

PHYSICAL THERAPY
STUDENT HANDBOOK
and
CLINICAL EDUCATION MANUAL

2009 – 2010

MSPT Class of 2012



**MISERICORDIA
UNIVERSITY**
Physical Therapy

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MISERICORDIA UNIVERSITY
PHYSICAL THERAPY DEPARTMENT

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CLINICAL EDUCATION MANUAL
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ABOUT THIS HANDBOOK

This handbook is meant to supplement the University Student Handbook, not to replace it. It contains policies and procedures specific to the Physical Therapy program at Misericordia University.

THE PHYSICAL THERAPY PROGRAM AT MISERICORDIA UNIVERSITY

Misericordia University's Master's program in Physical Therapy is a five-year, entry level master's degree program with admission in the freshman year. Students admitted as freshmen or undergraduate transfers who successfully complete all major and university requirements will be awarded a Bachelor of Science degree in Health Science in addition to an M.S. in Physical Therapy degree (MSPT). Students admitted with a baccalaureate degree will be awarded an MSPT degree upon successful completion of the professional program.

The program's first two years of pre-professional study provide a strong foundation in the liberal arts and sciences appropriate in depth and breadth to develop the student's ability to think independently, weigh values, and understand fundamental theory. This further serves to develop skills of critical thinking and communication, inherent in baccalaureate education and essential to professional socialization. The physical therapy professional curriculum is initiated in the third year and continues through the fourth and fifth years.

Accreditation

Misericordia University is regionally accredited by the Middle States Commission on Higher Education, 3624 Market Street, Philadelphia, PA 19104, (267) 284-5000.

The Physical Therapy professional program is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), the recognized accrediting agency for the professional accreditation of physical therapist education programs. For additional information, contact the Commission on Accreditation in Physical Therapy Education at 1111 North Fairfax Street, Alexandria VA 22314-3245; (703) 706-3245; accreditation@apta.org.

The Physical Therapy professional program complies with the accreditation policies of CAPTE. These policies include:

- Program Director will ensure timely submission of required fees and documentation.
- Program Director will notify CAPTE in a timely fashion of expected or unexpected substantive changes within the program and of any change in institutional accreditation status or legal authority to provide post-secondary education
- If necessary, the administration and Physical Therapy program faculty will come into compliance with accreditation criteria within two years of being determined to be out of compliance.

Any person may submit to CAPTE a complaint about an accredited or developing program. Complaints must allege violation of one or more of the following:

- (1) One or more of the Evaluative Criteria for Accreditation
- (2) CAPTE's statement on *Academic Integrity in Accreditation*, or
- (3) CAPTE's statement on *Integrity Related to Program Closure*

Further information can be found at <http://www.apta.org/capte>.

Mission

The mission of the physical therapy education program at Misericordia University is to provide professional physical therapy education opportunities and to help meet physical therapy health care needs.

The physical therapy program is committed to providing an education program which produces competent physical therapy practitioners who are critical thinkers and educated consumers of research and which prepares graduates for productive careers in physical therapy and as advocates for, and participants in, lifelong learning.

As an entry-level professional post baccalaureate program, the physical therapy curriculum reflects a commitment to the complementary relationship between liberal arts and professional studies which enables graduates to adapt to and deal with constantly evolving societal and professional needs.

The physical therapy program's commitment to providing quality physical therapy education expresses the founding Sisters' values and attitudes of justice, mercy, service and hospitality.

Philosophy

The physical therapy education program is based on the belief that graduates of entry-level physical therapy programs should possess the clinical decision making and problem solving skills which enable them to function as reflective practitioners in the contemporary, dynamic health care system. Physical therapists need to be sensitive to the needs of a culturally diverse society as evident in their interactions with clients, families, health care colleagues and the community in which they practice.

An educational program for physical therapists should reflect the concepts of androgogy (adult education) to include problem solving, critical thinking and analysis, synthesis, evaluation, and integration of theory and evidence in practice, clinical decision making, mentoring and self-directed learning.

Physical therapists should integrate the core values of the profession in all professional activities. While capable of autonomous practice, they should have the ability and desire to remain open to input from and collaboration with other health care professionals.

A physical therapy entry-level education program prepares physical therapy generalists but provides graduates with the tools which enable them to develop specialty expertise through the application of critical thinking and problem solving skills and a holistic approach to health care.

The academic and clinical faculty and the academic and clinical education environments must reflect and foster professional values and behaviors. The academic and clinical faculty and curriculum components must be inextricably linked for the provision of a professional education program that prepares competent health care practitioners.

A diverse faculty whose members have responsibilities and activities consistent with their areas of teaching and scholarly expertise strengthens and enhances a professional education program.

Goals

The goals of the MSPT program are to prepare graduates who:

1. are physical therapist generalists capable of contemporary, competent, legal, and ethical practice.
2. value the relevance of, and contribute to, critical inquiry in the validation and advancement of the art and science of physical therapy.
3. accept the roles and responsibilities of physical therapists as professionally autonomous practitioners within the health care system.
4. accept the responsibility for education of self, the community, profession, clients, and colleagues in the health care system.
5. value and foster communication and interaction with colleagues for the benefit of optimal service to clients, and
6. respect and respond to contemporary bio-psycho-social diversity in interactions with clients, families, colleagues and the community.

THE MSPT PROFESSIONAL CURRICULUM

Curriculum Objectives

Upon successful completion of the physical therapy education program, the graduates will be able to:

1. Identify specific movement dysfunction problems to which physical therapy intervention should be addressed by:
 - a. Recognizing clusters of signs, symptoms, and predisposing factors which enable categorization of problems; and
 - b. Establishing a physical therapy diagnosis by obtaining the information necessary to categorize the problems from interview, the medical record, and physical therapist's examination of the client, including measurement of variables which can be affected by physical therapy intervention.
2. Identify relevant moderating variables which may either contribute to determination of the physical therapy diagnosis, aid in selection of the most appropriate intervention strategies, or have an effect on prognosis.
3. Decide whether physical therapy intervention is appropriate for a client as being within the scope of practice of physical therapy and the expertise of the therapist.
4. Refer clients to another practitioner if physical therapy intervention is not appropriate and/or, if there are related or unrelated problems for which other health care intervention may be indicated.
5. Establish, as functional outcomes, the short and long term goals for physical therapy in consultation with clients and their significant others.
6. Select and design appropriate physical therapy intervention given constraints of moderating variables and limitations of knowledge.
7. Implement and manage physical therapy intervention in cooperation with clients, significant others, and other health professionals, and in consideration of the moderating variables and contemporary health care and professional issues and constraints.
8. Monitor and evaluate responses to intervention, including physiological status, and modify or terminate interventions as appropriate.
9. Document and communicate with others in an accurate, appropriate and timely manner.
10. Provide optimal care in a compassionate manner within the context of client wishes and both personal and societal constraints.

11. Apply concepts from teaching and learning theories in designing, implementing, and evaluating learning experiences used in the education of clients, significant others, students, colleagues, community, and self.
12. Apply concepts and principles of management in the provision of cost-effective physical therapy services to individuals, organizations and communities in recognition of the influence of social, economic, legislative, ethical and demographic factors on the delivery of health care.
13. Function with a spirit of critical inquiry by:
 - a. applying basic principles of the scientific method to read, interpret, and evaluate professional literature;
 - b. systematically collecting, analyzing, and documenting clinical data;
 - c. participating in activities to validate clinical theory and practice; and
 - d. critically analyzing new concepts and findings.
14. Communicate and collaborate as professional health care providers with other health professionals, health and social service agencies and the community in the areas of:
 - a. health promotion;
 - b. prevention of disease, illness and disability;
 - c. health maintenance; and
 - d. treatment of movement dysfunction.

MSPT Professional Curriculum

First Professional (Junior) Year

<i>First Semester</i>		<i>Total Credits</i>	<i>18</i>	<i>Second Semester</i>		<i>Total Credits</i>	<i>16</i>
PT 301	Gross Anatomy	5		PT 302	Neuroscience	4	
PT 405	Analysis of Human Movement	4		PT 402	Clinical Science I	6	
PT 407	Applied Physiology	4		PT 410	Integrated Clinical Arts I	3	
PT 409	PT Clinical Skills	2		Core or Elective		3	
Core or Elective		3					

Summer

		<i>Total Credits</i>	<i>6</i>
PT 515	Research Methods	3	
Core or Elective		3	

Second Professional (Senior) Year

<i>First Semester</i>		<i>Total Credits</i>	<i>17</i>	<i>Second Semester</i>		<i>Total Credits</i>	<i>14</i>
PT 503	Clinical Science II	4		PT 518	Clinical Education I	6 weeks	3
PT 505	Clinical Science III	4		PT 506	Clinical Science IV	10 weeks	6
PT 511	Integrated Clinical Arts II	4		PT 512	Integrated Clinical Arts III	10 weeks	4
PT 590	Research Seminar	2		PT 507	Clinical Science V	10 weeks	1
Core or Elective		3					

Third Professional (Graduate) Year

<i>First Semester</i>		<i>Total Credits</i>	<i>12</i>	<i>Second Semester</i>		<i>Total Credits</i>	<i>13</i>
PT 619	Clinical Education II	10 weeks	6	PT 614	Integrated Clinical Arts IV		3
PT 621	Clinical Education III	10 weeks	6	PT 690	Critical Inquiry		2
				PT 616	Clinical Decision Making		2
				PT 612	Special Topics		3
				Core or Elective			3

Students in the five year BS/MSPT program complete a minimum of 166 credits, 125 credits toward the BS in Health Science degree and 41 graduate credits toward the MSPT degree. The total credits required for the professional curriculum is 81.

MSPT Course Descriptions

PT 301 Gross Anatomy

5 credits

The study of human anatomy, emphasizing structure and function in relationship to human movement. This is a regional gross anatomy course that incorporates inter-relationships among musculoskeletal, neuromuscular, cardiovascular, pulmonary, and visceral structure and function. Laboratory sessions will include cadaver dissection and will be strongly integrated with PT 405 Analysis of Human Movement and PT 407 Applied Physiology.

3 lecture hours, 4 lab hours

Prerequisites: BIO 211, 212 (or equivalent)

Co-requisites: PT 405, PT 407, PT 409

Fall

PT 302 Applied Neuroscience

4 credits

The study of the nervous system with an emphasis on sensorimotor structure and function, and common clinical pathology. Neuroanatomy, neurophysiology, and neuropathology are examined in the context of clinical examination.

3 hours lecture, 2 hours lab

Prerequisites: BIO 211/212 (or equivalent), PT 301, PT 407, or permission of instructor.

Spring

PT 304 Concepts of Health, Wellness & Health Professions

3 credits

Exploration of the contemporary concepts of health and wellness as they relate to health promotion and maintenance, disease prevention and health care; the role of physical therapy as a health profession within a holistic health care model; the importance of professional behavior, critical inquiry, communication, interaction, cultural diversity, and collaboration in professional physical therapy practice. 2 hours lecture/discussion and independent study.

Prerequisites: Required for sophomore and transfer PT majors as pre-professional prerequisite course or permission of program.

Spring

PT 402 Clinical Science I

6 credits

This course will introduce the student to the skills necessary for physical therapy examination of and intervention for problems with the musculoskeletal system, primarily involving the upper and lower extremities. A number of examination and intervention principles utilized throughout the musculoskeletal system will be examined, as well as joint-specific principles. These principles will then be applied

to the anatomy and biomechanics of the specific regions of the upper and lower extremities. Pathologies will be explored in light of their regional effects on anatomy and mechanics, as well as the effect of these changes in mechanics on the function of the body as a whole. Material from PT 301 Gross Anatomy, PT 405 Analysis of Human Movement, PT 407 Applied Physiology, and PT 409 PT Clinical Skills will be utilized to facilitate integration of these skills into total patient care.

3 hours lecture, 6 hours lab

Prerequisites: PT 301, PT 405, PT 407, PT 409

Co-requisites: PT 302, PT 410

Spring

PT 405 Analysis of Human Movement

4 credits

The analysis of human movement from the developmental, kinesiological, and biomechanical perspectives. Functional anatomy, kinesiology and pathokinesiology of the joints, posture, functional movement patterns of the neck, trunk and limbs and gait as a basis for evaluation and intervention strategies in the presence of movement dysfunction associated with musculo-skeletal problems.

3 hours lecture, 2 hours lab

Prerequisites: BIO 211/212 and PHY107/108 or equivalent

Co-requisites: PT 301, PT 407, PT 409

Fall

PT 407 Applied Physiology

4 credits

This course will help students understand the physiological mechanisms affecting physical therapy examination and intervention strategies including physical agents, therapeutic exercise, stages of healing, and modifying variables as related to maintaining and restoring homeostasis. Content includes applied tissue biomechanics, cardiovascular physiology, respiratory physiology, exercise physiology, principles of energy production and the physiology of tissue repair. This course strongly integrates with PT 301 Gross Anatomy, PT 405 Analysis of Human Movement, and PT 409 Clinical Skills, and forms the basis for PT 505 Clinical Science III.

3 hours lecture, 2 hours lab

Prerequisites: CHM 104, 105; BIO 211, 212 or equivalent

Fall

PT 409 PT Clinical Skills

2 credits

Introduction to patient handling, tests and measurements, and intervention strategies. Includes monitoring of vital signs, goniometry, manual muscle testing, posture and gait analysis; massage; modalities of heat, cold, light and water; therapeutic exercise; and gait training. Introduces problem solving, communication, documentation, and patient management.

4 hours lab

Co-requisites: PT 405, PT 407, PT 301

Fall

PT 410 Integrated Clinical Arts Seminar I

3 credits

This is the first in a series of interactive lectures and seminars designed to integrate physical therapy clinical arts into clinical and foundation sciences from a bio-psycho-social perspective. Content for discussion includes the following: analysis of the impact of moderating variables such as age, gender, cultural diversity, environment and lifestyles across the lifespan; interpersonal and communications skills; professional roles, behaviors, values, and responsibilities; and appropriate utilization and application of medical imaging and pharmacology. Application and integration are geared particularly to clients with musculoskeletal dysfunction.

3 hours lecture, 1 hour seminar

Prerequisites: PSY 275 or equivalent, PT 409

Co-Requisites: PT 402

Spring

PT 503 Clinical Science II

4 credits

This course is a continuation of Clinical Science I. The principles studied in Clinical Science I are applied to the cervical, thoracic, and lumbar spines and temporomandibular joint. In addition, principles specific to spinal pathology and mechanics will be introduced. Pathologies investigated in Clinical Science I that affect the extremities will be reexamined with regard to their effect on the spine. Material from PT 301 Gross Anatomy, PT 405 Analysis of Human Movement, PT 407 Applied Physiology, PT 409 Clinical Skills, PT 402 Clinical Science I, and PT 302 Neuroscience will be integrated into the course. Classroom and laboratory sessions will be utilized to facilitate integration of these skills into total patient care.

2 hours lecture, 4 hours lab

Prerequisites: PT 402

Co-requisites: PT 505, PT 511

Fall

PT 505 Clinical Science III

4 credits

This course reviews cardiopulmonary anatomy and physiology, pathophysiology, and the effects of aging on these systems. Cardiopulmonary dysfunction as a complication of other medical conditions is stressed. Analysis, evaluation, differential diagnosis, intervention and modification within the scope of practice of physical therapy are emphasized. The impact of medical laboratory studies, medical diagnoses, graded exercise testing with EKG analysis, and pharmacological factors on PT examination and treatment planning are discussed. Intervention stresses environmental and lifestyle factors, health and wellness attitudes, and physical therapy as integral to patient and public education. Classroom, laboratory, group, and clinical sessions will be used to facilitate integration of competencies and skills.

3 hours lecture, 2 hours lab
Prerequisites: PT 301, PT 407, PT 402
Co-requisites: PT 503, PT 511

Fall

PT 506 Clinical Science IV

6 credits

This course will review neuroanatomy, neurophysiology, and neuropathology with expansion to neurological examination, intervention, and rehabilitation. Analysis of posture and movement during the normal process of development and aging as well as the neurologically impaired population will be emphasized. Current movement theory, postural control, and motor learning will be applied and integrated with knowledge gained in previous coursework for clinical decision making in evaluation and selection of appropriate intervention strategies. The theoretical basis and treatment techniques for selected neuromotor techniques such as PNF, NDT, and sensory integration will also be included. Laboratory sessions will emphasize the development of specific psychomotor examination and intervention skills necessary for the successful examination, evaluation and intervention of clients across the lifespan with neurologic impairments.

6 hours lecture, 4 hours lab, 10 weeks
Prerequisites: PT 503, PT 505
Co-requisite: PT 512

Spring

PT 507 Clinical Science V

1 credit

This course is designed to provide the student with an opportunity to synthesize material learned to date within the physical therapy program in the context of integumentary physical therapy. Cooperative learning, independent research, and evidence-based practice on specific topics related to integumentary physical therapy are integral components of the class.

2 hours lab, 10 weeks
Prerequisites: PT 518
Co-requisites: PT 506, PT 512

Spring

PT 511 Integrated Clinical Arts Seminar II

4 credits

The second in a series of interactive lectures and seminars designed to integrate physical therapy clinical arts into clinical and foundation sciences from a bio-psycho-social perspective. Content for discussion includes the following: analysis of the impact of moderating variables such as age, gender, cultural diversity, environment and lifestyles across the lifespan; orthotics and assistive devices, normal and abnormal development, appropriate utilization and application of medical imaging, pharmacology, selected lab

values and EMG/NCV electrodiagnostic testing; burns; obstetric physical therapy; critical analysis/problem solving; clinical education, administration, management and health policy, information management, values and responsibilities in the health care system and in preparation for autonomous practice, collegial collaboration and communication. Application and integration particularly geared to clients with spinal musculoskeletal dysfunction, obstetric involvement, and cardiopulmonary dysfunction.

3 hours lecture, 2 hours seminar

Prerequisite: PT 410

Co-requisites: PT 503, PT 505

Fall

PT 512 Integrated Clinical Arts Seminar III

4 credits

The third in a series of interactive lectures and seminars designed to integrate physical therapy clinical arts into clinical and foundation sciences from a bio-psycho-social perspective. Content for discussion includes the following: analysis of the impact of moderating variables such as age, gender, cultural diversity, environment and lifestyles across the lifespan; prosthetics and management of patients with limb loss; applications of teaching and learning theory; appropriate utilization and application of medical imaging and pharmacology in the presence of neurological impairment; selection, adaptation, and utilization of mobility aids and appliances; wound care; and PT problems secondary to cancer.

4 hours lecture, 2 hours seminar, 10 weeks

Prerequisites: PT 511; PT 518

Co-requisite: PT 506

Spring

PT 515 Research Methods

3 credits

This course will present the principles and processes involved in research. Quantitative and qualitative approaches will be reviewed and analyzed relative to their strengths, limitations, and practical uses. The application of appropriate research methods to problems worthy of study and evaluation of research literature will be stressed.

Prerequisite: Math 115 or equivalent statistics course

Summer

PT 518 Clinical Education I

3 credits

This is a six-week, full-time clinical education experience occurring during the second semester of the second professional year (January-February). This experience will provide the opportunity for integration of current professional competencies into direct patient care using problem solving strategies. Facilitation from physical therapy clinical faculty will assist in the utilization of these skills in

critically analyzing a variety of patient and role problems. This experience will begin the processes of professional socialization and cultivation of interpersonal communication skills; clinical decision making; self-assessment; proactive learning; and development of personal values, attitudes, and motivations in relationship to ethical, legal, and moral practice.

Prerequisite: Satisfactory completion of all professional courses to date
Spring

PT 590 Research Seminar 2 credits

The focus of this course is evaluation and interpretation of published research in physical therapy. Content from PT 515 (Research Methods) will be integrated into this course in the continued evaluation of the literature and physical therapy practice.

Prerequisites: PT 515
Co-requisites: PT 503, 505, 511
Fall

PT 612 Special Topics in Physical Therapy 1-3 credits

This offering allows physical therapy students in their final semester the opportunity for study in up to three professional specialty areas. Topics may vary from year to year depending on student interest and the availability of faculty with professional expertise. Topics may include clinical specialties such as sports physical therapy, geriatrics, or pediatrics, or role specialties such as administration, teaching, or community health. Independent study or a graduate course outside the Physical Therapy Department may be arranged with permission of program faculty.

Prerequisites: PT 619 and final semester standing or department permission
Co-requisites: PT 616
Spring

PT 614 Integrated Clinical Arts Seminar IV 3 credits

This is the fourth in a series of interactive lectures and seminars designed to integrate physical therapy clinical arts into clinical and foundation sciences from a bio-psycho-social perspective. Content for discussion includes the following: analysis of the impact of moderating variables such as age, gender, cultural diversity, environment and lifestyles across the lifespan; critical analysis/problem solving; administration; management and health policy; information management; collegial collaboration and communication; ethical decision making in physical therapy; overview of the PT professional association; the role of physical therapy in meeting societal needs, and the role of physical therapists as consultants.

2 hours lecture, 2 hours seminar
Prerequisites: PT 512, PT 619, PT 621
Co-requisites: PT 616; PT 690

Spring

PT 616 Clinical Decision Making

2 credits

Through the use of case studies and current research literature, the clinical decision making processes related to the cases selected and those made during clinical education experiences will be analyzed in relation to physical therapy diagnosis, prognosis, intervention, and outcome measurement. Clinical decisions regarding the physical therapy scope of practice and refer/not refer and treat/ not treat will be made in preparation for practice with professional autonomy. Letters of justification to third party payers will also be discussed. A comprehensive examination will be used to help students identify areas of weakness/strengths and to help develop written plans for review of material prior to sitting for the licensure examination. 2 hour seminar

Prerequisite: PT 621

Co-requisite: PT 614, PT 690

Spring

PT 619 Clinical Education II

6 credits

This is a ten-week, full-time clinical education experience occurring in the fall semester of the third professional year (August-October). This experience will build upon Clinical Education I and incorporate the additional competencies attained in didactic and laboratory work. Students will continue to use problem-solving strategies in direct patient care, under the guidance of physical therapy clinical faculty. A variety of patient populations and problems will be provided to allow for integration of professional knowledge and skills in total patient care. Students will be encouraged to reflect upon their knowledge and skills to identify problem areas to be addressed in Clinical Education III. Further development of interpersonal skills, clinical decision making, self-assessment, proactive learning, and professional socialization is expected.

Prerequisite: Satisfactory completion of all professional courses to date

Fall

PT 621 Clinical Education III

6 credits

This is a ten-week, full-time clinical education experience (October-December) immediately following Clinical Education II. This experience will build upon previous clinical education experiences. Patient evaluation and intervention skills should be fine-tuned. Additional emphasis should be placed upon addressing clinical decision making, goal setting, functional outcome measures, modification of intervention plans, and the role of physical therapy in a dynamic health care system. Students should seek, where possible, opportunities in teaching, critical inquiry/research, administration/management, and quality assurance.

Prerequisite: PT 619

Fall

PT 690 Critical Inquiry

3 credits

Content from PT 515 (Research Methods) and PT 590 (Research Seminar) will be integrated into this course in the continued evaluation of the literature and physical therapy practice.

Prerequisites: PT 621

Co-requisites: PT 614, PT 616

Spring

PT 699 Scholarly Activity Practicum

1-3 credits

This course provides opportunities for physical therapy students to assist physical therapy faculty members with scholarly projects. Permission of the physical therapy faculty member who is responsible for this course is required. This course may be repeated.

Prerequisites: None

MSPT ACADEMIC POLICIES AND PROCEDURES

Academic Advising

Upon acceptance to the University, each student will be assigned an academic advisor. The academic advisor serves in both a formal and informal capacity as a mentor and advisor.

It is the responsibility of the Academic Advisor to:

1. Orient students to their rights and responsibilities in the advising relationship.
2. Regularly record significant discussions with the student, to be placed in the student's departmental file.
3. Explain academic policies and procedures, as well as curriculum requirements, to students.
4. Post a minimum of four office hours per week.
5. Make appropriate referrals to support services and the Learning Resource Center when needed.
6. Monitor advisees' academic progress.
7. Participate, as needed, in new student orientation activities.
8. Assist students in course selection during registration and add/drop periods and sign appropriate forms.
9. Monitor, advise and assist students in the development and achievement of professional behaviors.

Advisors must be aware that under the FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, academic information cannot be shared with the student's parents or other parties without the written consent of the student.

It is the responsibility of the Student Advisee to:

1. Schedule appointments with the academic advisor prior to course registration to review the projected course schedule and, if necessary, review alternative course schedules.
2. Seek advice/counsel from the academic advisor, as necessary, when academic problems or difficulties are experienced.
3. Notify the advisor of adding/dropping or withdrawing from a course or the University and obtain appropriate signatures.

4. If a student wishes to change his/her academic advisor, the student must request the change in academic advisor from the Physical Therapy Department Chair.

Academic Grievance

The University provides a uniform method by which students can pursue grievable issues (Refer to the *Misericordia University Undergraduate and Graduate Catalog* for procedure). Grievable issues are either complaints about alleged violations of the institution's academic policies or unfairness in the application of policies.

Academic Integrity

Students are responsible for understanding the following, noting that penalties for violations of academic integrity can include course failure, dismissal from the Physical Therapy Program, or dismissal from the university.

“Any form of cheating or dishonesty, including plagiarism is a fundamental violation of the nature and purpose of College Misericordia. Such behavior will not be tolerated and will result in at least lowered grades, possibly failure in a class, program dismissal, and, in the most serious cases, dismissal from the university.” (*University Catalog*) Thus, students should be aware of their responsibilities. For a complete statement of the Academic Integrity Policy, please see the *University Catalog*.

It is the student's responsibility to obtain a copy of the current Academic Integrity policy of the university if they do not already have one, and to read it. It is expected that students abide by all university and department policies regarding academic integrity, including those found in the University catalog and the *PT Student Handbook*.

In all Physical Therapy courses, students are always responsible for knowing and making known the sources of information they use.

Physical Therapy majors are governed by the PT Department Academic Integrity Policy in addition to the University Academic Integrity Policy. The PT Department Academic Integrity Policy follows:

Dishonesty, cheating, and plagiarism will not be tolerated and will result in a grade of **Zero (0)** for the assigned work or for the course. If a further instance occurs during the professional education program, it will be considered grounds for dismissal from the program since such behavior is inconsistent with being a professional person, responsible for providing service to others. The following is a list of some examples of the forms of dishonesty to which the above sanction applies:

1. Use of books, notes, or other materials during a quiz or examination (written, practical, or other), unless expressly permitted.

2. Copying others' work or unauthorized cooperation prior to, during, or following an assignment, quiz, or examination (written, practical, or other). **Note: Sanctions will apply to all individuals involved in collusion.**
3. Use of purchased essays, reports or other written or electronically transmitted material for submission as assignments.
4. Submission of work originally completed by someone else.
5. Submission of the same work in more than one course without the prior written approval from the instructor(s) involved.
6. Borrowing from published or copyrighted works whether material is taken verbatim or with minor alterations without proper or sufficient acknowledgement/citation.
7. Falsifying or fabricating the need for extension on papers or make-up examinations.

Academic Integrity Statement

To be included on all submitted academic work during the professional/graduate PT program:

I have neither given nor received unauthorized aid in completing this work, nor have I presented someone else's work as my own.

Access to Laboratories and Equipment for Independent Study

1. No less than three people can be in the lab during non-class hours. In case of an accident, injury or illness, this assures that one person can remain with the injured party while a third person goes to seek appropriate assistance.
2. During the academic year, students are responsible for arranging access to the labs during non-class hours with security personnel at Anderson or the Science Building. During the summer, arrangements must be made with a PT Department faculty or staff member. Access to the labs in the Anderson Building is limited to hours that the building is open to the public.
3. Access privileges to locked labs will be established each term and only for students enrolled in professional PT courses. Visitors, friends, relatives and other students permitted only with prior permission of a PT faculty member.
4. Physical Therapy evaluation and treatment of others or self requires appropriate referral and supervision by a licensed physical therapist.

Advancement within the Professional MSPT Program

To advance within the professional program, students must:

1. Earn no grade below **B-** in required professional level courses.
2. Achieve at least a minimum level of competence (MLC) of 80% in all required professional level courses, and at least **C** in MTH 115 and PSY 275.
3. Maintain a graduate GPA of at least 3.0. The graduate GPA includes courses in the spring semester senior year and throughout the fifth year. Students must have a cumulative GPA of 3.0 at the time of graduation.
4. Satisfy all university undergraduate and graduate requirements.

Attendance

1. Specific course policy is determined by individual course instructors.
2. Department policy:
 - Students are responsible for attending and being on time for all classes and notifying the appropriate faculty member in advance of any absence.
 - In the case of absence, the student is responsible for any material covered in class. Make up examination privileges will be granted only when the student has given advance notice of absence for just cause.

Competency-Based and Self-Directed Learning

The professional MSPT curriculum has been designed to educate competent physical therapy practitioners who are critical thinkers and participants in life long learning. As such the program reflects the concepts of androgogy (adult education) which include problem solving, critical thinking and analysis, integration of theory and practice, clinical decision making, mentoring and self-directed learning. This philosophy is the foundation on which professional courses and teaching-learning strategies were developed and will be implemented.

The objectives of each of the graduate courses indicate those competencies which students are expected to achieve. Students will be evaluated on how well and to what extent the competencies have been achieved and a minimal level of competence at 80% will be required for satisfactory completion of each course.

Self-directed learning methods are requisite to the education of physical therapists who are expected to become independent, problem solving, self-motivated health care providers. In keeping with the goal of self-directed learning, as a component of the teaching-learning process, learning occurs as a cooperative effort between the student and the instructor in the development of an individualized plan for mastery of knowledge and skills. The student has the opportunity and responsibility for management of self education and assessment.

The development of problem-solving and critical thinking and analysis skills will also be facilitated through self-directed learning experiences in which students will be expected to actively seek out, analyze and acquire information needed to solve problems and justify decisions.

Complaints Outside of Due Process

Complaints about the Physical Therapy education program may arise that fall outside the realm of due process, such as complaints from students about non-grievable issues, from clinical education sites, employers of graduates, and the public.

The procedures for handling these complaints follow.

1. The party making the complaint should first attempt to resolve the issue with the party or parties involved, within one week of occurrence.
2. If the issue is not resolved with step one, the party making the complaint must submit the complaint in writing to the Program Director.
3. The Program Director will investigate the complaint. Investigation can include contacting the involved parties and/or relevant University personnel.
4. The Program Director will provide a summary of the complaint to the Physical Therapy program faculty for consideration.
5. The Program Director will communicate the decision of the Physical Therapy faculty to the involved parties, Dean of the College of Health Sciences, and Vice President of Academic Affairs.
6. A copy of the complaint and decision will be kept in a file in the Physical Therapy Department.

Examination Policy

During scheduled or unscheduled examinations in this course:

1. Book bags, purses, brief cases, etc. are not permitted near the student's seat.
2. Cell phones must be on vibrate; students may not send or receive text or photo messages during an examination, except from WENS.
3. Students are not permitted to communicate in any way with any person other than a professor/proctor during the examination.
4. Students are not permitted to wear hats.

5. If book bags, etc. are brought into the examination room, students will place them in an area that is not near a student's seat.
6. If students will need a calculator to answer exam questions, the use of calculators in cell phones or PDAs will not be permitted.
7. Students are not permitted to leave the examination room unless they have handed in their examination. Once they have left the examination room, they may not re-enter the room.
8. Students who do not comply with this policy will receive a **zero** for the exam.

Lab and Clinical Attire

1. Students will be expected to wear comfortable and appropriate clothing for PT laboratory sessions. Women should wear shorts and a sports bra or halter top and men should wear shorts.
2. Gloves and aprons will be required in Gross Anatomy laboratories in order to protect clothing and skin. OSHA regulations will apply and be enforced.
3. Individual clinical facilities establish guidelines for appropriate attire in their setting.
4. Students are expected to adhere to the guidelines of the clinic.

Learning Contract Policy: MSPT Class of 2012

If a student fails to demonstrate a minimum level of competence and the failure is a result of lack of competence in a specific, identifiable area, the student may be offered the opportunity to establish a learning contract at the discretion of the course instructor(s). A maximum of one learning contract may be established after matriculation into the professional physical therapy program. The learning contract will be made with the course instructor(s) and will identify the specific objectives to be achieved. An "IP" (in progress) will be used to designate an incomplete grade pending contract completion. The course must be completed at a satisfactory level prior to the beginning of the next semester or clinical education course, whichever would occur first.

If a student does not satisfactorily achieve the objectives specified in the learning contract, the student will be dismissed from the Physical Therapy program.

Membership in the Professional Organization

The American Physical Therapy Association (APTA) is the professional organization for physical therapists in the United States. For graduate DPT students, membership in the APTA is mandatory. Membership in the APTA also includes membership in the local chapter, Pennsylvania Physical Therapy Association (PPTA) and district, PPTA – Northeast District.

Student and faculty membership in the association provides the student and faculty with opportunities for continuing education and networking at the district, chapter and national levels including national and chapter student conclaves. Members receive *Physical Therapy*, the Journal of the APTA, *PT Magazine*, and access to member only information and the *PT Bulletin* on the APTA web site.

Photographic Consent

Written consent must be obtained before photographing a subject for educational or research purposes. A copy of the consent must be kept on file in the Physical Therapy Department Office.

Preservation of Human Dignity

1. Respect for privacy, modesty, and confidentiality shall be observed in all professional activities and with all persons with whom the student associates.
2. Protection of the right to privacy, informed consent, human rights, and safety and well being of research participants and clients will be strictly observed.

Professional Behavior

Professional behaviors are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. Ten professional behaviors were identified through a study conducted at UW-Madison in 1991-1992.

The student will be responsible for ongoing self-assessment and for seeking feedback from faculty and fellow students. Each student's progress toward attaining entry-level competence will be reviewed by PT faculty at regular intervals within the curriculum or as needed. In the event that an unacceptable behavioral problem cannot be resolved, the student may be dismissed from the Physical Therapy Program by formal action of the physical therapy faculty.

Physical Therapy Lab Cleanup Policy

Before leaving the room at the end of class, students will follow the following lab cleanup procedures:

1. Survey lab and appropriately discard any refuse that may be present.
2. Return all equipment to its original location, if moved during lab, including chairs, plinths, supplies, etc.
3. Wipe down any table or mat that was used during lab with a disinfectant wipe.
4. Remove pillow case from any pillow that was used during lab and place in hamper.
5. Replace pillow case with a clean one.

PT Student Handbook

All students are required to carefully read the *PT Student Handbook*, which is available on the class group page on e-MU. This contains essential information regarding program policies and procedures. It is updated yearly and should be reviewed each fall semester for any changes. All students are bound by the policies published in this guide.

Safety

The equipment used in the physical therapy laboratories may be delicate, sensitive and potentially hazardous. Routine safety awareness and precautions should be exercised while using the equipment.

1. Equipment and supplies are to be utilized for their designated purposes only.
2. Any malfunctioning or damaged equipment must be reported to the responsible faculty member immediately.
3. All equipment must be kept in clean working order and stored appropriately when not in use.
4. No equipment or supplies are to be removed from the laboratory without written permission from the appropriate faculty member.
5. Students will have access to equipment, supplies and the labs when classes are not in session.

Bloodborne Pathogen Guide for Physical Therapy

A. Personnel

Instructors, lab instructors, teaching assistants, and students in physical therapy may come into contact with blood or body fluids.

B. Tasks

The following is a list of tasks that might result in exposure to blood or body fluids.

1. Dissection in gross anatomy laboratory. All cadavers used in gross anatomy have been tested negative for hepatitis and HIV infection.
2. Handling of sharp instruments, needles in physical therapy procedures and research laboratories.
3. Demonstration of patient care procedures or test procedures with volunteer patients or classmates.

C. Procedures

Standard precautions are used in handling blood and other body fluids. It is not expected that PT personnel will be conducting invasive procedures; however, it is possible that an exposure to blood or other body fluids could occur. Blood and body fluids should be handled as potentially infectious.

1. Gloves are to be worn for:
 - a. Touching all blood and other body fluids, mucous membranes, or non-intact skin of clients.
 - b. Handling items or surfaces soiled with blood or body fluids.
 - c. Gloves are to be changed after contact with each patient.
2. Masks, gowns and protective eyewear are to be worn during procedures likely to generate droplets of blood or other body fluids.
3. Hands and other exposed skin surfaces should be washed immediately and thoroughly with soap and water if contaminated with blood or other body fluids, when the hands are visibly soiled.
4. Hands can be decontaminated with alcohol-based rub if not visibly soiled with blood or body fluids. Hands must be decontaminated after coming in contact with blood or other body fluids, if not visibly soiled, and immediately after removing gloves.
5. If broken skin is contacted by blood or other bodily fluid, immediately call or go to the Health Center.

6. All blood or body fluid spills are to be cleaned up by the Facilities Department. Call them to notify them of the spill.
7. All linen and other material soiled with blood and/or other body fluids will be disposed of in a red biohazard bag. These bags are located in the Health Center and in the Anatomy lab in the Science Building.
8. All sharps (scalpel blades, needles, etc.) are to be placed into red plastic impermeable *sharps containers* after use. Under no circumstances are they to be reused or disposed of in regular trash containers. Sharps containers are located in the Health Center and in the Anatomy lab in the Science Center.
9. If clothing is contaminated with blood/body fluids, remove it and put it into a red biohazard bag, until you are able to soak it in a 1:10 bleach solution for 10 minutes. After soaking, the clothing may be laundered with regular detergent and wash cycle.
10. Personnel with exudative lesions or weeping dermatitis should refrain from direct client care and from handling patient-care equipment until the condition resolves.
11. Pregnant students should adhere to the Standard Precautions Policy since the fetus is at risk of infection through perinatal transmission.

This guide is posted in the Physical Therapy teaching and research labs and in the Anatomy Lab in the Science Building.

Special Learning Needs

If a student has special learning needs, it is the student's responsibility to contact the Assistant Vice President of Student Affairs in order to identify any needed accommodations. Appropriate documentation of such accommodations must be received in writing by the instructor at the beginning of a course. No accommodations will be provided unless the appropriate documentation is completed. If needed, the student should talk to the instructor about specific cognitive, emotional, and physical demands involved in the classroom activities and assignments.

Refer to the University Catalog for additional information.

Textbooks

It is recommended that students purchase the required textbooks for PT courses. A copy of each textbook is available in the Reference section of the library. These textbooks must be used within the library.

PHYSICAL THERAPY FACULTY

Susan Barker, PT, PhD –Professor and Chair

- Education:
 - Bachelor of Science in Physical Therapy: University of Pennsylvania
 - Master of Science in Physical Therapy: Temple University
 - PhD in Biomedical Science: Drexel University
- Teaching responsibilities:
 - PT 301 Gross Anatomy
 - PT 302 Applied Neuroscience

Nicole Evansky, PT, MSPT – Assistant Professor, Assistant Director of Clinical Education

- Education:
 - Bachelor of Science in Health Sciences: College Misericordia (currently Misericordia University)
 - Master of Science in Physical Therapy: College Misericordia (currently Misericordia University)
- Teaching responsibilities:
 - PT 518 Clinical Education I, PT 619 Clinical Education II, PT 621 Clinical Education III
 - PT 409 PT Clinical Skills

Richard Haydt, PT, DPT, OCS, MTC, FAAOMPT – Assistant Professor

- Education:
 - Bachelor of Science in Business Administration: Wilkes University
 - Master of Science in Physical Therapy: Beaver College (currently Arcadia University)
 - Doctor of Physical Therapy and Manual Therapy Certification: University of St. Augustine
- Certifications:
 - Manual Therapy
 - Orthopedic Clinical Specialist
 - Fellow status with the American Academy of Orthopedic Manual Physical Therapists
- Teaching responsibilities:
 - PT 704 Gross Anatomy lab
 - PT 402 Clinical Science I
 - PT 503 Clinical Science II

Diane E Madras, PT, PhD – Associate Professor

- Education:
 - Master of Science in Physical Therapy: Columbia University
 - PhD in Physiology: Louisiana State University Health Science Center
- Teaching responsibilities:
 - PT 407 Applied Physiology
 - PT 505 Clinical Science III
 - PT 507 Clinical Science V
 - tDPT 803 Cardiopulmonary PT
 - tDPT 805 Integumentary PT

Kelley A. Moran, PT, DPT, ATC, CSCS - Associate Professor and Director of Clinical Education

- Education:
 - Bachelor of Science in Athletic Training and Physical Education Studies, minor in Biology: University of Delaware
 - Master of Physical Therapy: Beaver College (currently Arcadia University)
 - Doctor of Physical Therapy: Temple University
- Certification:
 - Sports Clinical Specialist
 - Strength and Conditioning Specialist
- Teaching responsibilities:
 - PT 405 Analysis of Human Movement
 - PT 704 Gross Anatomy lab
 - PT 616 Clinical Decision Making
 - PT 612 Special Topics

Michael L. Moran, PT, ScD, DPT - Professor

- Education:
 - Bachelor of Science in Physical Therapy: State University of New York - Stony Brook
 - Master of Science in Human Resources Administration: University of Scranton
 - ScD in Training and Learning Technologies: Nova Southeastern University
 - Doctor of Physical Therapy: Misericordia University
- Certification:
 - Certificate in Gerontology: Misericordia University
- Teaching Responsibilities:
 - PT 407 Applied Physiology
 - PT 409 Physical Therapy Clinical Skills
 - PT 410, PT 511, PT 512, PT 614 Integrated Clinical Arts
 - PT 612 Special Topics
 - tDPT801 Orientation to Doctoral Studies

Maureen Romanow Pascal, PT, DPT, NCS – Associate Professor

- Education:
 - Bachelor of Science: University of Pennsylvania
 - Master of Science in Physical Therapy: Boston University
 - Doctor of Physical Therapy: Temple University
- Certification:
 - Neurologic Clinical Specialist
- Teaching responsibilities:
 - PT 304 Health, Wellness and Health Professions
 - PT 505 Clinical Science III
 - PT 511 Integrated Clinical Arts
 - PT 506 Clinical Science IV
 - tDPT 809 Neuromuscular Physical Therapy

Steven Pheasant, PT, PhD – Associate Professor

- Education:
 - Bachelor of Arts in Biology: Wittenberg University
 - Master of Science in Physical Therapy: Beaver College (currently Arcadia University)
 - PhD in Biomechanics: University of Toledo
- Teaching responsibilities:
 - PT 405 Analysis of Human Movement
 - PT 402 Clinical Science I
 - PT 503 Clinical Science II
 - PT 612 Special Topics
 - tDPT 807 Musculoskeletal Physical Therapy

Amy Tremback-Ball, MSPT, PhD – Associate Professor

- Education:
 - Bachelor of Science in Health Sciences: Misericordia University
 - Master of Science in Physical Therapy: Misericordia University
 - PhD in Health Education: Marywood University
- Teaching responsibilities:
 - PT 304 Health, Wellness, & Health Professions
 - PT 407 Applied Physiology
 - PT 409 Physical Therapy Clinical Skills
 - PT 506 Clinical Science IV
 - PT 612 Special Topics

Physical Therapy Offices

The physical therapy offices are housed on the third floor of the McAuley-Walsh Building. Faculty members have regularly scheduled office hours for appointments. Their schedules are posted outside the offices. The Department Administrative Assistant will also be able to make appointments for faculty members.

PT Department Contact Information

Administrative Assistant:

Kim Clothier Room 319A 674-6226 kclothie@misericordia.edu

Clinical Coordinator:

Marilyn DeHaven Room 317 674-6465 mdehaven@misericordia.edu

Department Chair:

Susan Barker Room 318 674-6422 sbarker@misericordia.edu

Director of Clinical Education:

Kelley Moran Room 321 674-6467 kmoran@misericordia.edu

Faculty:

Nicole Evanosky Room 319B 674-6757 nevanosk@misericordia.edu

Richard "Woody" Haydt Room 323 674-6421 rhaydt@misericordia.edu

Diane Madras Room 328 674-6759 dmadras@misericordia.edu

Mike Moran Room 327 674-6425 mlmoran@misericordia.edu

Maureen Pascal Room 331 674-6258 mpascal@misericordia.edu

Steven Pheasant Room 329 674-6765 spheasan@misericordia.edu

Amy Tremback-Ball Room 320 674-6328 atball@misericordia.edu

PT Lab AN 203 674-6731

PT Lab AN 204 674-6733

Research Lab AN 122 674-6230

Gross Anatomy Lab SCI 116 674-6729

PHYSICAL THERAPY DEPARTMENT AWARDS

The **Outstanding Physical Therapy Student Award** is given to a graduating student who demonstrates exemplary potential for success in the profession. The award is based on the following criteria:

- a. Academic achievement - GPA of 3.7 and above.
- b. Clinical performance - a grade of 4 on 80% of the objectives on the Clinical Performance Instrument for Clinical Education III, with no grades below 3.
- c. Leadership skills.
- d. Service to the University, community, and profession.

The Physical Therapy faculty selects the student who is to receive this award.

The **Physical Therapy Student Achievement Award** is given to a graduating student who has demonstrated outstanding abilities to successfully complete the physical therapy curriculum in the face of unique life experiences. The graduating physical therapy students select the student who they believe fits this description.

The **Catherine Perry Wilkinson Leadership Award** is given to a graduating student who demonstrates exemplary potential for leadership in the profession. The award is based on the following criteria:

- a. Service to the University, community, and profession.
- b. Membership in the Physical Therapy Club and the American Physical Therapy Association.
- c. Leadership skills.

The Physical Therapy faculty selects a student from a list of student selected by their classmates.

CLINICAL EDUCATION

Clinical Education is an integral component of the professional education programs in Physical Therapy. It is incorporated into the curriculum with the same care as the didactic program. Clinical Education courses are subject to the curriculum and academic policies and procedures outlined above. Further, both the program and the university take seriously their responsibilities in the areas of clinical faculty development and evaluation.

1. The faculty person(s) designated as Director of Clinical Education has primary responsibility for coordinating, monitoring, organizing, implementing and evaluating the clinical education program. That person(s), with the assistance of the staff clinical coordinator and other clinical education faculty is responsible for arranging, contracting with, communicating with, developing and evaluating the clinical education sites and serving as the liaison between academic and clinical faculty.
2. All Physical Therapy faculty are involved in clinical education and promote integration among the clinical and academic courses.
3. All policies and procedures related to the clinical education program, including all data collection and reporting forms are included in the *Physical Therapy Student Handbook and Clinical Education Manual* which is provided to all students when they enter the professional phase of the Physical Therapy program. These items can also be accessed through the group page on e-MU.

Requirements for Advancement to Clinical Education Experiences

Students must successfully complete all professional courses preceding the clinical education experience to participate in the scheduled experience. Failure to meet the academic requirements may result in delaying advancement within the professional program. Such cases will be dealt with on an individual basis.

Prior to the first clinical education experience, each student must complete CPR certification, be enrolled in the professional liability insurance program and meet health requirements. These are detailed later in this document.

Clinical Education Course Objectives

PT 518 CLINICAL EDUCATION I PT 619 CLINICAL EDUCATION II PT 621 CLINICAL EDUCATION III

To successfully complete any of the Clinical Education experiences the student must achieve a proficiency or minimal competency level as defined by the Clinical Performance Instrument and the Clinical Instructor(s) evaluation. This means the student must meet all objectives outlined by the end of each clinical experience. The final determination of grades for a clinical's Pass/Fail is made by the Director of Clinical Education (DCE) with input from faculty members based on recommendations of the Clinical Instructors. Clinical Instructor(s) should provide detailed written examples of why objectives were not met for all objectives marked not met. It is expected that the student will show progression towards meeting entry-level competency with each Clinical Education experience.

OBJECTIVES:

Objective 1. Identify specific movement dysfunction problems to which physical therapy treatment should be addressed by: a) recognizing clusters of signs, symptoms, and predisposing factors which enable categorization of problems; and b) establishing a physical therapy diagnosis by obtaining the information necessary to categorize the problems from the interview, the medical record, and physical therapist's examination of the client, including measurement of variables which can be affected by physical therapy intervention.

Enabling Objectives: (*PC = Performance Criterion on the Clinical Performance Instrument*)

- a. Communicate in ways that are congruent with situational needs (PC 4).
- b. Screen patients using procedures to determine the effectiveness of and need for physical therapy services (PC 8).
- c. Perform a physical therapy patient examination (PC 9).
- d. Evaluate clinical findings to determine physical therapy diagnoses and outcomes of care (PC 11).

Objective 2. Identify relevant moderating variables that may either contribute to determination of the physical therapy diagnosis, aid in selection of the most appropriate intervention strategies, or have an effect on prognosis.

Enabling Objectives:

- a. Apply the principles of logic and the scientific method to the practice of physical therapy (PC 7).
- b. Screen patients using procedures to determine the effectiveness of and need for physical therapy services (PC 8).
- c. Design a physical Therapy plan of care that integrates goals, treatment, outcomes, and discharge plans (PC 12).
- d. Address patient needs for services other than physical therapy as needed (PC 8).

- e. Address primary and secondary prevention, wellness, and health promotion needs of individuals, groups, and communities (PC 13).

Objective 3. Decide whether physical therapy treatment is appropriate for a client as being within the scope of practice of physical therapy and the expertise of the therapist.

Enabling Objectives:

- a. Adapt the principles of logic and the scientific method to the practice of physical therapy (PC 7).
- b. Screen patients using procedures to determine the effectiveness of and need for physical therapy services (PC 8).
- c. Evaluate clinical findings to determine physical therapy diagnoses and outcomes of care (PC 11).
- d. Address patient needs for services other than physical therapy as needed (PC 8).

Objective 4. Refer clients to another practitioner if physical therapy intervention is not appropriate and/or, if there are related or unrelated problems for which other health care intervention may be indicated.

Enabling Objective:

- a. Address patient needs for services other than physical therapy as needed (PC 15).

Objective 5. Establish, as functional outcomes, the short and long term goals for physical therapy in consultation with given clients and their significant others.

Enabling Objectives:

- b. Produce documentation to support the delivery of physical therapy services (PC 15).
- c. Apply the principles of logic and the scientific method to the practice of physical therapy (PC 7).
- d. Evaluate clinical findings to determine physical therapy diagnoses and outcomes of care (PC 11).
- e. Design a physical therapy plan of care that integrates goals, treatment, outcomes, and discharge plans (PC 12).

Objective 6. Select and design appropriate physical therapy intervention given constraints of moderating variables and limitations of knowledge.

Enabling Objectives:

- a. Adhere to legal practice standards (PC 3).
- b. Adapt delivery of physical therapy care to reflect respect for and sensitivity to individual differences (PC 5).
- c. Apply the principles of logic and the scientific method to the practice of physical therapy (PC 7).
- d. Design a physical therapy plan of care that integrates goals, treatment, outcomes, and

- discharge plans (PC 12).
- e. Incorporate an understanding of economic factors in the delivery of physical therapy Services (PC 17).

Objective 7. Implement and manage physical therapy intervention in cooperation with the clients, significant others, and other health professionals, and in consideration of the moderating variables and contemporary health care and professional issues and constraints.

Enabling Objectives:

- a. Practice in a safe manner that minimizes risk to patient, self, and others (PC 1).
- b. Present self in a professional manner (PC 2).
- c. Demonstrate professional behavior during interactions with others (PC 2).
- d. Adhere to ethical practice standards (PC 3).
- e. Adhere to legal practice standards (PC 3).
- f. Communicate in ways that are congruent with situational needs (PC 4).
- g. Adapt delivery of physical therapy care to reflect respect for and sensitivity to individual differences (PC 5).
- h. Perform physical therapy interventions in a competent manner (PC 13).
- i. Participate in activities addressing quality of service delivery (PC 16).
- j. Address patient needs for services other than physical therapy as needed (PC 8).
- k. Incorporates understanding of economic factors in the delivery of physical therapy services (PC 17).
- l. Uses support personnel according to legal standards and ethical guidelines (PC 18).

Objective 8. Monitor and evaluate responses to intervention, including physiological status, and modify or terminate treatments as appropriate.

Enabling Objectives:

- a. Practice in a safe manner that minimizes risk to patient, self, and others (PC 1).
- b. Produce documentation to support the delivery of physical therapy services (PC 15).
- c. Adapt delivery of physical therapy care to reflect respect for and sensitivity to individual differences (PC 5).
- d. Apply the principles of logic and the scientific method to the practice of physical therapy (PC 7).
- e. Evaluate clinical findings to determine physical therapy diagnoses and outcomes of care (PC 10).
- f. Design a physical therapy plan of care that integrates goals, treatment, outcomes, and discharge plans (PC 12).
- g. Participate in activities addressing quality of service delivery (PC 16).

Objective 9. Document and communicate with others in an appropriate and timely manner, regarding decisions made and actions taken.

Enabling Objectives:

- a. Present self in a professional manner (PC 2).
- b. Demonstrate professional behavior during interactions with others (PC 2).
- c. Communicate in ways that are congruent with situational needs (PC 4).

- d. Produce documentation to support the delivery of physical therapy services (PC 15).
- e. Address patient needs for services other than physical therapy as needed (PC 8).
- f. Manage (e.g.,time, space, and equipment) to achieve goals of the practice setting (PC 17).

Objective 10. Provide optimal care in a compassionate manner within the context of client wishes and both personal and societal constraints.

Enabling Objectives:

- a. Present self in a professional manner (PC 2).
- b. Demonstrate professional behavior during interactions with others (PC 2).
- c. Adhere to ethical practice standards (PC 3).
- d. Adhere to legal practice standards (PC 3).
- e. Communicate in ways that are congruent with situational needs (PC 4).
- f. Adapt delivery of physical therapy care to reflect respect for and sensitivity to individual differences (PC 5).

Objective 11. Apply concepts from teaching and learning theories in designing, implementing, and evaluating learning experiences used in the education of clients, significant others, students, colleagues, community, and self.

Enabling Objectives:

- a. Apply the principles of logic and the scientific method to the practice of physical therapy (PC 7).
- b. Educate other s (patients, family, caregivers, staff, students, other health care providers) using relevant and effective teaching methods (PC 14).
- c. Implement a self-directed plan for professional development and lifelong learning (PC 6).
- d. Address primary and secondary prevention, wellness, and health promotion needs of individuals, groups, and communities (PC 14).

Objective 12. Apply concepts and principles of management in the provision of cost-effective physical therapy services to individuals, organizations and communities in recognition of the influence of social, economic, legislative, ethical and demographic factors on the delivery of health care.

Enabling Objectives:

- a. Adhere to ethical practice standards (PC 3).
- b. Adhere to legal practice standards (PC 3).
- c. Participate in activities addressing quality of service delivery (PC 16).
- d. Manage resources (e.g.,time, space, and equipment) to achieve goals of the practice setting (PC 17).
- e. Incorporate an understanding of economic factors in the delivery of physical therapy services (PC 17).
- f. Use support personnel according to legal standards and ethical guidelines (PC 18).
- g. Demonstrate that a physical therapist has professional/social responsibilities beyond those defined by work expectations and job description (PC 3).

Objective 13. Function with a spirit of critical inquiry by: a) applying basic principles of the scientific method to read and interpret professional literature; b) systematically collecting, analyzing, and documenting clinical data; c) participating in activities to validate clinical theory and practice; and, d) critically analyzing new concepts and findings.

Enabling Objectives:

- a. Apply the principles of logic and the scientific method to the practice of physical therapy (PC 7).
- b. Implement a self-directed plan for professional development and lifelong learning (PC 6).

Objective 14. Communicate and collaborate as professional health care providers with other health professionals, health and social service agencies and the community in the areas of: a) health promotion; b) prevention of disease, illness and disability; c) health maintenance; and, d) treatment of movement dysfunctions.

Enabling Objectives:

- a. Communicate in ways that are congruent with situational needs (PC 4).
- b. Educate others (patients, family, caregivers, staff, students, other health care providers) using relevant and effective teaching methods (PC 14).
- c. Provide consultation to individuals, businesses, schools, government agencies, or other organizations (PC 14).
- d. Demonstrate that a physical therapist has professional/social responsibilities beyond those defined by work expectations and job description (PC 3).
- e. Address primary and secondary prevention, wellness, and health promotion needs of individuals, groups, and communities (PC 14).

Clinical Education Evaluation

Formal evaluation and discussion must occur at the midterm and end of the clinical education experiences. However, continuous evaluation and discussion are strongly encouraged. It is expected that the Center Coordinator of Clinical Education (CCCE) or Clinical Instructor (CI) will inform the student and contact the Director of Clinical Education if the student is having difficulties that may jeopardize the student's ability to meet expected MLC. This early communication may allow the necessary time to develop and implement appropriate plans to address these difficulties.

Evaluation is based on the forms listed below. Submission of all of these forms is required before a student is evaluated:

1. The CI's evaluation of the student utilizing the PT CPI Web*
2. Completion of the Clinical Education Journals
3. Completion of the student's self assessments (midterm and final) utilizing the student's copy of the PT CPI Web*
4. Completion of the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction

*These will be completed and submitted in an online format accessed through the following website: <http://ptcpiweb.org/login>.

Clinical Education courses are graded on a pass/fail basis as being either satisfactory (S) or unsatisfactory (U). The determination of grades is made by the Director of Clinical Education with input from faculty members based on recommendations of the clinical instructors. To receive a passing grade, in addition to submitting all forms listed under the course evaluation, the student must achieve minimal level of competence (MLC) on each of the 18 performance criteria of the CI's CPI by the final evaluation.

If a student fails to demonstrate a minimum level of competence in a clinical education course and the failure is a result of lack of competence in specific, identifiable areas, the student **may** be offered the opportunity to establish a learning contract **at the discretion of the Director of Clinical Education**. The learning contract will identify the specific objectives to be achieved and timelines for demonstrating a minimum level of competence. An "IP" (in progress) will be used to designate an incomplete grade pending contract completion.

Failure to Successfully Complete the Clinical Education Experience

PT 518 Clinical Education I

Clinical Education I is graded on a pass/fail basis as being either satisfactory (S) or unsatisfactory (U). The determination of grades is made by the Director of Clinical Education with input from faculty members based on recommendations of the clinical instructors.

If the student receives a grade of “U” for Clinical Education I, at the discretion of the DCE and academic faculty, the student may receive a grade of IP (in progress) and be given a make-up opportunity.

- This opportunity will occur either during or following the spring semester.
- The length of the make-up opportunity for PT 518 Clinical Education I will be determined by the DCE and clinical faculty and will not exceed 6 weeks.
- A learning contract will be used to specify the conditions of the make-up opportunity.
- If the student is granted a make-up opportunity, the student will be allowed to continue with the spring semester coursework.

If a make-up opportunity is not granted, the student will receive a failing grade of U (unsatisfactory) for PT 518 Clinical Education I and will be dismissed from the professional program.

The student must receive a grade of “S” during the make-up opportunity for PT 518 Clinical Education I before the student is allowed to continue with PT 619 Clinical Education II.

- If the student fails the make-up opportunity for PT 518 Clinical Education I, the student will receive a failing grade of “U” and will be dismissed from the professional program.
- If the student successfully completes the make-up opportunity for PT 518 Clinical Education I, the IP will be changed to an “S”. The student will continue with the scheduled academic and clinical course work.

The student will not be eligible for graduation until all requirements have been met and all academic course work and clinical education experiences have been completed satisfactorily.

PT 619 Clinical Education II

Clinical Education II is graded on a pass/fail basis as being either satisfactory (S) or unsatisfactory (U). The determination of grades is made by the Director of Clinical Education with input from faculty members based on recommendations of the clinical instructors.

If the student receives a grade of U in PT 619 Clinical Education II, at the discretion of the DCE and academic faculty, the student may receive a grade of IP (in progress) and be provided with a make-up opportunity. This will only be possible if the student successfully completed PT 518 Clinical Education I without using a make-up opportunity.

- If a make-up opportunity was used for PT 518 Clinical Education I, the student will not be provided with a make-up opportunity for PT 519 Clinical Education II. The student will receive a failing grade of U (unsatisfactory) for PT 519 Clinical Education II and be dismissed from the professional program.

If a make-up opportunity is not granted, the student will receive a failing grade of U (unsatisfactory) for PT 619 Clinical Education II and will be dismissed from the professional program.

If a make-up opportunity is granted for PT 619 Clinical Education II:

- It will occur during the time that the student was scheduled to complete PT 621 Clinical Education III.
- The student will be issued a grade of IP for PT 619 Clinical Education II.
- The length of the make-up opportunity for PT 619 Clinical Education II will be determined by the DCE and clinical faculty and will not exceed 10 weeks.
- A learning contract will be used to specify the conditions of the make-up opportunity.
- If the student successfully meets the criteria as outlined in the learning contract for PT 619 Clinical Education II during the make-up opportunity, the IP will be changed to an S. Clinical Education III will then be rescheduled following the spring semester, provided the student meets the academic requirements for all other course work.
- If the student fails to meet the criteria as outlined in the learning contract in the make-up opportunity for PT 619 Clinical Education II, the student will be issued a failing grade of U for that course and will be dismissed from the professional program.

The student will not be eligible for graduation until all graduation requirements have been met and all academic course work and clinical education experiences have been completed satisfactorily.

PT 621 Clinical Education III

Clinical Education III is graded on a pass/fail basis as being either satisfactory (S) or unsatisfactory (U). The determination of grades is made by the Director of Clinical Education with input from faculty members based on recommendations of the clinical instructors.

If the student receives a grade of U in PT 621 Clinical Education III, at the discretion of the DCE and academic faculty, the student may receive a grade of IP (in progress) and be given a make-up opportunity. This will only be possible if the student successfully completed PT 518 Clinical Education I and PT 619 Clinical Education II without using a make-up opportunity.

- If a make-up opportunity was used for either PT 518 Clinical Education I or PT 619 Clinical Education II, the student will not be granted a make-up opportunity for PT 621 Clinical Education III. The student will receive a failing grade of U (unsatisfactory) for PT 621 Clinical Education III and will be dismissed from the professional program.

If a make-up opportunity is not granted, the student will receive a failing grade of U (unsatisfactory) for PT 621 Clinical Education III and will be dismissed from the professional program.

If a make-up opportunity is granted for PT 621 Clinical Education III:

- It will be scheduled following the spring semester, provided the student has met the academic requirements for all other course work.
- The length of the make-up opportunity for PT 621 Clinical Education III will be

- determined by the DCE and clinical faculty and will not exceed 10 weeks.
- A learning contract will be used to specify the conditions of the make-up opportunity.
 - If the student fails to meet the criteria as outlined in the learning contract for the make-up opportunity for PT 621 Clinical Education III, the student will be issued a failing grade of U for that course and will be dismissed from the professional program.
 - If the student successfully meets the criteria as outlined in the learning contract for the PT 621 Clinical Education III make-up opportunity, the IP will be changed to an S. The student will then be eligible for graduation provided the student has met all academic requirements and completed all course work.

The student will not be eligible for graduation until all requirements have been met and all academic course work and clinical education experiences have been completed satisfactorily.

Appropriate professional and ethical behavior and safety are expected of all students. Problems deemed sufficiently difficult by the Director of Clinical Education and/or CCCE may result in appropriate professional counseling. Any problems in these areas may result in failing any clinical education experience and/or dismissal from the program. See “Professional Behavior” in the Clinical Education Policies and Procedures in this handbook.

CLINICAL EDUCATION POLICIES AND PROCEDURES

Absence, Tardiness, Illness During Clinical Affiliations

Attendance is required during the specified operational hours of the facility for all clinical education experiences. This may include weekends and evenings. The specific hours the student will be in the clinic will be specified by the Center Coordinator of Clinical Education (CCCE) and/or Clinical Instructor (CI). Sickness and emergencies are excused absences. The student is responsible for notifying the CCCE and/or CI of any absence prior to the beginning of the clinic hours. The CCCE, CI and/or the Director of Clinical Education (DCE) may require a physician's excuse if illness exceeds 3 days. Absences in excess of two working days, for any reason, must be made up by the student. Equivalent working time will be scheduled at the discretion of the CCCE and/or CI.

The student is expected to report to the clinical site regardless of weather if the physical therapy service is open. If no licensed physical therapist is available to provide supervision, the student is excused from the clinic. Under no circumstances should a student be involved in patient care without a licensed physical therapist on the premises. Time lost secondary to such does not have to be made up.

Athletic Participation

Students who participate in an intercollegiate sport which engages in regular season competition during Clinical Education I must inform the Director of Clinical Education by the deadline listed on the Special Consideration Form.

Clinical Incident Report (College of Health Sciences policy)

MISERICORDIA UNIVERSITY COLLEGE OF HEALTH SCIENCES

POLICY #4 CLINICAL INCIDENT REPORT

Purpose:

To provide guidelines for reporting incidents or unusual occurrences involving a Misericordia University Health Sciences student who is participating in a clinical education experience.

An incident is defined as any occurrence out of the normal operation of the institution. The incident may result in an injury or a situation that could cause an injury to a patient, staff or student.

Any situation when an incident report is filed at a clinical education site, a Misericordia University Clinical Incident report form must be filed.

Procedure:

1. See the clinical education site's documentation for specific policies regarding reporting of clinical incidents.

2. Only in the event of any student injury is the signature of the student (in the appropriate space) required in section V. of the “Clinical Incident Report”.
3. In the event of any student injury where treatment is not covered by the individual clinical education site, the student will incur the expense.
4. Forms for reporting clinical incidents may be obtained from the department’s clinical education coordinator by contacting (570) 674-6465.
5. This form must be completed by the student’s clinical employee/supervisor and signed by both the student and the clinical employee/supervisor.
6. The original report will be forwarded to the department chairperson. Copies will be distributed as follows: the gold copy to the student, the pink copy to the controller’s office, and the yellow copy in the student’s department file. Additionally, if a student sustained an injury, the Director of the Student Health Center will also receive a copy of the report.

Proposed 4/00, 8/00
Accepted: 11/00
Revised: 03/05
Reviewed: 5/06. 3/09



Misericordia

College of Health
Sciences

CLINICAL INCIDENT REPORT

Purpose: This form is used to report incidents or unusual occurrences involving a Misericordia University student who is engaged in a scheduled clinical activity. The report is to be completed by the student's clinical employee/supervisor and signed by both the student and the clinical employee/supervisor. The original report will be forwarded to the department chairperson. Copies will be distributed as follows: Gold- student; Pink- controller's office; Yellow-department student file.

PLEASE PRINT OR TYPE INFORMATION ON FORM AND ATTACHED SHEETS.

I. Student Name: _____
SS#: _____

Program/Level: (Circle one)

Medical Imaging: Sophomore Junior Senior
Nursing: BSN (Junior) BSN (Senior) RN to BSN RN to MSN Graduate
Occupational Therapy: Level I Int. I Int. II Int. III Level II
Physical Therapy: Clin Ed I Clin Ed II Clin Ed III
Speech-Language Path.: Clinic I Lab Clinic II Lab Clinic I Clinic II
Diagnostic Medical Sono: Clinic I Clinic II Clinic III Clinic IV Clinic V

Clinical Employee/Supervisor
Name: _____ Title: _____

Date of Report: _____ Date of Incident: _____ Time of Incident: _____
a.m. p.m.

Name of clinical agency where incident occurred:

II. What was the student doing when the incident occurred? (Be specific. If the student was using equipment or handling material, etc. please identify and tell what was being done.)

III. How did the incident occur? (Describe fully the events that resulted in the incident. Tell what happened, how it happened, whether an injury occurred as a result, and name any equipment, personnel, or other factors involved in the incident. Attach additional pages to this form if necessary.)

IV. If an injury resulted, explain who was injured and the nature and location of the injury. (Describe fully, including parts of the body affected.)

V. Was medical attention received? (Describe by whom, where and when.)

*Signature is required in the appropriate space below **only if** student sustained an injury.*

Treatment **received** (student's signature) _____

Treatment **refused** (student's signature) _____

VI. Who was notified of the incident? (Provide the names of each person in the order that they were notified of the incident. Be sure to include Misericordia University personnel. Include the dates when notified and by whom. If a student sustained an injury, the Director of the Student Health Center must be notified.)

VII. Provide a plan to keep other such incidents from occurring in the future. (This section is completed by the clinical employee/supervisor in consultation with the student. List mutually agreed upon strategies.)

III. Additional Comments: (Attach additional sheets as needed.)

Student Signature: _____ Date: _____

Clinical Employee/Supervisor Signature: _____ Date: _____

Approved: 05/04

Reviewed: 5/06

Communication with the Physical Therapy Department during Clinical Education

During a clinical education experience, a clinical education or other faculty member will maintain communication by telephone to include, at the least, a phone call near the midpoint of the clinical experience. Telephone calls will be used to discuss the student's performance and general issues of clinical education with the student, Clinical Instructor (CI), and Center Coordinator of Clinical Education (CCCE) when necessary. Information related to perceived academic strengths and weaknesses, academic preparedness, teaching and learning strategies, and educational goals will be gathered during telephone conversations.

Visits will be made when there are problems that cannot be resolved by telephone or at the request of the CI or CCCE. If problems or concerns arise during the clinical education experiences that the student would like to discuss with a faculty member, the student is encouraged to call or e-mail.

Costs Associated with Clinical Education

Students are responsible for all expenses incurred or associated with clinical education experiences. These include travel and transportation costs to and from the clinical education site, housing and meals on site, and any other expenses such as local travel, parking and uniforms. Some of the out of town sites provide housing information for students affiliating in that area. Occasionally, a clinical site will provide housing, meals, or a small stipend for such expenses. This information can be obtained from the Clinical Site Files located at <http://misericordia.campusdocs.com>.

CPR Certification

MISERICORDIA UNIVERSITY COLLEGE OF HEALTH SCIENCES

POLICY #3

CPR CERTIFICATION

Purpose:

1. To establish criteria for CPR certification.
2. To establish a procedure for submitting results.

Procedure:

1. Students are required to obtain certification in professional level/healthcare provider Adult (one and two person)/Infant/Child CPR at their own expense.
2. Certification must be kept current for the length of time the students are enrolled in any clinical education experience.
3. Prior to the first day of the clinical education experience, a copy of the official certification card must be submitted to the designated clinical education coordinator. The coordinator may be reached by contacting the Physical Therapy Department: (570) 674-6465.
4. It is the responsibility of the students to be aware of the expiration date. They must submit a copy of the current CPR card to the designated clinical education coordinator prior to the respective expiration date.
5. Failure to comply with these requirements will result in removal from the clinical education site. If students are removed from the clinical education site and do not obtain clearance within the timeline designated by department, students will be subject to disciplinary action by their department.
6. CPR certification courses are offered at MISERICORDIA UNIVERSITY. Students must seek permission from their advisor prior to registration for this course. The timeline is as follows:
 - a. Initial CPR certification:
Offered in August, November, March and April.
Maximum of eight students per instructor.
First come first serve basis.
 - b. Re-certification:
Offered in August, November, March and April
Maximum of eight students per instructor.
First come first serve basis.

Proposed 4/00
Accepted: 8/25/00
Revised: 03/05
Reviewed: 5/06, 3/09

Criminal Background Checks and Drug Screens

Sites may require students to have criminal background checks and/or drug screens prior to the clinical education experiences. For the background check, a student is responsible for completing the required documentation, (e.g., FBI request) and paying the fees in a timely manner. If the site does not offer the drug screen or does not offer it without a charge, the student may need to arrange the screen and pay the fees. These requirements can be obtained from the Clinical Site Files located at <http://misericordia.campusdocs.edu>.

MISERICORDIA UNIVERSITY COLLEGE OF HEALTH SCIENCES

POLICY #2

CRIMINAL RECORD CHECK AND CHILD ABUSE CLEARANCE APPLICATION PROCESS

Purpose:

To provide a process for Criminal Record Check and Child Abuse Clearance for those students engaging in clinical education experiences requiring such clearances.

Procedure:

1. Students may complete this process in one of two ways:
 - A. Obtain the form for Criminal Record Check from the department's clinical education coordinator. The coordinator may be reached by contacting the Department: (570) 674-6465.
 - B. Access the Pennsylvania State Police criminal record website on-line at: <https://epatch.state.pa.us/RecordCheckHome.jsp>
2. Students are responsible for submitting the necessary information for Criminal Record Check clearance eight weeks prior to the start of the clinical education experience.
3. Students are required to submit a copy of the results of the Criminal Record Check clearance when they apply for Child Abuse Clearance.
4. The fees for the Criminal Record Check and Child Abuse clearance applications are incurred by the student.
5. Annual requirements will be determined by individual departments.
6. Certain criminal violations (such as those that may prohibit a student from obtaining licensure) will block students from participating in clinical education experiences.
7. These clearances will be maintained in the students' file within the department. When required, the results will be shared with the clinical education sites.

*Individuals must review and adhere to specific departmental policies and/or requirements.

Proposed: 11/99, 4/00
Accepted: 8/25/00
Revised: 03/05, 11/05, 5/06, 3/09

Health Insurance

All students are required to possess current health insurance prior to the initiation of the clinical education experience. Evidence (in the form of a photocopy) of health insurance must be presented to the Director of Health Services when the Health Clearance Form is returned. Students who do not produce evidence of such will not be permitted to participate in clinical education.

HIPAA Confidentiality (Adapted from College of Health Sciences policy)

MISERICORDIA UNIVERSITY COLLEGE OF HEALTH SCIENCES

POLICY #6 HIPAA Confidentiality

Purpose:

To provide guidelines for providing HIPAA confidentiality education to all Misericordia University Health Sciences students who are at a clinical education site.

Procedure:

1. Prior to the commencement of student placement at the clinical education site, students will go to <http://discoveringhipaa.com/login> to login to the website to view the Discovering HIPAA training series.
2. Students will print out the Document of Completion at the end of their training.
3. Copies of the Document of Completion will be maintained in the students' department academic file and in the students' individual clinical file housed at the clinical education site.
4. See the clinical education site's documentation for specific policies regarding HIPAA education.

Proposed: 04/04
Approved: 09/01/04
Reviewed: 5/06, 3/09

Holidays

Students will abide by the holiday schedule established by the clinical site and not the University's academic calendar.

Injuries from Sharp Instruments and Blood Borne Pathogens Exposure

MISERICORDIA UNIVERSITY COLLEGE OF HEALTH SCIENCES

POLICY # 5

CLINICAL EDUCATION POLICY FOR INJURIES FROM SHARP INSTRUMENTS AND BLOOD BORNE PATHOGENS EXPOSURE

Purpose:

To develop a standard policy for the prevention and treatment of sharp instrument injury and blood borne pathogens exposure incurred during clinical education experiences. This policy is in compliance with the Misericordia University policy of Occupational Safety and Health Administration (OSHA) Blood Borne Pathogens Exposure Control Plan.

Procedure:

1. Standard precautions and Transmission Based Precautions will be observed during any tasks that involve exposure to blood, body fluids, or tissues.
2. During clinical/fieldwork education experiences, clinical education site policies and procedures will apply regarding the care and use of needles and other exposure to blood borne pathogens. During academic education experiences, the Misericordia University policies and procedures will apply.
3. After use, disposable syringes, needles and other sharp instruments will be placed in the appropriate puncture resistant sharps container.
4. The student is responsible for reviewing the clinical education site's documentation for specific policies regarding reporting of clinical incidents.
5. In the event a student is injured with a sharp instrument or otherwise exposed to blood borne pathogens during the clinical education experience, the clinical education coordinator and/or the department secretary must be notified immediately. They, in turn, will notify the Student Health Service: (570) 674-6276.
6. As outlined in the Division of Health Sciences Policy #4 Clinical Incident Report, a Clinical Incident Report form must be completed and returned within 10 working days from the date of the incident. Forms for reporting clinical incidents may be obtained from the department's clinical education coordinator: (570) 674-6465.
7. For specific policies and procedures regarding academic courses on campus, refer to the individual department policy.

Proposed: 9/24/01
Accepted: 9/24/01
Revised: 1/03
Reviewed: 5/06, 3/09

Liability Insurance

Students are required to have Student Professional Liability Insurance in order to participate in clinical laboratory and clinical education experiences. Liability insurance for all College of Health Sciences students is arranged by Misericordia University through Eastern Insurance Group. The cost of the insurance will be added to the student bill annually as a special fee.

Name Tags

Students are required to wear name tags at all clinical education sites, unless the site's Center Coordinator of Clinical Education or Clinical Instructor instructs the student otherwise.

Organizational Structure

The student is obligated to abide by the policies and procedures set forth by the clinical education site. If no policy exists at a clinical site, the policies and procedures set forth by the Physical Therapy Program of Misericordia University should be followed. Conflicts regarding policies and procedures will be resolved through the Director of Clinical Education.

Some facilities may have additional requirements for students planning to affiliate with them. Criminal Background Checks (Act 34) and/or Child Abuse Clearances (Act 151) may be required. Students must complete those requirements or assignments set forth by the clinic, as well as those of the academic program and University. All financial responsibility for completing such requirements is the responsibility of the student.

Patient Right to Refuse

Patients have the right to refuse to participate in physical therapy services provided by students without the risk of repercussions. Students should treat all individuals with respect, concern, consideration, and empathy, regardless of their needs and values.

Potential Health Risks

Students should be aware that there are inherent risks associated with participation in clinical education experiences as a physical therapy student. Whenever possible, students will be informed of potential risks prior to participating in specific activities.

During clinical education experiences, it is the student's responsibility to review the clinical education site's policies and procedures for dealing with potential health risks. Potential health risks can include but are not limited to:

- Exposure to infectious diseases
- Exposure to hazardous materials
- Risk of musculoskeletal injury

Priority of Clinical Education

The Clinical Education courses (PT 518, PT 619, and PT 621) are an integral component of the physical therapy curriculum. Students are expected to prioritize the clinical education experiences and to complete full-time 40 hour per week clinical education experiences. Since clinical hours vary among sites and may include weekend and evening hours, students should not plan to take concurrent academic coursework during the semesters in which the Clinical Education courses are regularly scheduled (first six weeks of spring semester of the second professional year, or late summer and fall of the third professional year).

Professional Attire

Individual clinical facilities establish guidelines for appropriate attire in their setting. Such guidelines may deal with clothing, shoes, jewelry and hair. Students are expected to adhere to the guidelines of the clinic. If the clinic's expectations for dress are not included within the Clinical Site File, it is the responsibility of the student to contact the assigned site regarding dress requirements. Whether or not the clinical facility has a dress code, the student is responsible for adhering to the following Philosophy of Professional Attire.

Philosophy of Professional Attire

The Physical Therapy program at Misericordia University has developed a trusted and valued position in the health care community. That position is based upon the quality of care provided by our faculty, our students, and our graduates. Patients, families, colleagues and visitors all form opinions regarding the level of that care and to a large degree, those opinions are based upon the impression we make.

Each one of us is a representative of the Physical Therapy Program, Misericordia University, and the profession of physical therapy. This is true whether we are participating in a staff meeting or family conference, providing patient care in the treatment area or clinic, or simply walking on clinical facility grounds. We all have a responsibility to demonstrate, through our attire as well as our actions, that we are caring, skilled professionals. It is imperative that through our

appearance we convey that we are reliable, competent, and serious about our work.

It is well documented that the impression others have of us is made within the first few minutes of contact. Our attire, cleanliness and the state of repair of our clothing and general appearance of professionalism contribute significantly to the success or failure of that critical first impression. Whether we personally agree or disagree with the significance of these factors, they do contribute to those vital first impressions in our encounters with others. The following guidelines are offered to assist meeting the Physical Therapy Program's expectations of professional attire and appearance.

Attire should be appropriate for the setting as well as the activity in which a staff member is involved. It is understood that much of the patient care that we provide has the potential for soiled clothing. Attire which may be suitable in the treatment area, however, may not be appropriate in a family conference, clinic, or in-service program or on rounds. In those situations, a white lab coat or jacket may be worn to present a more professional image.

In general, clothing should:

- allow freedom of movement
- not require the attention of the wearer to maintain propriety
- maintain modesty
- not impede safety

It is also important that patients, families, visitors and colleagues be able to identify students easily as Physical Therapist students. For this reason, you are required to purchase an identifying name tag which you should wear during clinical education experiences. The cost for one name tag is included in the student's tuition and fees. Replacement of this name tag is at the student's expense.

The clinical setting is a professional place of business. T-shirts, denim jeans, shorts and bare legs are not appropriate for work. Clinics may have special identifying clothing which may be worn as designated by the clinic.

The cleanliness and state or repair of our clothing, hair, and bodies give others an immediate impression concerning our personal habits. Inattention to detail on a personal level may reflect inattention in providing patient care.

We hope that these guidelines are helpful in your selection of attire and in a personal appearance which presents a professional image.

Adapted from the Rancho Los Amigos
Physical Therapy Department Code of April 16, 1991
and the Pacific University Physical Therapy Student
Handbook, Spring, 1995.

Professional Behavior during Clinical Education

Professional and ethical behaviors are expected of all students during clinical education. Please remember that you represent the University and the profession. A Center Coordinator of Clinical Education (CCCE) may dismiss a student, without warning, for behavior regarded as dangerous or disruptive. In such cases, the CCCE will immediately notify the Director of Clinical Education (DCE) by telephone at (570) 674-6467. Following dismissal for such behavior, approval of the DCE and CCCE will be required for the student to return to the clinical experience. In the event that an unacceptable behavioral problem cannot be resolved, the student may be dismissed from the Physical Therapy Program by formal action of the physical therapy faculty.

Selection of Sites for Clinical Education Experiences

Student preference for clinical education sites will be considered in the assignments for clinical education experiences. However, the Director of Clinical Education and physical therapy faculty will make the final decision for student placement. Priority will be based on the academic needs of the students and availability of the clinical site. Financial and personal needs will be considered for all student placements; however, assurances cannot be made that these needs will be met.

Students will randomly draw a number for each clinical education experience. These numbers will determine the order in which students will select sites. The assignment of clinical education sites will occur during two or three meetings at pre-announced times with all students and a member of the clinical education team. The site selection for Clinical Education Experience I will occur during the first summer session following the first professional year. The site selection for both Clinical Education Experiences II and III will occur during the fall semester of the second professional year. If a student is not present at a meeting and has not been excused by the Director of Clinical Education, the student's name will automatically go to the end of the list.

The list of clinical education sites with which the Physical Therapy Department has contracts is available from the clinical education team. A file of information on all current affiliating clinical education sites will be maintained by the Physical Therapy Department. Students should be aware that having an established contract with a clinical education site does not guarantee a student placement being offered during the time of clinical placements.

Prior to the meetings for site selection a list of clinical education sites offering student placements for the upcoming year will be posted on e-MU's PT Class Group Page in Adobe .pdf format. The student is responsible for reviewing the clinical education site files on the posted list and making preliminary decisions for site preferences.

Clinical education sites are generally within a 300-mile radius. Students should expect to be placed at sites throughout this area. Regardless of the location of the clinical education site the student is responsible for traveling and living expenses.

Given the changeable nature of the clinical education faculty and sites, as well as the health care delivery system, the Physical Therapy Department cannot assure that the clinical site placements will be definite in all situations. It may be necessary for a student to select an alternate site as late as a few days prior to the start of the clinical education experience.

The Director of Clinical Education and physical therapy faculty reserve the right to make the final decision regarding clinical placement of all students.

Site Development Requests

Students may be interested in establishing clinical education experiences at facilities with which we currently are not affiliated. We currently have a sufficient number of contracts with outpatient orthopedic facilities, and therefore few new outpatient orthopedic experiences will be established. If a student requests that we develop a contract with a facility and it is developed, the student must participate in a clinical education experience at that facility.

Each student can submit a maximum of three (3) sites for potential site development. Prior to submitting the request, the student should review the list of currently contracted sites on CampusDocs (<http://misericordia.campusdocs.com>) and on the posted lists of currently available sites. Facilities may change names, so students should check the files to see if addresses match. A site in the database that is not currently offering a clinical education placement is not considered a new site.

Requests must be submitted using the “Request for New Site Development Form” located on the group page in the Clinical Education files section. The form must be submitted to the Director of Clinical Education by the deadline listed on the form. Requests will not be accepted after the posted deadline. Each request will be evaluated on an individual basis.

Student Health Clearance Process

MISERICORDIA UNIVERSITY COLLEGE OF HEALTH SCIENCES

POLICY #8: STUDENT HEALTH CLEARANCE PROCESS

Purpose:

To provide a consistent, timely, accurate method for processing student health clearance documentation.

- A. All students will be advised of the essential functions required of their Health Sciences majors prior to formally entering the programs.
- B. Medical clearances related to the essential functions will be required of all students prior to their entering the laboratory or clinical education setting, and following any subsequent change in health or functional status.

- C. By reviewing the list of essential functions, it is expected that students will be able to indicate their likeliness of successful compliance, document any limitations related to essential functions, and request specific accommodations relevant to the listed tasks, as necessary. Ideally, potential accommodations will be considered prior to entrance into the major program. Minimally, the medical clearances required prior to participation in the laboratory or clinical setting must define any limitations and the accommodations needed to comply with the essential functions.
- D. Reasonable accommodations will be provided to support students with documented disabilities. An accommodation cannot pose a threat to the patient, staff, student, or interfere with the program's essential functions, if it is to be considered reasonable.
- E. In compliance with a policy respecting student's rights to privacy, confidential information will be released on a need-to know basis. In the clinical setting, information about a student's accommodations which relate to the clinical performance standards will need to be shared with clinical educators and those involved with accommodation delivery and facilitation. The student may or may not choose to disclose the underlying condition or specific details of their disability. Accommodations that relate solely to classroom experience need not be revealed to clinic personnel. The student must sign a written release (provided by the LRC) defining the information that will be shared in the clinical setting. Accommodations provided in the clinic are specific to the site and the clinical experience and may not be the same as the classroom.
- F. Clinical site assignment/selection may include a consideration of the site's ability for flexibility, ability to work with disabled students, and facility and logistical characteristics. The clinical site will make the determination as to whether or not it can provide the reasonable accommodations.
- G. This process is intended to ensure equal access to professional programs. However, it is not an assurance of student success.

Procedures:

1. Departments distribute health clearance forms (HCF) and essential functions document (EFD) to students in accordance with each department time line.
2. Students return completed form to the designated person in each department.
3. Designated department clinical person reviews final paragraph of HCF to determine if the Health Care Provider has indicated that the student is able to fulfill the essential functions of the profession, with or without accommodations.
4. Departments may also choose to utilize the HCF cover page checklist. HCF, with attached cover page check list, is then forwarded to the Student Health Center for final review, clearance, and record storage.

5. If a student requests accommodations, the student must do so by applying for the ALP program or by completing the Disability Declaration form provide by Admissions. Once it is determined those accommodations are appropriate then a plan of accommodation (POA) will be developed collaboratively by the ALP Specialist and designated health science representative. A copy of the POA is attached, by the program, to the HCF and forwarded to the Student Health Center for final review and record storage. If special equipment is required, the cost will be paid by the student.
6. The designated health science representative has a preliminary discussion with a potential placement site to discuss (without identifying the student) the specific accommodations required. The program's licensed professional and student meet with clinical site to review the POA.
7. All Students are cleared only when the Student Health Center returns the HCF verification of clearance form to the department.

Student Health Examination

The College of Health Sciences and the Director of Health Services of Misericordia University have established requirements for health screening and immunization for those students engaging in clinical education experiences. Students must fulfill these requirements prior to initiating a clinical experience. Some clinical sites may require additional information, immunizations or testing. The student must comply with such requests in order to complete a clinical education experience at that site.

The Physical Therapy Department does not maintain student health records. Such information is collected and maintained by the Student Health Service. The Director of Health Services notifies the Director of Clinical Education that a student meets the necessary health/fitness requirements as documented by the student's health care provider. A student will not be permitted to begin any clinical education experience until the Health Form has been completed. Some clinical sites may require that a copy of this form be mailed to them prior to the clinical experience. The student is responsible for mailing the form to the clinic.

**MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES**

POLICY #1

STUDENT HEALTH EXAMINATION

Purpose:

1. The College of Health Sciences and the Director of Health Services of Misericordia University have established requirements for health clearances for those students engaging in clinical education experiences.
2. The health screening requirements will be placed on file in the Student Health Service Office of Misericordia University both prior to the beginning of clinical education experience and yearly thereafter.

Procedure:

1. Required forms may be secured from the clinical coordinator in late September or early October.
2. Students are encouraged to schedule an appointment with their health care provider over Thanksgiving break.
3. The Director of Health Services is provided a master list of student names, by each department, requiring health clearance.
4. The first page of the Health Clearance Form contains a checklist. The student must use this list to insure that all required items are included in the packet, prior to submission to the appropriate person as designated by department policy. Some clinical sites may require additional information, immunizations or testing. Students will be notified, in advance, of any prerequisites. The students must comply with such requests in order to initiate a clinical education experience at that site.
5. Students are required to obtain clinical clearance as determined by the established protocol of their department. Students are responsible for adhering to the following dates.

Physical Therapy

Clin Ed. I:

last full week of November

Clin Ed. II and III:

last 2 weeks April

6. The Health Clearance Form contains all mandatory tests that must be completed by the student's health care provider. The completed Health Form and copies of the final lab results must be submitted to the Director of Health Services prior to entrance to the clinical education site.
Appendices a, b:
 - a. First Health Clearance Form Tests
 - b. Second Health Clearance Form Tests
7. It is the responsibility of the student to maintain Health clearance and submit forms to the appropriate person designated by department policy. *No blood work older than three (3) months will be accepted.* Health clearance **expires exactly one year from the initial PPD** (with the exception of the part-time accelerated nursing senior student health clearance that will expire at the end of August). Additionally, students must comply with specific agency requirements.
8. Upon submission of the entire packet, the Director of Student Health Services completes Section V. of the Health Clearance Form.
 - a. The top section of this form is returned to the department, indicating that the student **has obtained** health clearance and is filed in the students' permanent file.
 - b. The bottom section of this form is returned to the individual department indicating incomplete information and forwarded to the student indicating that the student **has not obtained** health clearance. It is the students' responsibility to complete those items indicated on the bottom section of the form and submit them to the Director of Health Services, prior to entering the clinical experience.
9. Health Clearance will be delayed if all requirements for health clearance are not completed as required. Therefore, clinical experience start will be delayed.
10. Students who fail to submit their Health Clearance Form as designated by department policy (or

any other established criteria for clinical education) will not receive health clearance from the Director of Health Services and will not be placed in a clinical site until this (these) requirement(s) is(are) fulfilled.

11. Some clinical sites may require a copy of the Health Clearance Form. Please review Section III of the Student health form, "Medical Records Release". Contact the department clinical coordinator for specific departmental clinical site policies.

Proposed: 03/99
Accepted: 11/99
Revised: 03/05
Reviewed: 3/09

Appendix A

First Health Clearance Tests:

- a. The following completed items must be submitted to the appropriate person as designated by department policy prior to entrance to the first clinical environment rotation.

Physical Therapy

Clin Ed. I: last full week of November

1. SECTION I. OF HEALTH CLEARANCE FORM
 - a. COMPLETED DEMOGRAPHIC/EMERGENCY INFORMATION
 - b. PHOTOCOPY OF HEALTH INSURANCE CARD
2. SECTION II. OF HEALTH CLEARANCE FORM:
 - a. ALLERGIES OR MEDICATIONS CURRENTLY TAKEN
 - b. ATTACHED COPY OF RUBELLA TITER
 - d. TUBERCULIN SKIN TEST: PPD via MANTOUX (fully documented)
chest x-ray report (if PPD via MANTOUX positive only)
 - e. IMMUNIZATION REPORT:
 - Tetanus Toxoid Booster (Booster within 10 years)
 - MMR2
 - Poliomyelitis
 - Hepatitis B (fully documented)
 - f. HEALTH CARE PROVIDERS DECISION ON PERFORMANCE OF ESSENTIAL FUNCTIONS

- 3. SECTION III. OF HEALTH CLEARANCE FORM:**
 - a. SIGNED STUDENT STATEMENT OF RESPONSIBILITY**
 - b. SIGNED MEDICAL RECORDS RELEASE FORM**

Second Health Clearance Tests (one year from the most recent PPD date):

- a. The following completed items must be submitted to the appropriate person as designated by department policy one year from the most recent PPD.

Physical Therapy
Clin Ed. II and III: last 2 full weeks April

1. SECTION I. OF HEALTH CLEARANCE FORM:
 - a. COMPLETED DEMOGRAPHIC/EMERGENCY INFORMATION
 - b. PHOTOCOPY OF HEALTH INSURANCE CARD

2. SECTION II. OF HEALTH CLEARANCE FORM:
 - a. ALLERGIES OR MEDICATIONS CURRENTLY TAKEN
 - b. TUBERCULIN SKIN TEST: PPD via MANTOUX (fully documented)
chest x-ray report (if PPD via MANTOUX positive only)
 - c. HEALTH CARE PROVIDERS DECISION ON PERFORMANCE OF ESSENTIAL FUNCTIONS

3. SECTION III. OF HEALTH CLEARANCE FORM:
 - a. SIGNED STUDENT STATEMENT OF RESPONSIBILITY
 - b. SIGNED MEDICAL RECORDS RELEASE FORM

Student Information Shared with Clinical Facilities

As part of the clinical education program it will be necessary to provide the clinical facilities with the following student information:

- Personal contact information including telephone, e-mail, and mailing address.
- Health insurance information
- Misericordia University College of Health Sciences Medical Clearance Information
- Student Data Form
- Essential function accommodations when applicable
- Criminal Background check when requested by the facility
- Drug screening information when requested by the facility

Telephone or E-mail Contact

The student or Center Coordinator of Clinical Education (CCCE) or Clinical Instructor (CI) is requested to contact the clinical education team immediately when a major problem or difficulty arises that might require the involvement of the clinical education faculty. During working hours, the clinical education team can be reached as follows:

- Kelley A. Moran, PT, DPT, ATC, CSCS
Director of Clinical Education
 - (570) 674-6467
 - kmoran@misericordia.edu
- Nicole Evanosky, PT, MSPT
Assistant Director of Clinical Education
 - (570) 674-6757
 - nevanosk@misericordia.edu
- Marilyn Dehaven, BS
Clinical Coordinator
 - (570) 674-6465
 - mdehaven@misericordia.edu

If necessary, students may contact the DCE at home:

Kelley A. Moran, PT, DPT, ATC, CSCS
Director of Clinical Education
(570) 639-5926
kmoran@misericordia.edu

In the event, that she cannot be reached, Susan Barker, PT, PhD, the Department Chair, may be contacted at (570) 674-6422, cell (570) 793-1606 or e-mail: sbarker@misericordia.edu.

Types of Clinical Education Experiences Required

By the end of all three clinical education experiences, the student should have had the opportunity to work with patients:

- In both inpatient and outpatient settings.
- In a variety of classifications (cardiovascular, pulmonary, musculoskeletal, neuromuscular, integumentary).
- Through the various stages of care from acute through long term care.

The ideal placements for a student will typically include:

- An inpatient acute or sub-acute experience in a hospital or skilled nursing facility
- An outpatient orthopedic experience in a hospital, rehabilitation center, or free-standing facility, AND
- EITHER a pediatric experience in a school, hospital, or clinic OR a primarily neuromuscular experience (>20% neurological diagnoses) in a hospital, nursing home, or rehabilitation center.

The clinical education team and physical therapy faculty make the final decision for student placements. Priority will be based on the academic needs of the students and availability of clinical sites.

Special Consideration

Requests for special consideration because of extenuating circumstances that require a student to be at or near home or school must be submitted to the Director of Clinical Education using the “Special Consideration Request Form.” The form is located on the student’s group page on e-MU. Requests will not be accepted after the deadline listed on the form. The physical therapy faculty will review the request for special consideration at a regular faculty meeting, and the student will be notified in writing of the faculty’s decision.

Use of Protected Health Information

In the course of clinical education experiences, students will encounter information of a personal nature related to patients. Students must comply with the privacy and portability policies of the facility and University. Students may not share protected health information without the informed consent of the individual or the individual’s legal representative. Informed consent must include how the information will be used and shared.

Prior to participating in clinical education courses, all students are required to successfully complete HIPPA confidentiality training. A copy of the certificate of completion will be kept in the student’s clinical education file.

Use of Other Information Obtained from Clinical Sites

Students may wish to use information other than protected health information that is obtained from clinical education sites, including such things as facility protocols and administrative information. This information may not be shared without the informed consent of facility representatives. Informed consent should include how the information will be used and shared. Proper credit should be included when the information is disseminated.