiency in all BSL-CPR skills including use of an Automated External Defibrillator (AED).

Proof of certification (a copy of both sides of the certification card) must be submitted to the DPT program prior to August 1 of the year you enter the program (matriculation year). Documents from any other CPR training courses or agencies other than the American Red Cross or American Heart Association will not

meet this requirement. You must provide evidence to the department that you will remain current through the academic year prior to the start of each academic year (most certifications are for a 2-year period)

Student Safety

Potential Health Risks and Standard Precautions

The Occupational Safety and Health Administration (OSHA) requires that all health care workers understand the dangers of blood borne pathogens and how to protect themselves and others through the use of standard precautions. The DPT Program as well as many of the contracted clinical facilities require that students have been educated in standard precautions procedures. The DPT Program provides education regarding standard precautions within the first semester of the Program in the DPT 522: Foundations of Clinical Practice course and revisits this principle in subsequent coursework. Students are required to complete an online training course which is provided by Alvernia University.

Procedure: All DPT students and core faculty must complete an online training program regarding the prevention of the transmission of blood borne pathogens through the MedCom/Trainex continuing education provider. Website Link: <http://www.medcomrn.com/alvernia/> The University will be responsible for providing this online training program. All DPT students complete this training as a component of DPT522 during the first 3 weeks of the fall semester prior to participating in the clinical experiences. Copies of all certificates of completion must be submitted to the DCE.

During each clinical experience, students are required to follow all clinical facility policies regarding blood borne pathogens. Such policies include, but are not limited to, standard precautions, regular hand washing, and the appropriate use of personal protective equipment such as gloves, gowns, masks, and goggles. **Any potential exposure to body fluids must be reported via the facility's reporting mechanism with an additional report made to the DCE.** Any follow-up care will occur upon the advice of a physician.

Exposure Control Plan

The DPT Program's Exposure Control Plan is designed to reduce the chances of exposure to blood borne pathogens that individuals in the DPT Program may encounter during classroom, laboratory, or clinical education experiences. Blood borne pathogens include, but are not limited to, the hepatitis B virus (HBV), hepatitis C virus (HBC), and human immunodeficiency virus (HIV). The following information will serve as a supplement to the guidelines put forth in the Exposure Plan written for all employees of Alvernia University. These guidelines were established by the Occupational Safety and Health Administration (OSHA) standard, 29 CFR 1910.1030. This plan specifically focuses on the following individuals: 1) Licensed Physical Therapists serving as clinical or associated faculty involved in educational activities with DPT Program students, 2) Core DPT Faculty involved in educational activities with DPT Program students, 3) DPT Program students engaged in classroom, laboratory, or clinical education experiences within the curriculum, 4) DPT Program students engaged in pro bono services or service-learning activities arranged through the Program.

Policy: All employees and students are encouraged to review the detailed exposure control plan developed by the University, which is available in the Health Center. It is important that all bodily fluids are treated as if they contain a blood borne pathogen. The following activities may place an individual at risk for

encountering the potential exposure to a blood borne pathogen: performing CPR that includes resuscitation using a mouth to mouth procedure; dressing wounds, burns, blisters; managing an ill individual (vomitus, other body fluids); suture/post-surgical dressing removal; assisting physicians with procedures or operating room observation; proper disposal of soiled linens and towels; cleaning tables and infected areas; proper disposal of biohazardous waste.

Compliance: The goal of compliance in preventing disease transmission of blood borne pathogens is achieved in several ways. Appropriate engineering and work practice controls along with practicing Universal Precautions can help protect all members of the Program. Appropriate containers for biohazardous waste along with personal protective equipment are available in the DPT learning space. All waste soiled with potentially infectious material should be disposed of in specific containers for hazardous waste and labeled accordingly. Appropriate hygiene measures (i.e. hand washing) should be performed immediately after care of an ill and/or injured individual. Antiseptic gels or wipes will be used for routine cleaning of equipment. Areas that are in direct contact with individuals will be sanitized using antiseptics after each use. If hands come in contact with any bodily substance or materials contaminated by a bodily substance, they should be washed with soap and water immediately. A sink with antiseptic hand cleanser is available in the DPT learning space. It is important that personal protective equipment be used when the potential for exposure exists. This equipment consists of the following: latex gloves, goggles, face shields, CPR masks, and gowns. Any equipment that is single use should be disposed of in red biohazardous waste bags. Any sharps instruments (i.e. needles or scalpel blades) should be placed in an appropriate sharps container. An appropriate disinfectant solution will be made available in the circumstance that any surface is soiled with blood or body fluids.

Post-Exposure: In the event that an exposure incident occurs, the involved individual must contact his/her direct supervisor or faculty member. If the supervisor is unable to be contacted, treatment should not be delayed. The following steps should be taken after an attempt to contact the supervisor: 1) Wash the affected area with soap and water. If an eye splash injury occurs, flush the eye with water, 2) Go immediately to the nearest Emergency Room with your source individual, if feasible, 3) If an individual is at an off-campus clinical facility at the time of exposure, the individual must go to the nearest emergency room in the respective area. Do not wait until you return from the experience or activity before receiving care, 4) the involved individual should follow-up with recommended care as directed by the Emergency Department personnel, 5) the involved individual should inform the DPT Department Chair of the event and inform him/her of the recommended treatment plan and any treatment that has been provided since the exposure.

It is important that documentation of the incident also takes place immediately on the Exposure Incident Report form. This document will contain the route(s) of exposure and how the exposure occurred. The exposed individual will be given the option for baseline blood testing. If the source individual is known, they will be given the option to consent for testing to determine HIV, HCV, and HBV status. If the source individual is already known to have a blood borne disease, new testing does not need to be performed. If their status is unknown and they consent to testing, laws protecting the confidentiality of this information will be followed.

Harassment Policy

Harassment is a form of discrimination that violates Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, (ADEA), and the Americans with Disabilities Act of 1990, (ADA).

Harassment is unwelcome conduct that is based on race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability or genetic information. Harassment becomes unlawful where 1) enduring the offensive conduct becomes a condition of continued employment, or 2) the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive.

Alvernia University and the DPT program take this policy very seriously. Please refer to the specific details of the AU Harassment Policy in the [AU Student Handbook](#).

Privacy and Protected Information

Privacy and Protected information is of utmost importance to Alvernia University and the DPT Program. It is the expectation you will comply with these rules and regulations not only while at Alvernia, on your clinical internships, but throughout your professional career.

Health Insurance Portability & Accountability Act (HIPAA)

It is the policy of Alvernia University College of Professional Programs pertaining to health-related professions Health Care Students and Faculty (Athletic Training, Nursing, Occupational Therapy, Social Work, and DPT) to complete mandatory online Health Insurance Portability and Accountability Act (HIPAA) training program prior to entering the clinical education coursework. The goal of this program is to identify HIPAA initiatives regarding patient privacy and data security and to help healthcare workers comply with the guidelines.

HIPAA training course objectives include:

- 1) Describe the overall purpose and goals of the HIPAA,
- 2) Discuss the compliance issues with privacy reforms, including written notice, acknowledgement, prior authorization, and minimum disclosure, and
- 3) Discuss compliance with data security reforms, including issues regarding workplace layout, information storage, and rules covering conversation.

At the conclusion of these training sessions, students will sign a “**Proof of HIPAA Training**” form and they will be expected to adhere to all policies and procedures related to HIPAA when interacting with individuals from outside of the University.

Formal HIPAA training will be conducted as part of the course requirement for DPT 522, which occurs in the first semester of the Program. The instructions for student access to the online *HIPAA for Healthcare Workers* program by MEDCOM TRAINEX are provided in the DPT Policy and Procedures Manual. Students are expected to provide printed copies of the program certificates to the Department Secretary for the following three programs, once completed:

- a. HIPAA for Nurses: An Overview
- b. HIPAA for Nurses: The Privacy Rule
- c. HIPAA for Nurses: The Security Rule

Prior to embarking on each clinical practice course, students will engage in a review of HIPAA and the policies that govern the protection of PHI as it applies to specific clinic requirements.

Protected Health Information (PHI)

During Program Orientation, students will be introduced to the proper use of PHI. Under HIPAA, protected health information is considered to be any information that can be individually identified relating to the past, present, or future health status or conditions of an individual, such as diagnoses, treatment information, medical test results, and prescription information, as well as national identification numbers

and demographic information such as birth dates, gender, ethnicity, and contact and emergency contact information.

Students will receive further instruction related to PHI and HIPAA throughout the Administration and Education track of the curriculum, most specifically in DPT 604 and DPT704 (see course syllabi). Students will be tested to assess their comprehension of this information and they will be assessed on their integration and application in their clinical rotations. Students will be expected to strictly follow all guidelines established by their assigned host clinical sites related to the use of PHI.

In addition, DPT faculty will model strategies for proper handling of PHI as they incorporate actual patient scenarios into regular classroom and lab teaching activities and as they integrate actual patients into classroom teaching situations. DPT faculty and staff will be informed of the Program's policies and procedures related to the use of PHI by requiring all faculty and staff to read and acknowledge acceptance of policies pertaining to PHI contained within the DPT Policies & Procedures Manual, upon hire.

Confidentiality of Student Records and Information (FERPA)

The Federal Family Education Rights and Privacy Act of 1974 (FERPA) protects a student's educational records and information from unauthorized disclosure to third parties. A student must sign a consent form to grant access to his/her Community Standards record before the Office of Community Standards will disclose the information contained in the student's records, unless an exception is permitted by law. These privacy requirements apply to students' parents and/or legal guardians except for specific situations. Federal law makes an exception in these cases and does allow, but not require, the University to share Community Standards information. FERPA affords students certain rights with respect to their academic records. For information on FERPA rights, the student is directed to the Registrar's Office. The policy related to the confidentiality of records that involve student disciplinary action is described in the [Alvernia University Student Handbook](#) under the heading, "Privacy of Community Standards Records" and in more detail within the DPT Policy & Procedure Manual.

Information Obtained from Clinical Sites

In addition to HIPAA regulations and PHI, students will be exposed to a substantial amount of information that is specific to the clinical education site. Such information may include, but is not limited to, administrative policies and practices, billing policies and practices, client care procedures and protocols, or personal information related to clinical staff. Any information to which students are exposed to during their clinical practice courses is deemed confidential unless otherwise stated by the clinical site. Such information will remain confidential and will not be communicated either verbally or non-verbally outside of the specific clinical education environment without written consent by the administrator of the clinical education site. In addition to communicating this information to students through receipt of printed manuals upon entrance into the Program, students will also be provided with details related to Program standards and expectations during clinical education orientation sessions. These sessions will take place prior to the starting dates for part-time clinical experiences in DPT509 and DPT622. Students will receive additional information related to clinic-specific policies that govern the use of information that students are exposed to during clinical practice courses. Students will be expected to strictly follow all guidelines established by the host clinical site. DPT faculty and staff will be informed of the Program's policies and procedures related to the use of information obtained from clinical sites by requiring all faculty and staff to read and acknowledge acceptance of all policies contained in DPT Handbooks and Manuals upon hire.

Patient Right to Refuse to Participate in Clinical Education

The Program respects a patient's right to refuse care that is provided by a student physical therapist during a clinical education experience or during a classroom lab experience. During each clinical education experience, the DPT student will verbally communicate his/her status as a student physical therapist and notify the patient that he/she plans to provide care under the supervision of an on-site, licensed physical therapist. Each student will wear his/her name badge in a clearly visible location to further verify his/her name and student physical therapist status. Prior to engaging in the clinical care of each patient, the student physical therapist will communicate to the patient what he/she plans to do and verbally obtain informed consent prior to initiating care. It is important that the student assess the patient's comprehension of the information that was presented in clear plain language and provide an opportunity for the patient to ask any questions. If the patient is unable to provide informed consent due to the nature of their current condition or due to a language barrier, the student will seek other means of communicating. If obtaining such consent directly from the patient is not possible, the student will obtain consent from the patient's most accessible significant other or family member. The patient will be given the opportunity to refuse care from the student physical therapist without fear of retaliation or a reduction in the quality care that is provided. If there is doubt as to whether the student has received consent to initiate care, the clinical instructor will attempt to ascertain the patient's true wishes. If the student recognizes any degree of hesitancy on the part of the patient, the student is expected to consult with his or her CI for the purpose of gaining clarification before further intervention is initiated. If after further consultation, doubt remains regarding patient consent, the student is expected to not initiate care or discontinue care immediately.

The Program's policies and expectations related to patient refusal will be communicated to students during clinical education orientation sessions in DPT 522, 509, and 622 (see course syllabi). Students will also receive formal classroom instruction in respecting patient autonomy and the right to refuse intervention in a broader context in DPT 504, 604, and 704 after which they will be tested to assess comprehension (see course syllabi). Students will be informed of clinic-specific policies related to this prior to each clinical education experience.

Obtaining Authorized Use of Patient/Health Professional-Related Material or Images

During part-time or full-time clinical education experiences, students may be exposed to patient materials that may hold educational value for the student and others. These materials may include such things as diagnostic images and reports, lab reports, physical therapy documentation, medical chart information, and other materials that contain PHI related to the patient. Since this material contains confidential information, the student's ability to use this information is contingent upon patient consent in writing use the AU DPT [Video/Photo Release Form](#). Furthermore, if this information was obtained at a clinical site outside of Alvernia University, consent from the clinical site to utilize this information must also be obtained in writing prior to use and the clinical site's policy for student use of information obtained during a clinical education experience should be followed. In addition to information related to patients, information related to anyone involved in the care of patients (ie. physicians, therapists, others) is also considered confidential and requires consent from all parties in order for this information to be used. When possible, the student is expected to remove all names of patients and personnel from all materials to prevent personal identification.

The hybrid nature of the DPT curriculum will involve student performance of case presentations and involvement in interactive case discussions related to actual patients currently or previously seen in the clinic. Students must obtain consent from the patient and the clinical site to use the information and the materials will be sterilized of patient, therapist, or other involved individual-identifying information, when

possible. Both the patient and clinic will be informed as to the extent of information and in what forum this information and materials will be disseminated. Faculty will be expected to follow the same guidelines for use of patient or health-professional related materials. Such materials may include photos, video, diagnostic images, or data from a patient's medical record. Patient consent and clinical site consent must be obtained in writing and the materials will be sterilized of identifiable information.

The Program's policies and expectations related to use of such material will be communicated to students during clinical education orientation sessions in DPT 522, 509, and 622 (see course syllabi). Students will be informed of clinic-specific policies related to this prior to each clinical education experience and reminded by DPT faculty during the use of such materials during classroom learning experiences. Faculty will refer students to this policy during course assignments where the use of patient and health professional-related materials may be used.

Protection of Clinical Instructor Information

Throughout the course of each clinical education experience, students will be provided with access to the clinical instructor and CCCE. Students must be aware that information that they obtain through formal and informal discussion with their CI is considered confidential information and should not be shared with Alvernia faculty or other students unless the CI provides written consent. In such cases, this information should only be used for the educational benefit of DPT students. All information used for this purpose will relate to the care of patients and will not include any personal information related to the CI or patient. The privacy and dignity of the CI will be safeguarded. As a member of the DPT clinical faculty at Alvernia, CIs agree to provide information that will ensure their suitability for this role and the ideal placement of students; however, at no time will personal information be requested. Students will be informed of these policies during clinical education orientation sessions in DPT 522, 509, and 622 (see course syllabi) at which time they will be referred to the policies as printed in the DPT Program Manuals. Faculty will also be directed toward these policies which are provided in printed form upon hire.

Protection of Confidential Student Information (Student-Identifying Information)

The DPT Program will protect information that may be used to verify student identity in accordance with University policy as dictated by FERPA. As described above, this Act protects student educational records from disclosure to third parties. Information that may be used to verify student identity will be protected and only information required by Alvernia faculty and staff to safely and effectively engage the student in the course of study will be provided. Information that may be used to verify student identity will be contained within the student's file and maintained in a locked cabinet in the locked DPT Program Office and available only to Alvernia faculty and staff who are directly involved in the student's course of study. Prior to disclosure of any information to other parties for educational purposes, such as clinical sites or associated faculty, students will be asked to provide written approval to release this information to the Office of the Registrar and Physical Therapy Department Chair.

During all clinical education experiences, Alvernia University students will maintain student photo ID cards used for identification purposes that are expected to be with the student at all times when they are at off-campus clinical sites.

Information Shared with the Clinical Facility

For purposes of safety, each student's medical record will be shared with teaching or clinical sites and becomes part of the student's Educational Record under FERPA. This includes, but is not limited to, immunization records, physical exam records, Tuberculosis tests, drug screens, as well as any other additional records as required by each specific facility. This information is shared with the clinical site by

the student. In rare cases, the student may request to have a medical record sent to a clinical facility by the Health and Wellness Center pursuant to the student's completion and submission of the **Authorization to Release Medical Information Form**. Additional information regarding the student is provided to the clinical site on the **Student Clinical Information Form**, which is completed by the student and will be sent to the Center Coordinator of Clinical Education (CCCE) at the time in which the clinical education experience is confirmed. To protect student confidentiality, details regarding the student's academic status will not be routinely communicated to clinical sites. However, clinical sites will be informed by the DCE if a student assigned to a specific clinical site is unable to engage in the clinical practice experience for academic reasons or if they have been dismissed from the Program as soon as the issue has arisen. The DCE will also inform the CCCE/CI if a student is entering the clinical education experience with a learning contract in place. The details of the learning contract will be communicated so that it is clear what is expected of the CI and the student during the clinical experience and to allow the CI to determine if he/she is capable of fulfilling the requirements of the contract.

Observed HIPAA or other confidentiality violations will not be tolerated and handled by the appropriate laws and statutes. Any infraction could result in dismissal from the program.

Request for Accommodation

If a student possesses a disability or develops a short-term disability prior to or during a scheduled clinical experience, they will follow the procedures for any accommodation for any medical, physical or psychological disability as outlined in the AU Student Handbook or the DPT Policy & Procedure Manual.

In accordance with Act 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), the University offers accommodations to students with documented learning, physical and/or psychological disabilities. Reasonable accommodations, as defined by Act 504 and the Americans with Disabilities Act (ADA), are provided when students *self-identify and provide documentation* to the University's Accessibility Services Coordinator. Course requirements will not be waived but, if possible, reasonable accommodations will be made to allow each student to meet course requirements. All DPT students must successfully perform, with or without reasonable accommodation, all of the Essential Functions of a Physical Therapist described within this manual. The Essential Functions must be completed in all settings, which include highly complex environments, and within a time frame that is consistent with the clinical practice. If it becomes apparent that a student is unable to fulfill each essential function with reasonable accommodation, or if the needed accommodations are beyond what would be considered reasonable thus causing undue hardship to the clinical site, to themselves, or harm to others, then the student will be unable to complete the clinical experience as schedule.

Students with questions or requests for accommodation should contact Accessibility Services, located in Bernardine Hall BH 105C, services@alvernia.edu and by phone at 610-568-1499/fax 484-335-4486. For questions, concerns, or to request review of a request for accommodations, students should contact:

Director, Office of Accessibility Services
Bernardine Hall Room 105C (inside the Learning Center)
Phone: 610-568-1499 Fax: 484-335-4486
accessibility.services@alvernia.edu

Section VI: Grading Policies for Clinical Practice Courses

Communication- Frequency of Reporting

Since the student is completing this learning experience off-site, it is important that open communication exists between the DCE, the CI, the Student, and the DCE, who serves as the Program's clinical liaison. Open communication goes a long way towards a xxxxxxxxxxxxxxxxxxxxxx

Student Notification of Clinical Performance

Students who are experiencing difficulty fulfilling the requirements of a clinical practice course will be notified at the time in which an infraction or problem arises by the CI, CCCE, and/or DCE. If the student appears to be having difficulty fulfilling course requirements, the CI and/or DCE, in consultation with one another, will notify the student immediately in an attempt to correct any deficiencies. Since the student is completing this learning experience off-site, it is important that open communication exists between the CCCE/CI and the DCE, who serves as the Program's clinical liaison. For this reason, it will also be important that the CCCE/CI have daily dialogue with the student regarding performance and a formal designated time for discussion on a weekly basis, at minimum. If the student fails to correct problematic behaviors, elevate his or her performance to an acceptable level, or if the student commits an unsafe, unprofessional, or egregious act, the CI will confer with the DCE. After evaluating the CI's concerns, the DCE will determine if the student's case warrants submission to the ARC. If submitted, the ARC will act accordingly as defined in Part VI of the DPT P&P Manual. The ARC's decision may result in the development of a learning contract which may lead to an alteration in the student's progression and/or dismissal of the student from the program. If a learning contract needs to be established during a clinical experience. In circumstances when a student has transferred to another facility or has been assigned to work with another CI, the DCE will check in with the CI and student on a daily basis during the first week and will monitor the student's progress/performance.

DCE Notification by Student of Clinical Performance

Since the student is completing this learning experience off-site, it is important that open communication exists between the Student and the DCE, who serves as the student's instructor, advocate, liaison to the program.

Performance Assessment Instruments – The PT CPI

APTA Physical Therapist Clinical Performance Instrument (APTA PT CPI):

APTA's web-based Physical Therapist Clinical Performance Instrument (WebCPI) tool will be utilized to assess the student's professional behaviors and clinical performance during full-time clinical experiences. Both the CI and the student will complete individual, online evaluation forms provided on the CPI Program website for formal review at both midterm and final time periods. After the CI has reviewed the CPI evaluation with the student, the CI will electronically sign both the midterm CI CPI evaluation of student performance and the student's self-CPI evaluation of performance. The student will electronically sign both the self-CPI evaluation of performance and the CI CPI evaluation of student performance. A final CPI evaluation of the student's performance will follow the same format as the midterm evaluation.

The PT CPI was developed by the APTA in 1997 and was most recently revised in 2006. The PT CPI is used by the CI to evaluate the student's performance during clinical clinical experiences on both a summative and formative basis and is one source of information used by the DCE in assigning course grades. The tool consists of 18 performance criteria with sample behaviors. The criteria for entry level are consistent in both the *Evaluative Criteria for Accreditation of Education Programs for the Preparation of*

*Physical Therapists*⁴ and *A Normative Model of Physical Therapist Professional Education: Version 2004*⁵. The PT CPI instrument allows students to be assessed on 18 criteria over five performance dimensions, including: Quality of Care; Supervision/Guidance required; Consistency of Performance; Complexity of Task/Environments; and Efficiency of Performance.

The rating scale for the CPI has six defined anchors for each criterion;

- Beginning Performance
- Advance Beginner Performance
- Intermediate Performance
- Advanced Intermediate Performance
- Entry-level Performance
- Beyond Entry-level Performance

The expectation is that each student will be scored by his/her Clinical Instructor at the following levels for each full-time clinical experience or clinical clinical experience. Each CI that uses the PT CPI must complete and pass a web-based training program through the APTA before using the PT CPI to evaluate students. The program expects that students will be at the entry-level performance anchor by the end of their clinical education courses.

- DPT 524 Clinical Practice III – Advanced Beginner level or higher on each criterion
- DPT 624 Clinical Practice VI – Intermediate level or higher on each criterion
- DPT 724 Clinical Practice VII – Advanced Intermediate level of higher on each criterion
- DPT 725 Clinical Practice VIII - Entry-level or higher on each criterion

Integrated Clinical Experience Form

For the part-time clinical experience courses (DPT523 and DPT622), students will be assessed using the Integrated Clinical Experience (ICE) evaluation instrument. This instrument consists of two components, a Professional Behavior Assessment and Clinical Skills Checklist. A unique Clinical Skills Checklist will be created for each part-time clinical experience course based on course objectives, goals and objectives from current and previous course work, and input from faculty members.

The Professional Behavior Assessment portion of the ICE evaluation instrument will be completed through self, peer and CI assessment utilizing behaviors/attitudes that are appropriate for part time clinical experiences. Criteria to be assessed include: Interpersonal & Communication Skills, Use of Constructive Feedback, Professionalism, Responsibility, Stress Management, Problem Solving and Safety. All criteria will be scored as *Needs Improvement*, *Meets Expectations*, or *Exceeds Expectations*.

The Clinical Skills Checklist component of the ICE evaluation instrument consists of psychomotor skills that are commensurate with didactic learning and will require competency in different skills for each clinical education course. Each skill, when appropriate for specific patient care, will be completed under the direct

⁴ American Physical Therapy Association (Nov. 2011). *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*. Alexandria, VA: American Physical Therapy Association.

⁵ American Physical Therapy Association (2004). *A Normative Model of Physical Therapist Professional Education: Version 2004*. Alexandria, VA: American Physical Therapy Association.

supervision of the CI by the conclusion of the clinical experience and will be scored *S = Satisfactory Performance* *U = Unsatisfactory Performance*.

Student Clinical Information Form

The **Student Clinical Information Form** is a document that includes demographic information, past physical therapy experiences, and student goals and expectations for a particular clinical experience. Students are required to complete this form prior to all full-time clinical experiences within a timely fashion as determined by course syllabi. At the end of each experience, students will reflect on their goals and expectations through guided questions and a written summary. Specific dates and rubric can be found in each course syllabi.

Grading of Clinical Experiences

The DCE is ultimately responsible for providing a course grade for each student based on input from the Clinical Instructor and/or CCCE, review of the CPI scores and narratives, or other instrument/criterion as indicated (such as in the case of part-time clinical experiences). Each course is pass/fail.

Part-time clinical experiences

- Part-time clinical experiences are graded using the following instruments and criterion: Student Clinical Information Form – Must be completed 6 weeks prior to beginning of experience and one-page summary must be completed within 3 days of experience ended. Pass/Fail
- AU DPT Integrated Clinical Experience (ICE) Form
 - Completion of the Professional Behavior self-assessment, peer-assessment (when available) and assessment by CI.
 - Completion of Clinical Skills Check List - “Satisfactory” on each item. All skills must be completed by the end of the experience. See “Unsatisfactory Performance” for policies related to inability to complete the Clinical Skills Check List.

Full-time Clinical Experiences (DPT 524, 624, 724, 725)

Full time clinical experiences are graded based upon successful completion and receipt of all assessments, surveys, reflections, and assignments, as outlined within each clinical education course requirement list below. Failure to meet all requirements may result in a incomplete course grade, course failure, or course repeat, in accordance with performance and department policy.

DPT 524 Clinical Practice II – First year, Summer session

1. Demonstrate performance improvements in the criteria on the PT CPI from the midterm to final evaluation, as graded by their CI.
2. Be graded by their CI on the final PT CPI evaluation between “Advanced Beginner” and “Intermediate” performance level on criteria #1 - #16.
3. Have no areas of significant concern marked on the PT CPI. If significant concerns are marked, it may be grounds for failing the student or requiring the student to develop a remediation plan.
4. Complete all related homework assignments by the assigned due date (in-service presentation or project, and summary of Student Clinical Information Form).

5. Complete and submit the APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form.

DPT 624 Clinical Practice IV – Second year, Summer session

1. Capable of maintaining a patient caseload of 50% of an entry-level physical therapist employed at the facility in which they are participating in their clinical experiences.
2. Demonstrate performance improvements in the criteria on the PT CPI from the midterm to final evaluation, as graded by their CI.
3. Be graded by their CI on the final PT CPI evaluation between “Intermediate” and “Advanced Intermediate” performance levels on each of the 18 criteria.
4. Have no areas of significant concern marked on the PT CPI. If significant concerns are marked, it may be grounds for failing the student or requiring the student to perform remedial work before receiving credit.
5. Complete all related homework assignments by the assigned due date (in-service presentation or project, and summary of Student Clinical Information Form).
6. Complete and submit the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form.

DPT 724 Clinical Practice V – Third year, Fall semester

1. Capable of maintaining a patient caseload of 75% of an entry-level physical therapist employed at the facility in which they are participating in their clinical experience.
2. Demonstrate performance improvements in the criteria on the PT CPI from the midterm to final evaluation, as graded by their CI.
3. Be graded by their CI on the final PT CPI evaluation between “Advanced Intermediate” and “Entry Level” performance level on each of the 18 criteria.
4. Have no areas of significant concern marked on the PT CPI. If significant concerns are marked, it may be grounds for failing the student or requiring the student to perform remedial work before receiving credit.
5. Complete all related homework assignments by the assigned due date (in-service presentation or project, and summary of Student Clinical Information Form).
6. Complete and submit the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form.

DPT 725 Clinical Practice VI – Third year, Spring Semester

1. Capable of maintaining a patient caseload of 100% of an entry-level physical therapist employed at the facility in which they are participating in their clinical experience.
2. Demonstrate performance improvements in the criteria on the PT CPI from the midterm to final evaluation, as graded by their CI.
3. Be graded by their CI on the final PT CPI evaluation between “Entry Level” and “Beyond Entry Level” performance level on each of the 18 criteria.
4. Have no areas of significant concern marked on the PT CPI. If significant concerns are marked, it may be grounds for failing the student or requiring the student to perform remedial work before receiving credit.

5. Complete all related homework assignments by the assigned due date (in-service presentation or project, and summary of Student Clinical Information Form).
6. Complete and submit the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form.

Unsafe Practice

Unsafe practice by students during clinical experiences is considered to be a serious event and may lead to a student's dismissal from the Program. All practical exams throughout the curriculum will assess and grade each student's performance as it relates to safety. Significant or repeated issues related to safety during lab and/or practical examination experiences may place the student at risk for failing the examination and/or the course.

The Clinical Performance Instrument (CPI) and the Integrated Clinical Experience (ICE) evaluation instrument also include criteria related to safety. The Clinical Instructor and/or the CCCE is encouraged to contact the DCE immediately if an issue of safety arises with an affiliating student. Depending upon the nature of the issue, or in the case of repeated safety issues, a student may be at risk for failing the clinical education experience. During mid-term follow up and at the conclusion of each clinical education experience the DCE will obtain information regarding the student's adherence to safe practice guidelines. The policy for safe practice within the Program is as follows:

“A Physical Therapist’s primary obligation to his/her client is to avoid harm. As such, a student’s safe performance of all procedures and utilization of equipment during all lab and clinical education experiences is vital. For purposes of safety, students are required to observe recommended guidelines to ensure safe practice not only for others but for themselves as well. Students are expected to fully understand all indications, precautions, and contraindications that govern the use and implementation of all procedures prior to their use. In addition, students will be expected to have knowledge and observe best practice guidelines. Students who do not feel safe performing or receiving certain examination or intervention procedures are expected to make their concerns known and not engage in such activities until they feel safe to do so. Unsafe practice by students during lab or clinical experiences is considered a serious event and may lead to a student’s failure of the course and dismissal from the program.”

Due Process

Alvernia University's policies related to ensuring that students are provided with the fundamental principles of justice and entitled to proper legal procedures are provided in the **Alvernia University Student Handbook** ([AU Student Handbook](#)), which is distributed to all students upon admission to the University by the Admissions Office.

Section VII: Student Retention, Progression, Withdrawal, Dismissal

Course Registration

To enroll in courses, all students must complete the University registration process. No student can register for another student or allow another person to register on the student's behalf. All students must be authorized in the **“Self-Serve”** tab on the University website to register by their academic advisor. If a

student registers during pre-registration and then decides not to return to the University, it is the student's responsibility to notify the Graduate and Continuing Studies Office in writing prior to the beginning of classes to avoid charges. Registration dates can be found on the Academic Calendar. Information regarding tuition and course offerings is available from the Office of Graduate & Adult Education. The policy for enrollment in graduate courses is found under the heading, "**Registration**" in the **Alvernia University Graduate Catalog**.

DPT Program Retention and Progression Policies and Procedures

Credits/Overloads Policy: The University policy related to number of credits per semester requires graduate students to register for a maximum of 9 credits per academic semester. Greater than 17 credits per semester is considered overload. Overloads require the approval of the student's faculty advisor. Students enrolled in the DPT Program and undergraduate students who are currently pursuing the 3+3 accelerated track will be automatically approved for overload as dictated by the pre-determined curricular plan. The University policy for taking overload credits can be found under the heading, "**Credits/Overload**" in the **Alvernia University Graduate Catalog**.

Auditing Policy: In order to progress through the Program, students may be required to audit one or more courses. They may be required to audit a course in partial fulfillment of a learning contract in a course that was passed but one in which reinforcement of material may be required in order to fulfill the requirements of the learning contract. Students may also choose to gain exposure to an additional area of specialty practice by auditing a second elective during semester 7. No credit is earned for an audited course. The cost of auditing a course is 50% of the cost of the course, per credit. University policies related to auditing courses can be found under the heading, "**Auditing**" in the **Alvernia University Graduate Catalog**.

Course Repeat Policy: The Course Repeat Policy allows for students to complete the requirements of a learning contract enabling them to continue in the Program. If a student fails to pass a course, he/she will be placed on academic probation and a learning contract (Action Plan) will be established by the DPT Academic Review Committee (ARC), which may include the option for a student to repeat/delete a course. In addition to the policy as described under the heading, "**Repeat/Delete Option**" in the **Alvernia University Graduate Catalog**, the Program has additional requirements. Since each course within the DPT Program requires the successful completion of all prior coursework, students failing to pass a course with a grade of "C", or better will be unable to continue within the Program and must re-take and pass the course with a grade of "C", or better the next time that the course is offered. A student may only utilize the repeat/delete option one time throughout the Program. When a course is repeated for credit, the earlier grade remains on the student's permanent record and appears on all transcripts. The higher grade is used in computing the cumulative grade point average. The repeat/delete option may only be used in cases where both the original and repeated courses were earned at Alvernia; neither may be by correspondence or by study at another institution.

Clinical Education Standard Supervision & Feedback Plan

Part-time Integrated Clinical Experiences (ICE)

The CI will formally meet with the student at the beginning and end of each ICE, as part of the CI responsibilities. The initial meeting will focus on reviewing the course expectations and ICE evaluation instrument as well as discuss preferred methods for providing supervision/feedback.

During all Integrated Clinical Experiences, (DPT 523 and DPT 622), students will require supervision 100% of the time when performing patient care activities. Beyond direct patient care, an ongoing feedback plan

is determined by the CI and student on the first day of the experience as it relates to their professional behavior and clinical skills. If the student feels he/she requires additional feedback, it will be the student's responsibility to inform the CI/CCCE and create a more formalized plan. If the student still feels that he/she is not receiving appropriate supervision and feedback, he/she should contact the DCE who will arrange a phone call or site visit to assist with the development of an appropriate supervisor/feedback plan. The CI is responsible for observing and evaluating the student's performance of all (if possible) clinical skills indicated on the **Integrated Clinical Experience Form (ICE Form)**. At the end of each day, the CI and student will discuss the CI's evaluation of the student's clinical skills. At this time, the CI provides feedback and may instruct the student in homework to strengthen any clinical skills as needed. At the completion of each ICE, the CI will evaluate the student's professional behaviors using the Integrated Clinical Education evaluation instrument and provide feedback for the student. The student and CI will meet formally to review all of the clinical skills the student has performed and the CI will provide any final feedback regarding the student's clinical skills performance.

Full-Time Clinical Experiences

During the full-time clinical experiences (DPT 524, 624, 724, 725), formal meetings between the CI and the student should occur at a minimum of three times throughout the experience: beginning, middle, and end. The purpose of the first formal meeting is to review the Student Clinical Information Form, review and modify behavioral objectives as needed, and discuss preferred supervision and feedback methods. The second formal meeting will take place in conjunction with the mid-term evaluation process using the CPI and will include a discussion between the CI and student regarding their perceptions of the experience to date. The DCE or assigned faculty member will meet in person (or by phone) with the CI and the student, will review the CPI, and will complete the Midterm Check-in Form. The CI and student will meet again formally at the end of the clinical experience/clinical experience to reflect on feedback/supervision received throughout the experience, review the student's attainment of behavioral objectives, and review and complete the final CPI.

Specific structure of supervision and informal feedback should be individualized for each student and commensurate with the development of the student's clinical skills and professional behavior for full-time clinical experiences. It is the responsibility of the Clinical Instructor to vary the amount of feedback based on the student's needs in order to preserve patient safety and maximize the learning experience. The DCE will be available for assistance with a customized supervision plan at any time during a student's clinical clinical experience. For all clinical experiences, the DCE will monitor the level of supervision and feedback actively via formal and informal assessment including the CPI.

Management of Clinical Performance Issues

The student will be notified of challenges in clinical performance that might influence progress in clinical practice courses. If a student is at risk of not meeting performance expectations during a clinical experience, the CI will confer with the DCE at the earliest point of concern. After evaluating the CI's concerns, the DCE will determine if the student's case warrants submission to the ARC in support of the student's successful progression. If submitted, the ARC will convene in accordance with Part VI of the DPT P&P Manual. The ARC's decision may result in the development of a Learning Contract. Each learning contract will vary and is designed to address a student's specific deficits (e.g. clinical skills, professionalism, safety). These contracts are designed to address each deficit through a pro-active support, progressive support or restorative action plan that results in evidence that each deficit has been

resolved. The Learning Contract may lead to an alteration in the student's progression and/or dismissal of the student from the program.

If circumstances arise in which a student has transferred to another clinical instructor or facility, the DCE will check in with the CI and student on a frequent basis during the first transitional week.

If a student is on a learning contract upon entering a clinical experience, the DCE will ensure that the CI is aware of the details of this contract, is prepared to implement this contract, and will support the CI in assisting the student in fulfilling the contract. If the CI perceives that the student is at risk for failing to uphold the requirements of the contract, the CI will confer with the DCE. After evaluating the CI's concerns, the DCE will determine if the student's case warrants submission to the ARC. If submitted, the ARC will act accordingly as defined in Part VI of the DPT P&P Manual. The ARC's decision may result in modification of the student's learning contract, alteration in the student's progression within the program, or dismissal of the student from the program.

Indications and Plan for Altered Level of Clinical Supervision and Feedback

An altered level of supervision or feedback may be needed if a student exhibits issues regarding safety, professional behavior or academic performance. Immediate action is required for students who engage in unsafe practices during clinical experience whether due to deficit in clinical knowledge or clinical skill. Unsafe practice by students during clinical experiences is considered a serious event and may lead to a student's dismissal from the program.

If the CI determines that these safety or communication issues are of concern, an altered level of supervision will be created through collaboration with the CI and DCE. The specific aspects of this supervision plan will be determined based on the student needs and clinical site program. Throughout any clinical experience, the need for a change in clinical supervision or feedback can be initiated by the student, CI/CCCE, or the DCE informally.

If the student is concerned about the supervision or feedback they are receiving, he/she must first address this concern with the CI/CCCE. Once the student expresses a need for change, it is the responsibility of the CI/CCCE to carefully consider the student's request, discuss the situation with the CCCE and DCE. The DCE, CCCE, and CI will determine if a new plan should be developed or provide a rationale for continuing with the present plan. If a new plan for supervision is developed, the DCE will coordinate with the CI and/or CCCE in developing a plan for an alternative supervisory and feedback program.

Students should first seek assistance from the CI in defining and solving 'problems. This applies even in situations in which the problem is perceived as a 'personality conflict' between the student and the CI. Real or imagined personality conflicts are often resolved with open communication between the two parties. If good faith attempts at resolution directly with the CI fail, the student and DCE may approach the CCCE. The student, CI, and CCCE can contact the DCE at any point during this process and in fact, the earlier is usually better.

There are occasions where a CI may meet all program requirements but still not be capable of providing expected and appropriate supervision and feedback as described in "Responsibilities of Clinical Instructor". At the mid-term interview/site visit, the DCE will interview the student and the CI, as described. Questions regarding the quality of the supervision and feedback being provided will be asked and will assist the DCE in determining the level of competence exhibited by the CI. Clinical Instructors demonstrating egregious behavior, defined as behavior that endangers the welfare and safety of the

student or client, at any time during a clinical experience will result in the immediate removal of a student from the clinical site with re-assignment by the DCE to another clinical site.

It cannot be realistically expected that each clinical experience or clinical experience will meet all the students' needs all of the time. It is expected that most needs, if responsibly expressed, would be met within the capabilities of the clinical facility. Students as "active learners" are responsible to show initiative and work with the CI/CCCE to develop an appropriate clinical education experience mutually agreed upon. The student is responsible for communicating his/her professional needs, interest and abilities with the CI and to take initiative in establishing learning objectives in conjunction with the CI. This communication will begin with each student completing their Student Clinical Information Form in order for the form to be sent to the clinical facility in a timely manner. On occasion, the CI and student may have different views of the abilities and learning needs of the student or a problem in communication.

At any point during a clinical experience or clinical experience, students have concerns regarding the ability of the CI or clinical site to meet his/her educational needs, it is the student's responsibility to contact the DCE.

Procedures for Reassignment of the Student Due to Clinical Site/Clinical Instructor

There are occasions where a CI may meet all program requirements but still not be "clinically competent" as determined by best practice guidelines. At the mid-term interview/site visit, the DCE will interview the student and the CI, as described. Questions regarding the quality of the clinical care being provided will be asked and will assist the DCE in determining the level of competence exhibited by the CI. In addition, students will complete the Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction form at the conclusion of their clinical practice experience which will provide additional information to be used in determining the clinical competency of the CI. CIs found to demonstrate incompetence through this process will not be used in the supervision of future students. CIs demonstrating egregious behavior, defined as behavior that endangers the welfare and safety of the student or client, at any time during a clinical experience will result in the immediate removal of a student from the clinical site with reassignment by the DCE to another site.

If a clinical site is identified as not meeting the academic expectations established by the program, the DCE will immediately contact (by phone or site visit) the CCCE/CI to gain clarification. If the site is truly not meeting the requirements as outlined in the contract, the DCE will notify the clinical site of this breach of contract and submit to the site a "request for corrective action" notification in writing. The DCE will follow up with the clinical site within 2 days of this request to identify if the situation has resolved. If corrective action has not been taken at that time, the student will be immediately removed from the clinical experience and will complete the remainder of the clinical experience at another site in a similar practice setting, when possible. If the nature of the breach in contract is egregious or emergent, where the offense poses a safety risk to the student and/or patients/clients, the student will be removed from the clinical site immediately. If a clinical site indicates that they are no longer capable of meeting the obligations of the contract, they will be immediately removed from the active site list. If this occurs while a student is being hosted at the site, the student will be immediately removed from the site and will complete his/her clinical experience at another location. After removal of a student from a clinical experience, the DCE will provide a formal letter outlining the reasons for the removal to the site's CCCE. If the clinical site is unable to ensure that this situation will not arise again, the clinical site will be removed from the active list of clinical sites and students will no longer affiliate at this location until a time in which the suitability of the site can be re-evaluated. Prior to future placement of another student at a site where an issue has arisen, the DCE will verbally

communicate with the CCCE prior to the clinical experience to ensure that the issue has been resolved and will provide written documentation of this discussion with a reiteration of the concern and the statutes of the contract.

Section VIII: Clinical Education Evaluation Process

AU is dedicated to an ongoing “evaluation” process that includes continual feedback, both summative and formative feedback. Continual feedback, both positive and constructive is imperative for the DCE to perform ongoing evaluation of the Clinical Education Curriculum in its totality.

Student Evaluation of Clinical Experience and Clinical Instructors

The effectiveness of clinical faculty in teaching students is generated from several sources. The primary source of feedback regarding teaching effectiveness emanates from trends in student feedback. For assessment, students will use the **AU DPT ICE Feedback Form** and the **APTA PT Student Evaluation: Clinical Experience and Clinical Instruction Form ([SECECI Form](#))**. At the midterm and final evaluation periods, clinical instructors will be rated on a Likert scale based on how the student perceived the instruction that was provided during the clinical experience. It is expected that students assign a minimum score of Agree in all categories. If the student rates the CI less than Agree in any category, the DCE will contact the CI and student separately to investigate the origin of the student's rating. Students will also have the opportunity to provide feedback regarding the CI's teaching effectiveness during mid-term visits/phone interviews which are performed by the DCE, or designated alternate, during each of the full-time clinical experiences. In addition, it is expected that the CI receive positive feedback from students in the post clinical reflection comments on the Student Clinical Information Form as well as any self-assessments provided by clinical education sites.

The DPT Outcomes Committee will conduct interviews and surveys with all graduating DPT students, as well as, surveys of Program graduates and employers at 1 and 5 year intervals for the purpose of assessing the teaching effectiveness of clinical faculty. During these interviews, students will be given the opportunity, through both structured and unstructured interactions, to provide feedback to Program faculty regarding the clinical education program and faculty.

Student Evaluation of the DCE

Students will assess DCE Performance using the APTA DCE Performance Assessment: Student Survey. The DCE plays a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. Student feedback is deemed important to enhance DCE performance and to refine AU DPT's clinical education program.

Student Evaluation of their Academic Preparation

The APTA PT Student Evaluation: Clinical Experience and Clinical Instruction includes a brief section regarding academic preparation for the clinical experience. Information indicated by each class of students on this form will be used to assess the academic preparation of students. A summary of students' responses will be presented by the DCE to the Curriculum Committee on an annual basis.

DCE Review of the Clinical Education Program

One of the DCE's primary responsibilities is to ensure a varied cohort of qualified clinical education faculty who are committed to the profession, the Program, and most importantly, to the advancement of student knowledge and skill. The DCE will engage in routine assessment of the clinical education faculty in regard to varied clinical specialization, professional advancement, and teaching effectiveness. As contracts with new facilities are pursued, the DCE will ensure that the clinical faculty sufficiently meet the needs and objectives of the Program.

Student Feedback

Student feedback and outcomes will also provide data that may lead to revisions in the curricular plan. Students will have multiple opportunities to offer informal and formal feedback. Students may offer collective feedback through their **Class Leadership** and the **Alvernia PT Student Association (PTSA)**. Prior to graduation, each student will participate in an exit interview where they will have the opportunity to discuss ideas and provide feedback in a one-on-one setting with faculty and will complete a **DPT Student Exit Survey**. Formal feedback regarding individual courses will be provided through the **Alvernia University Student Feedback Evaluations** for every course offered during each semester as dictated by University policy. In addition to student feedback, student performance will also serve as a gauge for determining the effectiveness of the curriculum in meeting Program goals. A variety of outcome measures, including NPTE pass rates, graduation rates, and employment rates, among others, will be used by the DPT Outcomes Committee to determine the need for curricular review and revision.

APPENDIX

Curricular Detail

Curricular Tracks

The Program's curriculum is developed around 6 main curricular tracks. These tracks serve to provide overall structure and ensure the integration of important content. The 6 tracks consist of: Foundation Science, Clinical Foundation, Administration and Education, Critical Inquiry, Clinical Practice Patterns, and Clinical Practice. Within each of the curricular tracks, content is presented in a fashion that proceeds from foundational to more complex. Furthermore, the threads of critical thinking/problem solving, evidence-based practice, and the development of clinical competence are sequentially integrated into the curriculum. The Critical Inquiry track includes faculty-led student research projects that begin in the second semester of the program and culminate in the final semester with student presentations. During the second year, research sections are included within the part-time clinical practice course (DPT 622) and continue in the Research Seminar courses (DPT 713, 714) during year 3. See the **DPT Curriculum Sequence** for details of the Program's course of study.

Foundation Science Curricular Track

First Year Courses:

- DPT 500: Gross Anatomy & Histology
- DPT 503: Applied Physiology for Physical Therapy
- DPT 502: Kinesiology

Clinical Foundation Curricular Track

First Year Courses:

- DPT 508: Physical Therapy Procedures I
- DPT 509: Foundations of Clinical Examination and Evaluation
- DPT 530: Pharmacological Management for PT Practice

Second Year Courses:

- DPT 608: Physical Therapy Procedures II

Practice Management

First Year Courses:

- DPT 504: Practice Management I
- DPT 505: Practice Management II

Second Year Courses:

- DPT 604: Practice Management III

Critical Inquiry Curricular Track

First Year Courses:

- DPT 512 Critical Inquiry I
- DPT 513 Critical Inquiry II

Second Year Courses:

- DPT 613: Critical Inquiry III
- DPT 614: Critical Inquiry IV

Third Year Courses:

- DPT 713: Critical Inquiry II
- DPT 714: Critical Inquiry III
-

Practice Pattern Curricular Track**First Year Courses:**

- DPT 516: Musculoskeletal PT Practice I
- DPT 520: Neuromuscular PT Practice I
- DPT 528: Cardiopulmonary PT Practice I

Second Year Courses:

- DPT 616: Musculoskeletal PT Practice II
- DPT 620: Neuromuscular PT Practice II
- DPT 617: Musculoskeletal PT Practice III
- DPT 621: Neuromuscular PT Practice III
- DPT 629: Cardiopulmonary PT Practice II
- DPT 631: PT Practice for Other Systems
- DPT 632: Physical Therapy Practice Through the Lifespan

Third Year Courses:

- DPT 708: Integrated Physical Therapy Practice for Multiple Systems
- DPT 732: Physical Therapy Practice on an Interprofessional Team
- DPT 710: Comprehensive Physical Therapy Practice
- DPT 806: Sports Physical Therapy (Elective)

Clinical Practice Curricular Track**First Year Courses:**

- DPT 522 Foundations of Clinical Practice
- DPT 523: Clinical Practice I
- DPT 524: Clinical Practice II

Second Year Courses:

- DPT 622: Clinical Practice III
- DPT 624: Clinical Practice IV

Third Year Courses:

- DPT 724: Clinical Practice V
- DPT 725: Clinical Practice VI

Other**Third Year Course:**

- DPT 700: ISLE International Service-Learning Experience
- DPT 810: Comprehensive Examination
- DPT 590: Comprehensive Examination (Remediation course)

Curricular Sequences

GY2021

FALL (SEMESTER 1)			SPRING (SEMESTER 2)		
	Course	Credits		Course	Credits
DPT500	Gross Anatomy & Histology	5	DPT502	Kinesiology	4
DPT501	Development through the lifespan	4	DPT509	Foundations of Clin Exam and Eval	4
DPT504	Foundations of Physical Therapy	3	DPT516	Musculoskeletal PT Practice I	4
DPT508	Physical Therapy Procedures I	4	DPT520	Neuromuscular PT Practice I	4
DPT522	Foundations of Clinical Practice	1	DPT523	Clinical Practice I	1
TOTAL		17	TOTAL		17

SUMMER (SEMESTER 3)					
	Course - Mod I	Credits		Course- Mod II	Credits
DPT524	Clinical Practice II (May-June)	6	DPT505	Education and communicatoin in PT	3
			DPT612	Foundations of clinical research I	3
TOTAL		6	TOTAL		6

FALL (SEMESTER 4)			SPRING (SEMESTER 5)		
	Course	Credits		Course	Credits
DPT604	Health Care Policy and Issues in PT	3	DPT608	Physical Therapy Procedures II	4
DPT616	Musculoskeletal PT Practice II	4	DPT617	Musculoskeletal PT Practice III	4
DPT620	Neuromuscular PT Practice II	4	DPT621	Neuromuscular PT Practice III	4
DPT628	Cardiopulmonary PT Practice I	3	DPT629	Cardiopulmonary PT Practie II	4
DPT622	Clinical Practice III	1	DPT623	Clinical Practice V	1
DPT600	ISLE (International Service Learning Exp)	[1]			
TOTAL		15	TOTAL		17

SUMMER (SEMESTER 6)					
	Course	Credits			
DPT704	Administration and Management in PT	2	DPT624	Clinical Practice IV (July-August)	6
DPT712	Foundations of Clinical Research II	2			
DPT732	PT Practice on an Interprofessional Team	3			
TOTAL		7	TOTAL		6

FALL (SEMESTER 7) – 8 Weeks			SPRING (SEMESTER 8)		
	Course	Credits		Course	Credits
			DPT725	Clinical Practice VI (Jan-April)	8
DPT713	Critical Inquiry II	1	DPT714	Critical Inquiry VI	2
DPT708	Integrated PT Practice for Multiple systems	3	DPT810	Comprehensive Examination	1
DPT710	Comprehensive PT Practice	4			
DPT806	Sports PT	3			
DPT724	Clinical Practice V (Oct-Jan)	8			
TOTAL		19	TOTAL		11
TOTAL PROGRAM CREDITS					121

GY2022 CURRICULUM SEQUENCE

FALL (SEMESTER 1)			SPRING (SEMESTER 2)		
	Course	Credits		Course	Credits

DPT500	Gross Anatomy & Histology	5	DPT502	Kinesiology	4
DPT503	Applied Physiology for Physical Therapy	5	DPT509	Foundations of Clin Exam and Eval (ICE)	5
DPT504	Practice Management I	3	DPT516	Musculoskeletal PT Practice I	3
DPT508	Physical Therapy Procedures I	4	DPT520	Neuromuscular PT Practice I	3
DPT522	Foundations of Clinical Practice	1	DPT528	Cardiopulmonary PT Practice I	3
	TOTAL	18	DPT512	Critical Inquiry I	1
			TOTAL	19	

SUMMER (SEMESTER 3)

Course - Mod I			Course- Mod II		
	Course	Credits		Course	Credits
DPT524	Clinical Practice I (May-June)	6	DPT505	Practice Management II	3
	TOTAL	6	DPT513	Critical Inquiry II	3
			DPT530	Pharmacological Management for PT Practice	2
			TOTAL	8	

FALL (SEMESTER 4)

	Course	Credits
DPT616	Musculoskeletal PT Practice II	4
DPT620	Neuromuscular PT Practice II	4
DPT629	Cardiopulmonary PT Practice II	4
DPT622	Clinical Practice III	1
DPT 613	Critical Inquiry III	1
DPT 600	ISLE (International Service Learning Exp)	[1]
	TOTAL	14

SPRING (SEMESTER 5)

	Course	Credits
DPT608	Physical Therapy Procedures II	4
DPT617	Musculoskeletal PT Practice III	4
DPT621	Neuromuscular PT Practice III	4
DPT 631	Multiple Systems Influence w/in PT Practice	4
DPT614	Critical Inquiry IV	1
	TOTAL	17

SUMMER (SEMESTER 6)

	Course	Credits		Course	Credits
DPT624	Clinical Practice IV (May-June)	6	DPT 604	Practice Management III	3
	TOTAL	6	DPT 632	PT Practice through the Lifespan	4
			TOTAL	7	

FALL (SEMESTER 7) – 8 Weeks

	Course	Credits
DPT 713	Critical Inquiry V	1
DPT 7XX	Comprehensive Clinical Practice	4
DPT 724	Clinical Practice V (Oct-Jan)	8
DPT 806	Elective	2
	TOTAL	15

SPRING (SEMESTER 8)

	Course	Credits
DPT725	Clinical Practice VI (Jan-April)	8
DPT714	Critical Inquiry VI	2
DPT 810	Comprehensive Examination	1
	TOTAL	11

TOTAL PROGRAM CREDITS 121

GY2023 CURRICULUM SEQUENCE

FALL (SEMESTER 1)			SPRING (SEMESTER 2)		
	Course	Credits		Course	Credits
DPT500	Gross Anatomy & Histology	5	DPT502	Kinesiology	4
DPT503	Applied Physiology for Physical Therapy	5	DPT509	Foundations of Clin Exam and Eval	4
DPT504	Practice Management I	3	DPT516	Musculoskeletal PT Practice I	3
DPT508	Physical Therapy Procedures I	4	DPT520	Neuromuscular PT Practice I	3

DPT522	Foundations of Clinical Practice	1		DPT528	Cardiopulmonary PT Practice I	3
	TOTAL	18		DPT512	Critical Inquiry I	1
				DPT523	Clinical Practice I	1
				TOTAL		19

SUMMER (SEMESTER 3)						
	Course - Mod I	Credits			Course- Mod II	Credits
DPT505	Practice Management II	3		DPT524	Clinical Practice II (July-Aug)	6
DPT513	Critical Inquiry II	3			TOTAL	6
DPT530	Pharmacological Management for PT Practice	2				
	TOTAL	8				

FALL (SEMESTER 4)			SPRING (SEMESTER 5)		
	Course	Credits		Course	Credits
DPT616	Musculoskeletal PT Practice II	4	DPT608	Physical Therapy Procedures II	4
DPT620	Neuromuscular PT Practice II	4	DPT617	Musculoskeletal PT Practice III	4
DPT629	Cardiopulmonary PT Practice II	4	DPT621	Neuromuscular PT Practice III	4
DPT622	Clinical Practice III	1	DPT 631	Multiple Sys Influence w/in PT Practice	4
DPT 613	Critical Inquiry III	1	DPT614	Critical Inquiry IV	1
	TOTAL	14		TOTAL	17

SUMMER (SEMESTER 6)					
	Course	Credits			
DPT624	Clinical Practice IV (May-June)	6	DPT 604	Practice Management III	3
	TOTAL	6	DPT 632	PT Practice through the Lifespan	4
				TOTAL	7

FALL (SEMESTER 7) – 8 Weeks			SPRING (SEMESTER 8)		
	Course	Credits		Course	Credits
DPT 713	Critical Inquiry V	1	DPT725	Clinical Practice VI (Jan-April)	8
DPT 710	Comprehensive Clinical Practice	4	DPT714	Critical Inquiry VI	2
DPT 724	Clinical Practice V (Oct-Jan)	8	DPT 810	Comprehensive Examination	1
DPT 806	Elective	2		TOTAL	11
DPT 700	ISLE (International Service Learning Exp)	[1]			
	TOTAL	15			
				TOTAL PROGRAM CREDITS	121

Course Descriptions

DPT I Course Descriptions

Course Number: DPT 500

Course Name: Gross Anatomy and Histology

This course covers the study of human anatomical structures as they relate to movement, physiological demands of activity, and exercise. Specimens, models, and videos aid a regional approach to the study of structures. The course consists of both lectures and laboratory experiences with pro-section and cadaver dissection. This course also includes a comprehensive study of the microscopic and submicroscopic structure of mammalian tissues.

Course Number: DPT 502

Course Name: Kinesiology

This course is an in-depth study of the interaction between the muscular and skeletal systems to produce human movement. The student reviews the anatomy and physiology of the muscular system and learns the mechanical influence it has on the skeletal systems to produce joint movement. A study of posture and gait and functional activity is also included as well as an analysis of human posture and movement in normal and abnormal states. The course includes palpation of anatomical structures and study of the principles of biomechanics including arthrokinematics, osteokinematics, and kinetics.

Course Number: DPT 503

Course Name: Applied Physiology for Physical Therapy Practice

This course covers the study of human physiology, addressing normal physiological functions in the body systems and how physical activity and environmental factors impact human physiology. Topics addressed include normal functions of the major body systems at the molecular, cellular, tissue and systems level. The major systems include musculoskeletal, neuromuscular and nervous, integumentary, cardiovascular and pulmonary, gastrointestinal, genitourinary and lymphatic systems, and the discussions will include homeostasis, cellular metabolism and signaling, nutrition and nutrient exchange, exercise, and mechanisms that defend the body against injury and promote healing. It will provide a foundation for the discussion of normal physiologic systems across the lifespan. The integrative nature of physiological responses in normal function and human movement is stressed throughout the course.

Course Number: DPT 504

Course Name: Practice Management I

DPT 504 is the first of three Practice Management courses that address topics within non-clinical physical therapy practice that spans all clinical/non-clinical settings and continuum of care. Topics include ethical, legal, and professional aspects of physical therapy practice. The purpose of this course is to introduce students to the profession of physical therapy and the role of the professional in physical therapist practice as well as in today's evolving healthcare environment. Students will learn about the APTA, vision of APTA, core values, and legal and ethical responsibilities as healthcare professionals to clients, families, colleagues, the profession, and the community. The concept of evidence-based practice and its significance to physical therapist practice will be emphasized. Further, basic knowledge and skills to become critical consumers of rehabilitation literature will be introduced. A discussion regarding the interprofessional nature of clinical practice including a review of the responsibilities of every member of the clinical team will be emphasized. This course will also introduce patient rights, education and communication, teaching and learning, cultural competency, professional development. Current issues, such as physician-owned physical therapy practices, direct access, and delegation and supervision will be discussed.

Course Number: DPT 505

Course Name: DPT 505 Practice Management II

DPT 505 is the second of three Practice Management courses that address topics within in physical therapy practice that spans all practice settings and continuum of care. Topics covered in this course include communication and education, health informatics, patients'/clients culture differences, values, preferences, including cultural competency and psychosocial aspects of health and disability. Physical therapy services to promote health, wellness and fitness will be covered in this course. Concepts from Practice Management I including professional ethics, values and responsibilities, and delegation will be reinforced through case-based, simulated learning experiences.

Course Number: DPT 508

Course Name: Physical Therapy Procedures I

This course consists of basic physical therapy interventions administered by a physical therapist in a clinical setting. Students will be taught and practice basic interventions, which can be applied to all patient populations, from three major components that comprise all physical therapy interventions. These components include: 1) coordination, communication, and documentation, 2) patient/client-related instruction, and 3) procedural interventions. Specific interventions covered in this course are divided into 3 units and include; Unit One: Functional Training (Self-care, Home Management Prescription and Application of Devices and Equipment), Manual Therapy (including therapeutic exercise) and Physical Agents. Communication/collaboration (verbal and nonverbal) across disciplines and settings and documentation including electronic documentation will be covered throughout each unit. Physical agents include Cryotherapy (cold packs, ice massage, vapocoolant spray), Hydrotherapy (contrast bath, pools, whirlpool tanks), Thermotherapy (dry heat, hot packs, paraffin baths) and, gravity assisted devices (tilt table) and CPM. Manual Therapy includes PROM, therapeutic massage and an introduction to therapeutic exercise. Functional training includes activities of daily living training, device and equipment use and training, injury prevention, wheel chairs, and prescription and application of assistive devices. The application of these interventions will be explored through patient case examples. Lecture and laboratory components prepare students for direct patient care.

Course Number: DPT 509

Course Name: Foundations of Clinical Examination and Evaluation

This course introduces the student to the physical therapy examination, evaluation, and collection of clinical data. The course focuses on introducing psychomotor performance and interpretation of examination procedures that are applicable to all practice settings and across the lifespan. Performing and interpreting systems review, and review of systems will be emphasized. Examination procedures include test and measures and outcome measures including assessment of general health status and functional capacity. The International Classification of Function (ICF) will be introduced as a data collection and clinical decision-making tool. Specific content and skills to be introduced include: observation, subjective interview and history taking, systems review, screening for risk, cardiovascular and pulmonary screening (vital signs), postural alignment, joint range of motion, motor function (strength, muscle tone, reflexes), cranial nerve, sensory integrity, anthropometrics (edema, atrophy, etc), and pain. Concepts such as enhancing the therapist-patient therapeutic alliance will be reinforced along with skills in documentation of the patient encounter. Expectations for professional behavior and skills performance will be commensurate with course objectives.

Course Number: DPT 512

Course Name: Critical Inquiry I

DPT 512 is the first course within a series of Critical Inquiry courses that culminate in an original research project that will be completed and presented prior to graduation. The purpose of this course is to introduce students to basic research skills for clinical research and as a requisite for evidence-based practice. Under the guidance of the Faculty Research Advisor, students are engaged in the development of a small group research project. within that advisor's line of scholarly inquiry. Students will identify an

aim of the research project, advance skills in literature search and review, complete a thorough review of the literature, develop skills in the assessment of methodologic quality, and develop a clearly defined research (PICO) question based upon the “gap” identified in the available literature. These learning experiences are designed to enhance each student’s ability to critically appraise the literature and engage in the process of designing, conducting, and presenting clinical research.

Course Number: DPT 513

Course Name: Critical Inquiry II

The purpose of this course is to provide the knowledge and skills necessary to critically appraise research designs as well as research findings relevant to physical therapy practice. This course will introduce both quantitative and qualitative research designs. In the quantitative research design, statistical analyses including the concepts of measurement, research design, analysis and communication of research findings will be introduced. In the qualitative research design, foundational concepts related to qualitative research will be introduced with an emphasis on the role that qualitative research fills in the evidence-based practice of physical therapy. Topics include: descriptive statistics, measures of variability, single subject designs, parametric and non-parametric statistics, inference, correlation and regression, reliability and validity, sensitivity and specificity, sampling, the use of SPSS software, comparisons between research designs, and a discussion of multimodal research designs. The course also focuses on critically examining the psychometric properties of tests and measures of health status, body function and structure, activity, and participation. These topics will be presented with a focus on the application of clinical research principles to physical therapy practice. At the end of the course, students are expected to become proficient in the interpretation of published research by demonstrating knowledge of the application of statistics and different methods of research. Students will have opportunities to critically appraise the quantitative and qualitative literature related to physical therapy, as well as to develop the statistical analysis methodology commensurate with the previously established PICO question in DPT 512.

Course Number: DPT 516

Course Name: Musculoskeletal Physical Therapy Practice I: Physiology and Pathophysiology

This course begins with a review of normal functioning physiological systems that are most relevant to the practice of musculoskeletal physical therapy as the foundation for a discussion of pathophysiology. The course progresses into discussion regarding selected syndromes impacting the musculoskeletal system that range across the lifespan. Content will cover the incidence/prevalence, etiology, clinical signs and symptoms, differential diagnosis, diagnostic imaging procedures, medical/surgical/pharmacologic management, as well as prognosis and potential for recovery of selected musculoskeletal conditions. The implications of each syndrome on Physical Therapy practice and evidence-based guidelines used in the management of these conditions will be reviewed. Using a regional approach, students will learn important features of selected conditions that will serve as the basis for future courses (DPT 616, DPT 617). Students will also be introduced to the concepts of exercise physiology that will be revisited within other courses throughout the curriculum.

Course Number: DPT 520

Course Name: Neuromuscular Physical Therapy Practice I: Neuroscience

This first course within the neuromuscular track, DPT 520 Neuromuscular Physical Therapy Practice is designed to reinforce and apply foundational knowledge in neuroanatomy and neurophysiology, as requisite knowledge for the discussion of neuroscience and normal versus pathological neurophysiologic systems across the lifespan. Content will introduce the pathophysiology, structural imaging and medical diagnostics, clinical presentation and incidence/prevalence of common disorders, and finally, an introduction to medical and rehabilitation management. The clinical implications of each disease, disorder or syndrome on Physical Therapy evaluation and intervention will be introduced through diagnostic clinical reasoning activities and case

application. Principles of neuroplasticity, as well as motor learning and motor control will be reinforced as related to pathological neurophysiologic systems.

This knowledge will serve as the basis for future courses (DPT 620, DPT 621, DPT 710). Content will parallel and support student understanding of the clinical and diagnostic relevance of examination skills learned in DPT 509, relating them to central and peripheral nervous system structures and functions.

Course Number: DPT 522

Course Name: Foundations of Clinical Practice

This course will embrace the regulatory and clinical procedures directly related to clinical practice. The intention of this preparatory course is to enhance each student's ability to engage in patient management and evidence-based practice. The course includes an introduction to professional behavior expectations for clinical practice, compliance with HIPAA and OSHA regulations, medical terminology, documentation requirements, and reimbursement/ coding and billing procedures, emergency preparedness, and recognizing abuse. Students will further explore inter-professional interactions specific to patient related cases. This course serves as a foundation for the multiple clinical practice learning experiences the students will engage in as a requirement for graduation.

Course Number: DPT 523

Course Name: Clinical Practice I

This course is comprised of part-time patient care and community wellness experiences. This course is intended to enhance students' abilities to engage in patient care and evidence-based practice. During this part-time clinical experience, students participate in clinical observation and the supervised application of discrete examination and intervention skills/procedures. Expectations for professional behaviors and clinical skill performance are commensurate with the course objectives and concurrent clinical skills courses. This course is concurrent with didactic courses in the musculoskeletal, cardiopulmonary, and neuromuscular practice pattern series. The goal of these part-time clinical experiences is to expose each student to a variety of patient care experiences which encompass multiple systems diagnoses and impairments across the lifespan and continuum of care. These learning experiences are designed to enhance students' ability to interact with patients/clients, family, other members of the interprofessional healthcare team.

Course Number: DPT 524

Course Name: Clinical Practice II

The purpose of this clinical practice course is to foster students' development of entry-level physical therapy skills. This is the first of four full-time clinical practice courses occurring in the third semester of the curriculum and lasting 6 weeks. This course is designed to support the translation of didactic learning experiences to clinical practice. Under the direct supervision of a Clinical Instructor, each student will further develop and demonstrate competence in clinical skills, critical thinking, professional behaviors, and administrative aspects of physical therapy practice against established benchmarks. Students will perform physical therapy examination, evaluation, PT diagnosis, prognosis, and intervention skills for individuals with impairments and/or movement limitations in one or more body systems. Development of professional behaviors is an important component throughout the clinical practice series and students will have opportunities for self-assessment, self-reflection, and opportunities to receive feedback provided by their Clinical Instructors. Students will be exposed to a variety of patient care experiences which incorporate multiple system diagnoses and impairments across the lifespan and the continuum of care. In addition, students will be critically assessed by their Clinical Instructors against benchmarks commensurate with their learning within the didactic curriculum and will assess their own performance of clinical skills and professional behaviors. By the conclusion of this full-time clinical experience, students are expected

to perform at the “Advanced Beginner Performance Level” as delineated by the APTA Physical Therapist Clinical Performance Instrument.

Course Number: DPT 528

Course Name: Cardiopulmonary Physical Therapy Practice I

This course introduces mechanisms of pathophysiology that contribute to changes in the body structures and functions of the cardiovascular and pulmonary systems. These changes can result in specific conditions, diseases, and disorders that physical therapists encounter across the lifespan. Diseases and disorders of the cardiovascular and pulmonary systems are highly prevalent worldwide, and some are considered noncommunicable diseases associated with key psychosocial risk factors and sedentary behaviors. Dysfunction of the cardiopulmonary system can also result from injuries to other body systems and/or systemic conditions. Selected disorders of the cardiopulmonary system will be introduced, including incidence and prevalence, etiology (including modifiable and nonmodifiable risk factors), clinical signs and symptoms, differential diagnosis, diagnostic testing and imaging, medical/surgical/pharmacologic management, and prognosis for recovery at the levels of body structures and function. Students will build a knowledge foundation for courses later in the curriculum, which will advance the development of clinical skills related to the examination, evaluation, and intervention for patients with primary or secondary cardiovascular and pulmonary system involvement.

Course Number: DPT 530

Course Name: Pharmacological Management for PT Practice

This course covers basic pharmacology and its relevance to the practice of physical therapy. This course will present the primary drug classes, their pharmacokinetic effects and their physiologic effects across the lifespan. Major classes of drugs are covered, including those to treat autonomic, cardiovascular, central nervous system, musculoskeletal, and endocrine disorders. Special emphasis will be placed on drugs that are commonly used in individuals receiving physical therapy. Case examples are used to illustrate the interactions of medications and therapy, and students will learn and investigate the implications of pharmacology regimens on physical therapy practice. This course will address: 1) the interaction between drug therapy and physical therapy interventions, 2) the therapeutic and adverse/side effects of medications and 3) their impact on rehabilitation. This course will also emphasize the integration of drug effects with the clinical decision making that each physical therapist must perform in order to determine if physical therapy is appropriate and if a medical consult is necessary. This course prepares students to be able to integrate comprehensive patient care across diverse health care settings.

DPT II Course Descriptions

Course Number: DPT 604

Course Name: Practice Management III

DPT 604 is the final Practice Management course that address topics within physical therapy practice that spans all practice settings and continuum of care. Topics covered in this course include health care policies that impact the local and global health care environment and those specific to the practice of physical therapy. Students will collaborate with professional and community organizations in advocacy efforts for the profession and broader healthcare needs of society. Practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing, continuous quality improvement and financial management will be covered. Students will participate in a case management process that includes assessing safety risks within an interprofessional healthcare team. Concepts from Practice Management I and II including scope of practice, health promotion and wellness, documentation and billing will be reinforced through case-based, simulated learning experiences.

Course Number: DPT 608

Course Name: Physical Therapy Procedures II

This course provides an investigation into the use of electrotherapy as a diagnostic and treatment agent and explores the principles and practices of physical agents in physical therapy. The principles of electrodiagnostics and electrical stimulation will be covered in depth. The electrotherapy unit includes a discussion of electrophysiology, the instrumentation and application of various types of electrical stimulation modalities, as well as low level laser, and biofeedback. Topics include electrical muscle stimulation, electrical stimulation for tissue repair, functional electrical stimulation, high voltage pulsed current, neuromuscular electrical stimulation, and transcutaneous electrical nerve stimulation. This unit is competency based, with ample practice time devoted to the appropriate utilization of electrotherapy as a treatment choice. As a continuation from DPT 508, the second half of this course includes instruction in the principles and practice of physical agents and modalities including such topics as: ultrasound, phonophoresis, infrared, laser, ultraviolet, compression bandages, garments, and taping, total contact casting, vasopneumatic compression devices, manual lymph drainage, diathermy, as well as intermittent, positional, and sustained mechanical traction.

Course Number: DPT 613**Course Name:** Critical Inquiry III

DPT 613 is the third course within a series of Critical Inquiry courses that culminate in an original research project completed and presented prior to graduation. Throughout the Critical Inquiry thread, students are engaged in a small-group research project that is developed within the Faculty Research Advisor's line of scholarly inquiry, which could include experimental studies, systematic reviews, meta-analyses or critically appraised topics. The purpose of this course is to introduce students to basic research skills pertinent to scientific research and as a requisite for evidence-based practice. In this course, students will develop the methodology through literature review designed to introduce students to the topic associated with their research question as established with the faculty advisor. As they develop an appropriate methodology, students will be required to write the method section of their research manuscript and further advance their scholarly writing skills. The learning experiences are designed to enhance each student's ability to critically appraise the literature and engage in the process of designing, conducting, and presenting scientific research

Course Number: DPT 614**Course name:** Critical Inquiry IV

DPT 614 is the fourth course within a series of Critical Inquiry courses. Throughout the Critical Inquiry thread, students are engaged in a small-group research project that is developed within the Faculty Research Advisor's line of scholarly inquiry and completed under the guidance of the advisor. Such projects may include experimental studies, systematic reviews, meta-analyses or critical appraised topics. The purpose of this course is to advance the students' research skills as a requisite for evidence-based practice. In this course, students will carry out approved recruitment protocols and data collection, or systematic search of the various databases, as established and approved through IRB. The learning experiences are designed to enhance each student's ability to engage in the process of conducting scientific research.

Course Number: DPT 616**Course Name:** Musculoskeletal Physical Therapy Practice II: Extremities

This course includes a regional approach to musculoskeletal examination, evaluation, diagnosis, and prognosis of musculoskeletal conditions of the upper and lower extremity. Students will utilize evidence-based examination procedures to establish a differential diagnosis that informs intervention. The intervention aspect of the course includes the theory and practical application of therapeutic exercise and manual interventions. The principles of range of motion, proprioceptive neuromuscular facilitation, mobilization, stretching, and progressive resistance activities are included, in addition to a review of adjunctive interventions. A review of common syndromes impacting the extremities throughout the lifespan will be reviewed with a discussion and practical application of a variety of proposed evidence-based physical therapy interventions.

Course Number: DPT 617

Course Name: Musculoskeletal Physical Therapy Practice III: Spine

This course includes a regional approach to musculoskeletal examination, evaluation, diagnosis, and prognosis of musculoskeletal spinal conditions. Students will utilize evidence-based examination procedures to establish a differential diagnosis that informs intervention. The intervention aspect of the course includes the theory and practical application of therapeutic exercise and manual interventions. The principles of range of motion, proprioceptive neuromuscular facilitation, mobilization, stretching, and progressive resistance activities are included, in addition to a review of adjunctive interventions. A review of common syndromes impacting the spine throughout the lifespan will be reviewed with a discussion and practical application of a variety of proposed evidence-based physical therapy interventions. Additional topics will include women's health, aquatic therapy, aerobic fitness training, and health, wellness, and prevention, and functional capacity evaluations and work hardening/conditioning. Throughout the course, an emphasis will be placed on evidence-based, clinical decision making. This course will also include a review of concepts related to exercise physiology.

Course Number: DPT 620

Course Title: Neuromuscular Physical Therapy Practice II

This course will build on the content contained in DPT 520 and will focus on physical therapy examination and intervention of individuals with impairments of the central nervous system throughout the lifespan. Students will explore a variety of physical therapy management principles and procedures for individuals seen in the acute care, post-acute rehabilitation, skilled nursing, transitional care unit, and home health care practice settings with diagnoses of cerebral vascular accident, cerebral palsy and other pediatric neuromuscular disorders, Parkinson's disease, disorders of the cerebellum, cognitive deficits and neglect, and other neuromuscular movement disorders. The principles of evidence-based practice will be applied to examination and intervention of individuals with neuromuscular impairments including NDT, constraint-induced therapy, CIT and partial weight gait training, management of spasticity, balance training, motor learning, advanced gait training.

Course Number: DPT 621

Course Title: Neuromuscular Physical Therapy Practice III

This course will build on the content contained in DPT 520 and DPT 620 and will focus on physical therapy examination and intervention of individuals with impairments of the central nervous system. Students will explore a variety of physical therapy management principles and procedures for individuals seen in the post-acute rehabilitation setting with diagnoses of cerebral vascular accident, spinal cord injury, traumatic brain injury, and other neuromuscular movement disorders. The principles of evidence-based practice will be applied to examination and intervention including attention, memory, language, executive function, motor learning, and advanced wheelchair prescription, and principles of gait training and locomotion. This course will also include a unit on prosthetics and orthotics that includes evidence-based principles related to prescription, fitting, and training within the context of physical therapy.

Course Number: DPT 622

Course Name: Clinical Practice III

This course is comprised of part-time patient care and community wellness experiences. This course is intended to enhance students' abilities to engage in patient care and evidence-based practice. During part-time clinical practice and community wellness experiences, students participate in clinical observation and the supervised application of discrete examination and intervention skills/procedures. Expectations for professional behaviors and clinical skill performance are commensurate with the course objectives and concurrent clinical skills courses. This course is concurrent with didactic courses in the musculoskeletal, cardiopulmonary, and neuromuscular practice pattern series. The goal of these part-time clinical experiences is to expose each student to a variety of patient care experiences which encompass multiple systems diagnoses and impairments across

the lifespan and continuum of care. These learning experiences are designed to enhance students' ability to interact with patients/clients, family, other members of the interprofessional healthcare team.

Course Number: DPT 624

Course Name: Clinical Practice IV

The purpose of this course is to foster the development of entry-level physical therapy skills in a non-specialized inpatient OR outpatient setting (which ever was not completed in DPT524). This is the second of four full time clinical internships and will occur in the sixth semester of the curriculum for 6 weeks. Under the supervision of a clinical instructor, students will practice physical therapy examination, evaluation, PT diagnosis, prognosis, and intervention procedures for individuals with musculoskeletal and neuromuscular disorders. Development of professional behaviors is an important component throughout the clinical practice series and students will have opportunities for self-assessment, self-reflection, peer and supervisory assessment. Students will be expected to perform at the Intermediate Performance and/or Advanced Intermediate Performance as assessed by APTA's Clinical Performance Instrument.

Course Number: DPT 629

Course Name: Cardiopulmonary Physical Therapy Practice II

Cardiopulmonary examination, evaluation, diagnosis, prognosis, and intervention. This course includes a regional approach to the physical therapy management of the cardiopulmonary system in a variety of practice settings ranging from acute care to outpatient that builds on DPT 628. This course will focus on developing and refining examination and intervention skills in patients with acute pathologies. The course will include a didactic and lab component intended to develop the students' hands on ability in performing skills such as strength, ROM assessment, auscultation of the heart and lungs, chest wall excursion and breathing pattern. In addition, students will gain exposure to intervention skills, such as airway clearance and chest wall mobility techniques. Cases encountered in this class will encompass the musculoskeletal, neuromuscular, integumentary and cardiopulmonary systems. A portion of the course will be devoted to the principles of exercise physiology and students will be exposed to principles and practices designed to evaluate the body's response to exercise and implement interventions designed to improve cardiorespiratory and metabolic function through exercise. Critical thinking skills will be evaluated during a variety of learning experiences, including an interprofessional experience in the Alvernia University Nursing Simulation Lab, during which students will analyze a medical chart, utilize clinical skills developed in this course and others, collaborate with other allied health students on a simulated medical team, and competently evaluate a complex patient case with multiple body system involvement.

Course Number: DPT 631

Course Name: Multiple Systems Influence within PT Practice

This course introduces mechanisms of pathophysiology that contribute to changes in the body structures and functions of 'other' systems including the endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, and renal and urologic systems. These changes can result in specific conditions, diseases, and disorders that physical therapists encounter across the lifespan. Dysfunction within the 'other' systems can also result from injuries to other body systems and/or systemic conditions. Selected disorders within these systems will be introduced, including incidence and prevalence, etiology (including modifiable and nonmodifiable risk factors), clinical signs and symptoms, differential diagnosis, diagnostic testing and imaging, medical/surgical/pharmacologic management, and prognosis for recovery at the levels of body structures and function. Students will investigate the processes of medical systems screening for differential diagnosis, interpret basic medical imaging, analyze the effects of selected medical and surgical interventions, and evaluate implications of pharmacology regimens on physical therapy practice. Medical systems screening and analysis of diagnostic imaging will be expected as a component of patient examination, evaluation, and differential diagnosis, in order to identify concerning yellow

and red flags, appropriateness for and degree of physical therapy participation, and referral to the most appropriate medical provider when indicated. Special emphasis will be placed on the Integumentary and Lymphatic examination, evaluation, diagnosis, prognosis, and intervention. The course will include a didactic and lab component intended to develop the students' hands on ability in performing skills such as wound assessment, debridement and interventions for lymphedema.

Course Number: DPT 632

Course Name: Physical Therapy Practice Through the Lifespan

This course will integrate knowledge of human development, movement control, and functional activities and participation in the pediatric and geriatric segments of the lifespan. Designed in modules, the course will be focused on essential areas of knowledge and skill, including 1) all domains of development, emphasizing motor development, control and function at key transition points throughout the lifespan; 2) evaluation and assessment across developing, delayed, and aging physiologic systems; 3) intervention planning and coordination of age-appropriate patient/client management, family/caregiver-centered care and education, including end-of-life. Students will focus on introduction and reinforcement of skills in the physical therapy examination, evaluation, and intervention of individuals with congenital and acquired health conditions. Students will apply knowledge of psychosocial, cognitive, communication and developmental levels to effectively interact with individuals across the lifespan.

DPT III Course Descriptions

Course Number: DPT 700

Course Name: Physical Therapy Practice within A Global Health Care Environment

This course is designed to advance the application and analysis of the physical therapist's role in an interprofessional collaborative team and design innovative health promotion and disease prevention programs in a global health care environment. This course will focus on the advancement of knowledge, attitudes and skills necessary to become a culturally competent physical therapy practitioner. This includes understanding the diversity dimensions that impact health care environments outside of the United States. In addition, this course will emphasize the advancement of interprofessional competencies, defined as "integrated enactment of knowledge, skills, values/attitudes that define working together across the professions, with other health care workers and with patients, along with families and communities, as appropriate to improve health outcomes in specific care contexts." This course will include an international experience in collaboration with Occupational Therapy students.

Course Number: DPT 708

Course Name: Integrated Physical Therapy Practice for Multiple Systems

This course engages the student in an analysis of the etiology, pathology, clinical sciences, and commonly associated functional implications of endocrine, metabolic, gastrointestinal, genitourinary, lymphatics and integumentary diseases, disorders, and conditions. A regional and systems-based approach will be adopted that allows students to appreciate the interdependence of all body systems on one another. This course will enable students to examine and reexamine a patient with medical involvement of the above systems by obtaining a pertinent history, by performing relevant systems review and by selection of appropriate tests and measures. Students will also determine appropriate plans of care that include patient education, individualized exercise prescriptions, recommendations for orthotics/prosthetics, bracing, and adaptive equipment, and professional coordination of care with the patient's interdisciplinary team, including referral to an appropriate medical provider when indicated. Clinical management skills of the integumentary system are emphasized, including screening and examination, wound care techniques, and other specific treatment strategies. The students will ultimately synthesize examination data from multiple systems to determine a comprehensive physical therapy diagnosis, progression, outcome, and prognosis, as well as the role of physical therapy in management of these conditions across the lifespan and

continuum of care.

Course Number: DPT 710

Course Name: Comprehensive Physical Therapy Practice

This clinically-based, service-learning course will reinforce, integrate and advance learning from all previous didactic course content. This course will serve to advance clinical skills and clinical reasoning as applied to individuals with complex, multi-system health conditions. Using the WHO-ICF model and case-based principles, students will provide pro-bono physical therapy management to individuals who are under-served and under-insured in our community. Students will be asked to apply learning from previous courses and to explore new knowledge and evidence to advance skills to entry-level, delivering and documenting high-value interventions.

Physical therapy management will include service, advocacy, secondary/tertiary prevention, health and wellness, as well as recommendation and use of basic and advanced assistive technologies. Students will integrate previous knowledge and advance toward entry-level clinical skills and leadership in the management of patients with complex health conditions. Students may have the option to obtain professional certification in advanced assessment of the postural control system and intervention using advanced assistive technologies or other identified certification. Evidence of weekly advancement of skill and knowledge will be required, with individual measurement and objectives set by the student. Reflection on different aspects of an individual's needs across the lifespan is required as a foundational component of true service learning.

Course Number: DPT 713

Course Name: Critical Inquiry II

This course provides students the opportunity to explore a specific research question related to physical therapy. In groups, students will have the opportunity to apply principles obtained in prior coursework to a specific research project in collaboration with a DPT faculty member. This course is the first of a two-part seminar series which guides students from the development of a research question, literature search, development of methodology, data collection, statistical analysis, and culminates in a presentation and/or publication.

This course will also include a clinical research component. Students will work collaboratively in groups under the advisement of Program faculty. This is one course in a series of courses that culminates in an original research project that will be completed and presented prior to graduation. These learning experiences are designed to enhance students' ability to critically appraise the literature and engage in the process of designing, conducting, and presenting clinical research.

Course Number: DPT 714

Course Name: Critical Inquiry III

This course provides students the opportunity to explore a specific research question related to physical therapy. In groups, students will have the opportunity to work collaboratively with Program Faculty to apply principles obtained in prior coursework to a specific research project in collaboration with a DPT faculty member. This course guides students from the development of a research question, literature search, development of methodology, data collection, statistical analysis, and culminates in a presentation and/or publication.

Course Number: DPT 724

Course Name: Clinical Practice V

The purpose of this clinical internship is to foster the development of the entry-level physical therapist in the outpatient/inpatient orthopedic or neuromuscular settings. This 12-week internship occurs following the completion of all didactic course work. Under the supervision of a clinical instructor, students will practice advanced physical therapy examination, evaluation, PT diagnosis, prognosis, and intervention procedures for individuals with musculoskeletal and neuromuscular disorders. Students will be expected

to perform at the Advanced Intermediate or Entry-level performance as assessed by the APTA Clinical Performance Instrument.

Course Number: DPT 725

Course Name: Clinical Practice VI

The purpose of this clinical internship is to foster the development of the entry-level physical therapist in the outpatient/inpatient orthopedic or neuromuscular settings. This 12-week internship occurs following the completion of all didactic course work. Under the supervision of a clinical instructor, students will practice advanced physical therapy examination, evaluation, PT diagnosis, prognosis, and intervention procedures for individuals with musculoskeletal and neuromuscular disorders. Students will be expected to perform at Entry-level performance as assessed by the APTA Clinical Performance Instrument.

Course Number: DPT 732

Course Name: Physical Therapy Practice on an Interdisciplinary Team

This course examines the role of physical therapists within the interdisciplinary health care team and prepares students to be fully integrated into comprehensive patient care across diverse health care settings. Students will investigate the processes of medical systems screening for differential diagnosis, interpret basic medical imaging, analyze the effects of selected medical and surgical interventions, and evaluate implications of pharmacology regimens on physical therapy practice. Medical systems screening and analysis of diagnostic imaging will be expected as a component of patient examination, evaluation, and differential diagnosis, in order to identify concerning yellow and red flags, appropriateness for and degree of physical therapy participation, and referral to the most appropriate medical provider when indicated. The pharmacology component will use a case-based approach to study the impact of pharmacotherapeutics on clinical decision making in physical therapy. Clinical reasoning skills will be evaluated during a variety of learning experiences, including an interdisciplinary professional experience in the Alvernia University Nursing Simulation Lab, during which students will analyze a medical chart, utilize clinical skills developed in this course and others, collaborate with other allied health students on a simulated medical team, and competently evaluate a complex patient case with multiple body system involvement.

Course Number: DPT 810

Course Name: Comprehensive Examination

This course is composed of the preparation and administration of a comprehensive examination. This examination is the culminating experience of the program, which reflects mastery of the didactic component of the physical therapy curriculum. The examination is 4 hours and 15 minutes in duration and is comprised of 200 multiple choice questions. Passage of this exam is required for graduation.

Course Number: DPT 590

Course Name: Comprehensive Examination

This course is composed of a comprehensive examination for students who failed DPT 810. The passage of the examination reflects mastery of the didactic component of the physical therapy curriculum. Students must create their own plans for remediation. The examination is 4 hours and 15 minutes in duration and is comprised of 200 multiple choice questions. Passage of this exam is required for graduation.

Course Number: DPT 806

Course Name: Sports Physical Therapy

This course will investigate the application of physical therapy evaluation and treatment to the athletic population. Rehabilitation of surgical and non-surgical injuries and conditions of the upper extremity and spine common among athletes and the active population will be studied. Stages of recovery will be considered in the development of an evaluation and plan of care with the goal of returning the active patient to their pre-injured level of participation. There will be a focus on development and implementation of strength and conditioning programs for post injury recovery as well as injury prevention

and improvement of sports performance. Exercise concepts investigated will include isotonics, eccentrics, plyometrics, agility and other closed chain exercise regimens. There will be a focus on functional recovery with sports performance related exercises. A study of pre-season performance evaluation and screening will also be a part of this course. This class will be taught both in a seminar style to take place across two weekends of the semester.