

Clarkson University  
School of Arts & Sciences  
Department of Physical Therapy

Physical Therapy Student Handbook  
2019-20

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Physical Therapy URL  
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## **SECTION 1: OVERVIEW OF THE DEPARTMENT, INSTITUTION AND ACCREDITATION**

Clarkson University originated as the Thomas S. Clarkson Memorial School of Technology, and was approved by the Board of Regents of the University of the State of New York (Regents) on March 19, 1896. (The Board of Regents of the State University of New York is the New York State agency responsible for approval of all New York State post-secondary educational institutions). On September 25, 1913, the Regents concurrently approved a change in name to the Thomas S. Clarkson College of Technology, and also provided authorization "...to confer such degrees upon those who duly earn them in post graduate work there done." The Regents approved a change of name to Clarkson University on February 24, 1984.

The program is one of three graduate health sciences programs within the School of Arts and Sciences (Physician Assistant Studies and Occupational Therapy are the other two programs) housed in the newly renovated Clarkson Hall. This allows all three programs to collaborate through interprofessional education, scholarship, and service. The program's core faculty strive to embody the core values of the university and physical therapy profession through teaching, scholarship, and service while meeting the mission of the university, school, and program.

The program is a 101 credit, full time, post baccalaureate curriculum that takes 2 and 2/3 years to complete (8 semesters). The program uses problem based learning (PBL) curricular model, which uniquely prepares students to become lifelong learners and expert clinicians using an integrated case based approach to learning. Students participate in 4 full time clinical experiences in addition to integrated clinical experiences interwoven throughout the didactic portion of the curriculum. The program has state of the art technologies for teaching, clinical practice, and research.

Problem-based learning is an educational model that uses active, small group discussions of clinically relevant problems (case studies) to provide context and motivate learning. Through carefully designed problems, the PBL process strives to expose students to commonly encountered patient cases, to help students acquire a comprehensive and integrated knowledge base, and to provide a model of expert clinical reasoning. PBL was developed approximately 30 years ago at McMaster University in Ontario, Canada in response to concerns expressed by the academic and health care communities about the educational preparation of new medical graduates. PBL has been applied to medical education and to physical therapy education, to create competent, autonomous health care practitioners.

### **Accreditation**

The public has the right to know the accreditation status of the University and Program. This status is to be provided in the *Department Handbook (DHB) and the Physical Therapy Student Handbook*. Each handbook is reviewed annually, and updated as necessary to provide accurate information concerning the Program's accreditation status

The current accreditation status of the University and Program is:

Clarkson's Board of Trustees approved development of a Master of Physical Therapy degree-granting program at its meeting on October 11, 1996. Clarkson's Board of Trustees approved development of a Doctor of Physical Therapy degree-granting program at its meeting on February 11, 2005.

Notification of approval by the Regents for a Master of Physical Therapy degree-granting program is dated April 21, 1998. Notification of approval by the Regents for a Doctor of Physical Therapy degree-granting program is dated May 18, 2005.

Clarkson University is regionally accredited by the Middle States Commission on Higher Education (MSCHE). Full accreditation was granted on July 1, 1998. Notification of recognition and listing of the program by the MSCHE to grant a Doctor of Physical Therapy degree is dated March 28, 2006.

The Commission on Accreditation in Physical Therapy Education (CAPTE) notified the University that it was approved for status as Candidate for Accreditation on June 21, 1999. CAPTE's notification to the University that it was approved for its initial Accreditation of the physical therapist education program is dated November 16, 2001. The program was granted continued Accreditation by CAPTE from October 28, 2009 through June 30, 2017. The program was reaccredited on April 26, 2017 through June 30, 2027.

## **Complaints**

The public, clinical affiliates, patients, students, and other parties have the right to submit complaints to the Department, University or to the Commission on Accreditation of Physical Therapy Education (CAPTE), concerning the University or the Program.

All complaints are to be submitted in writing, and must contain the name and address of the person registering a complaint. An e-mail message with a valid e-mail address via a valid Internet Service Provider will be considered a written complaint. All complaints must include a full name and address (an e-mail address is acceptable) for the person submitting a complaint. It is the responsibility of the complainant to notify the Program or University of any change in address (mail or e-mail). Failure to maintain an address of contact with the Program will negate submission of a complaint.

Complainants have the right to register a complaint concerning the institution (Clarkson University) or the Program (Department of Physical Therapy) directly to the University. Such complaints are to be in writing, and addressed to the Department of Physical Therapy:

Chairperson  
Department of Physical Therapy  
Clarkson University  
C.U. Box 5880  
Potsdam, NY 13699-5880

If a complainant wishes to register a complaint without going through the Department, written complaints are to be to:

Dean  
School of Arts & Sciences  
Clarkson University  
C.U. Box 5800  
Potsdam, NY 13699-5815

or

Provost  
Clarkson University  
C.U. Box 5505  
Potsdam, NY 13699-5505

Complainants have the right to register a complaint concerning the institution (Clarkson University) or the Program (Department of Physical Therapy) directly to the agency responsible for accreditation of the Program. This agency is CAPTE. Such complaints should be in writing, fall within CAPTE's jurisdiction/authority as expressed in the Evaluative Criteria (or Standards and Elements) and addressed to:

Commission on Accreditation in Physical Therapy Education  
American Physical Therapy Association  
1111 North Fairfax St.  
Alexandria, VA 22314

Information to assist individuals in registering a formal complaint to CAPTE is available at:  
<http://www.capteonline.org/FAQs/>

### **Regulations**

Clarkson University's student affairs regulations are available at:  
<https://www.clarkson.edu/student-administrative-services-sas/clarkson-regulations>  
These also contain the rights and responsibilities of students.

### ***Equal Opportunity and Nondiscrimination***

Clarkson University does not discriminate on the basis of race, color, religion, ethnic or national origin, gender, predisposing genetic characteristics, age, disability, sexual orientation, gender identity, gender expression, military or veteran's status, marital status or any other characteristic protected by applicable law provision of education or employment.

Clarkson University does not discriminate on the basis of sex or disability in its educational programs and activities, pursuant to the requirements of Title IX of the Educational Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, and the American Disabilities Act of 1990 respectively. This policy extends to employment by and admission to the University. Inquiries concerning Section 504 and the American with Disabilities Act of 1990 should be directed to, 504/ADA Coordinator, Clarkson University, P.O. Box 5635, Potsdam, New York 13699-5635; or telephone (315) 268-7105. Inquiries concerning Title IX, the Age Discrimination Act, or other discrimination concerns should be directed to the Chief Inclusion and Human Resources Officer/Affirmative Action at (315) 268.6497 and/or the Title IX Coordinator, Room 124 Snell Hall, Clarkson University, P.O. Box 5542, Potsdam, New York, 13699-5542; or telephone (315) 268-2362. Information on the procession of grievances and charges relating to the above policies can be obtained from the Human Resources/Affirmative Action Office. Clarkson University is making a special effort to identify for employment opportunities and participation in its educational programs a broad spectrum of candidates including women, minorities, and people with disabilities.

For more detail related to Clarkson University's equal opportunity and nondiscrimination policies go to: <http://www.clarkson.edu/hr/eop.html> and [http://www.clarkson.edu/nondiscrimination/index\\_copy.html](http://www.clarkson.edu/nondiscrimination/index_copy.html).

### **Student Confidentiality**

Confidentiality of student records must meet the regulations of the Family Educational Rights and Privacy Act (Public Law 93-568), often referred to as FERPA or the Buckley Amendment.

Compliance by all University personnel is mandated, and there are no exceptions. The law states that the records of any student over 18 years of age may not be discussed or released to any person other than the student, unless the student has agreed to such actions in writing. This includes parents, guardians, or other family members.

Students have certain rights for access to their academic files, and the Department shall allow such access under the law, or upon legal order. Beyond these requirements student files are not accessible to students.

Individual student issues, including, but not limited to, health and disability, finances, and academic standing, are privileged and private matters. Students shall *not* inquire of classmates or others in the Program about issues relating to health, disability, finances, and academic standing. Students should not share with classmates or others in the Program information concerning health, disability, finances, and academic standing. The exception is that students must share information that might put them at risk during basic science or clinical laboratory activities.

Grading of examinations, papers, or projects is the sole responsibility of the instructor, and such information is privileged communication between instructor and each individual student. This privilege and privacy must *not* be compromised by:

1. Seeking personal information from another student, whether or not the information applies to that student. Students may share their own information if they so desire. Knowledge of such information is to be considered privileged and personal, and should not be disclosed to any other student;
2. Seeking to know another student's graded performance on an examination, paper, or project;
3. Changing information on graded examinations, papers, or projects, to improve a grade, unless permitted under the course syllabus or by the course instructor;
4. Sharing information that is not to be shared with other students during the course of their studies in the program; or
5. Entering a classmate's mailbox, *with or without* permission, to retrieve privileged documents, such as examinations.

### **Student Advising**

All students in the Program have a physical therapy advisor assigned to them. Graduate students are to meet with their advisors at regularly scheduled intervals throughout the Program.

Advisors provide continuity for students throughout their graduate work by:

1. helping students adapt to the PBL process,
2. providing an opportunity for assistance with academic and non-academic issues, and
3. mentoring students throughout the professional development assignment process throughout the program.

Students may request a change of physical therapy advisor at any time through the department chair.

### **University and Department Guiding Principles**

The Mission, Vision, and Values of Clarkson University can be found at: <https://www.clarkson.edu/about-clarkson>

## ***Mission***

The mission of the Program shall be congruent with the mission of the University.

The mission of the University is:

Clarkson University is an independent, nationally recognized technological university whose faculty of teacher-scholars aspires to offer superior instruction and engage in high-quality research and scholarship in engineering, business, science, health, and liberal arts. Our primary mission is to educate talented and motivated men and women to become successful professionals through quality precollegiate, undergraduate, graduate, and professional continuing education programs, with particular emphasis on the undergraduate experience. Our community and campus settings enhance the quality of student life and afford students access to and interaction with their faculty. We value the diversity of our University community, and we strive to attune ourselves and our programs to our global, pluralistic society. We share the belief that humane economic and social development derive from the expansion, diffusion, and application of knowledge.

The mission of the Department of Physical Therapy at Clarkson University is:

- For graduates to be entry level physical therapists who emulate the core values of the profession in their physical therapy practice; and
- For faculty, graduates, and students to contribute to the profession, community, and society, through education, scholarship, service, and practice.

## ***Program Goals***

Program:

1. Through the PBL curricular model, the program promotes effective physical therapy practice through self-directed learning, clinical reasoning, self-reflection, and collaboration.
2. The program will effectively lead and work collaboratively within professional and inter-professional teams to promote the health and wellness of our community.

Faculty:

1. Faculty demonstrate excellence in teaching through the application of contemporary physical therapy expertise, strong communication skills, and effective teaching methods.
2. Faculty make effective scholarly contributions to the physical therapy profession.
3. Faculty provide service and leadership that advances the physical therapy profession and health of the community.

Students/Graduates:

1. Students and graduates are self-directed learners who provide safe and competent entry-level physical therapy that is evidence based to clients across the continuum of care.
2. Students and graduates demonstrate the core values of the profession in their physical therapy practice.
3. Students and graduates reflect on their clinical practice as a mechanism for professional growth.

## ***Program Outcomes***

Program:

PO1: 90% of students successfully pass the tutorial behaviors assessment related to self-directed learning and clinical reasoning (critical thinking/clinical reasoning, accountability and communication behaviors) during each semester.

PO2: 90% of students successfully pass the tutorial behaviors assessment related to collaboration (Communication and Accountability behaviors) during each semester.

PO3: 100% of students complete the program self-designed Professional Development Assessment.

PO4: 90% of students, by graduation, will be at entry level on the CPI Clinical Reasoning criteria.

PO5: 80% of licensed graduates will indicate, on the graduate survey, reflective practice as a mechanism for professional growth.

PO6: 80% of licensed graduates indicate they work effectively as a team member of a physical therapy practice as documented by graduate surveys.

PO7: 80% of licensed graduates indicate they collaborate effectively as a team member of a physical therapy practice as documented by graduate surveys.

PO8: 80% of graduate employers who respond to the survey indicate that CU DPT graduates work effectively as team members.

PO9: 80% of graduate employers who respond to the survey indicate that CU DPT graduates reflect on their clinical practice as a mechanism for professional growth.

PO10: 100% of students will successfully participate in a community wellness project as part of PT 617a and 617b.

PO11: 70% of eligible faculty participate in clinical practice in an area related to their teaching and scholarship.

PO12: The program will coordinate at least one community support group for community members with chronic health conditions.

PO-13: 80% of licensed graduates who respond to the alumni survey meet the health and wellness needs of their clients.

PO14: 80% of graduate employers who respond to the survey indicate that CU DPT graduates meet the health and wellness needs of their clients.

PO15: 50% of core faculty serve in a leadership position at the regional, state, national, or international level in an organization that promotes the health and wellness of our community.  
Faculty

FO1: 70% of eligible faculty participate in clinical practice in an area related to their teaching and scholarship.

FO2: 100% faculty demonstrate scholarly activity annually.

FO3-F1: 85% of faculty are rated by students as effective and competent in communication on student course evaluations.

FO4: 50% of faculty present an educational offering within the community, region, state, or nationally on an annual basis, as documented on the faculty annual report.

FO5: 85% of core faculty perform community service or service within a professional organization.

FO6: 50% of core faculty serve in a leadership position at the regional, state, national, or international level within a professional organization.

FO7: 85% of core faculty receive ratings no less than one standard deviation below the Clarkson average for overall instructor rating on student course evaluations.

FO8-F1: 50% of eligible faculty will have ABPTS specialty certification or other similar specialty clinical certification.

#### Student/Graduate

S/GO1: 90% of students achieve entry level on all 25 criteria on the CPI upon completion of their final clinical experience.

S/GO2: 90% of licensed graduates provide patient/client management using evidence based practice.

S/GO3: 100% of students, under faculty guidance, complete a systematic review.

S/GO4: 90% of licensed graduates are rated as effective and competent in communication on employer surveys.

S/GO5: 100% of students complete the program self-designed Professional Development Assessment.

S/GO6: 80% of licensed graduates will indicate, on the graduate survey, reflective practice as a mechanism for professional growth.

S/GO7: 75% of licensed graduates work in practices that reflect the core values of the profession.

S/GO8: 90% of licensed graduates demonstrate the core values of the profession in their practice.

S/GO9: 100% of licensed graduates provide patient/client management using evidence based practice.

S/GO10: 80% of graduate employers who respond to the survey indicate that CU DPT graduates provide care that is evidence-based.

## **Financial Information**

### ***Financial Aid***

Clarkson University's financial aid services are part of the combined Student Administrative Services. See <http://www.clarkson.edu/sas/financial> and below for details.

### ***Endowed Scholarships***

There are three endowed scholarships available to students enrolled in the Program: the Melissa A. Walsh ('03, '05) Memorial Endowed Scholarship, the Samuel Feitelberg Endowed Scholarship, and the Kafka-Phillips Memorial Scholarship. All DPT students of the program are eligible to apply for these scholarships. The scholarships are for one year only, and the funds may be applied to any educational cost associated with the Program. Information and applications are made available during the spring semester in the program, and the scholarship recipient receives funds in the summer semester.

### ***Financial Assistance***

When available, merit-based partial tuition assistance, which require no work commitment to the Department, are made available to accepted DPT students, and are applied to graduate tuition costs. When available, Departmental Assistantships, which require six (6) hours of work per week for the Department, are made available on a competitive basis to accepted DPT students, and are applied to graduate tuition costs. Students who receive merit-based partial tuition assistance and departmental assistantships must remain in good academic standing; continuation of financial assistance for students who are not in good academic standing will be reviewed on a case-by-case basis. Students that receive departmental assistantships must request consideration for continuation of their assistantships; if conditions of the departmental assistantships are met, a student may continue in this role through the end of the fall semester of their final year.

### ***Program Costs***

Program costs are based on standard Clarkson University graduate costs and are billed on a flat fee basis each semester throughout the curriculum. In addition to tuition, and room and board (if applicable), there are additional expenses related to the program. These expenses include, but are not limited to:

1. Transportation expenses for traveling to and from clinical experience sites. A personal vehicle, with appropriate registration and insurance, is of significant importance;
2. Possible housing expenses for full-time student clinical experiences;
3. Health insurance coverage, an annual physical examination, and specific immunizations are required of all Clarkson students. Specific additional medical requirements, background checks, drug screens, etc... may be necessary for assignment to selected clinical experience sites. These additional medical requirements are made known to students before choosing clinical experience sites. The cost of fulfilling these requirements is the responsibility of the student;
4. A background check is required before entering the program;
5. Annual library fee, professional books, and clinical and laboratory tools are required; and
6. The Department requires that students are student members of the American Physical Therapy Association (APTA).

## **Student Support Services**

Clarkson is committed to helping all its students develop personally and professionally. A complete listing of *Student Support Services* can be found in the Clarkson Catalog under

University Outreach and Student Affairs. Further information and contact information for all services described below can be found on the University web page.

### ***Student Administrative Services***

Student Administrative Services (SAS) combines registrar, bursar, and financial aid offices into one office to support students in these areas. All students are assigned a student services representative who assists students in these areas. SAS personnel perform the background processing of academic, financial aid, and collection activities and follow up with students to obtain needed documents to provide smooth processing of the student account/record. It is located in Graham Hall on the Hill Campus. Contact information: <http://www.clarkson.edu/sas/> Phone: 315-268-6451 Fax: 315-268-6452 E-mail: sas@clarkson.edu

### ***Student Health Center***

All students are eligible for unlimited, confidential visits to the Student Health Center that provides services for treatment of routine illnesses, first aid, sports injuries, reproductive health care, lab tests, allergy injections, and other health services. In most cases these services are free or will be billed to the student's health insurance company. The Student Health Center also provides appropriate referrals when necessary. The Health Center is located in the ERC on the Hill Campus. It is part of the Student Health and Counseling Center. Contact information: <http://www.clarkson.edu/healthcenter/> Phone: 268-6633 Email: shac@clarkson.edu

### ***Counseling Center***

The Counseling Center provides high quality, brief individual counseling, crisis counseling, group counseling, and outside referrals to students who may be experiencing psychological, social, or behavioral difficulties. These services are available to all students. The Counseling Center is part of the Student Health and Counseling Center located in the ERC on the Hill Campus. Contact information: <http://www.clarkson.edu/healthcenter/> Phone: 268-6633 Email: shac@clarkson.edu

### ***Student Success Center***

The Student Success Center provides academic support such as tutoring, workshops and practice exams for qualifying students. The Student Success Center is located in the ERC on the Hill Campus. Contact information: <https://www.clarkson.edu/student-success> Phone: 268-2209

### ***The Writing Center***

The Writing Center offers one-on-one help with academic and personal projects, like essays, reports, labs, résumés and presentations. The Writing Center also offers information about citing sources and common writing errors. The Writing Center is located in BH Snell on the Hill Campus. Contact Information: <http://www.clarkson.edu/writingcenter/> Phone: 315-268-4439 Email: wcenter@clarkson.edu

### ***Office of Accommodative Services***

The Office of AccessABILITY Services assures equal educational opportunities by providing accommodations and services for qualified students with documented disabilities in accordance with Federal Law, specifically the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. The Office of AccessABILITY Services is located in the ERC on the Hill Campus. Contact information: <http://www.clarkson.edu/oas/> Phone: 315-268-7643, Email: [oas@clarkson.edu](mailto:oas@clarkson.edu)

## **Student Government**

There are many opportunities at Clarkson University to enhance your educational experience through participation in the broad range of extracurricular activities sponsored by the University and community. For more details, see the Clarkson Undergraduate/Graduate Catalog.

### ***Student Council and Student Board***

A Student Council for each class consisting of three students elected by their class peers exists within the Department to provide a formal conduit for bi-directional communication between the Department and students. The Student Board shall consist of ten full-time members – the 9 students on their respective class Student Councils, and one faculty member. Ad Hoc members may be appointed by invitation of the formal Student Board members as appropriate.

The Student Board shall meet at least once annually, within two weeks of all three classes being on campus following the start of the fall semester. Subsequent meetings shall be held as needed, or as requested by any member of the Student Board.

### ***APTA Student Representatives***

The APTA is the flagship organization in physical therapy. All students are required to become members and are expected to be active members. Leadership is developed by the Clarkson APTA Representatives who are 3-4 members of each class year of students (9-16 members total). New members are selected by the current slate through anonymous applications. The faculty advisor is selected by the Chair and serves as both group advisor and as liaison with NYS Core Ambassador to the national APTA organization, and with the Clarkson Administration at the department and university levels.

Duties of the APTA Representatives:

1. Plan meetings and agenda
2. Promote awareness of APTA benefits, services, and roles for students.
3. Maintain and distribute Student Assembly information to classmates.
4. Communicate the questions, comments, concerns, interests, and accomplishments of classmates to the Student Assembly Board of Directors.
5. Manage and create (as appropriate) opportunities for classmates to participate in APTA, NYPTA, and local events that promote the profession of physical therapy.
6. Sustain a viable financial account [within the Department of Physical Therapy -managed by the Department Administrative Assistant] to fund registration, travel or other costs associated with DPT student opportunities for leadership and professional development.

### ***Physical Therapists for Peru***

The Physical Therapists for Peru is comprised of motivated students who meet periodically throughout the year in order to better understand global health, health disparities, cultural competency, disability, and service learning in resource-limited settings. This group has an ongoing relationship with an intercultural physical therapy program at Universidad Peruana de Ciencias Aplicadas in Lima, Peru. Participants have the opportunity to participate in a side by side learning opportunity with students at this university in a resource-limited area of Lima, Peru. A chair, vice chair, and treasurer are elected by their peers and take the lead on meetings and fundraising opportunities that make the opportunity more attainable for students. A faculty advisor provides guidance to the group.

## SECTION 2: ACADEMIC STANDARDS AND PROGRESSION

### Introduction

With this program being a professional health sciences program, academic standing in the Department encompasses academic performance, clinical performance, and professional behaviors. This includes performance in academic course work, clinical skills, clinical experiences, and displaying Department expectations of professional behavior. Expectations of professional behavior are wide ranging including, but not limited to, the APTA Core Values, APTA Code of Ethics, Federal and State Laws and Regulations governing physical therapist practice, timeliness of submitting required documents whether or not they are required for a specific course or in general by the Department, appropriate dress related to the multiple environments in which physical therapy education occurs, meeting scheduled commitments to the individual/classmates/faculty, adherence to Federal and State laws/University regulations/Department rules with regard to individual privacy, to Federal and State laws/University regulations/Department rules with regard to societal behavior, and respect for all individuals.

The Department faculty is responsible for a multi-faceted professional education. Such an education includes all aspects of professionalism, including academic course performance, clinical performance, and adherence to professional and ethical expectations. Because of this, issues brought to the attention of the Department faculty may lead to decisions that include Warning or Separation. Severity of the issue and the degree of student culpability may affect the level of academic standing applied to a student. Therefore, the hierarchy of Warning and Separation is presented only in ascending order of severity. ***Faculty decisions, however, may lead directly to Separation without a student being assigned to any intervening level of academic standing.***

Any assignment of academic status may be appealed through the processes presented in this handbook under Group Review of Academic Standing and Progression.

Department academic expectations include:

1. Academic performance standards;
2. Clinical standards; and
3. Professional, ethical, and legal standards.

All issues pertaining to student performance in meeting Department expectations are brought to the Department faculty under the aegis of Group Review of Academic Standing and Progression (GRASP) meeting. Failure to adhere to any Department expectation of academic performance, clinical performance, and/or personal or professional behavior, as indicated below, shall be covered within the realm of academic standing and progression. GRASP meetings are held at mid-semester (when necessary), and at the end of each course/semester or clinical experience. Mid-semester GRASP meetings review current student performance, and end-of-semester/course (or clinical experience) GRASP meetings include formal review of Academic Standing and Progression, and clinical readiness for the next clinical experience.

### Academic Performance Standards

Department grading policies are based on Clarkson University grading policies as described in the Clarkson University Catalog available at <https://www.clarkson.edu/student-administrative-services-sas/clarkson-regulations/>. Additional policies have been developed by the Department to

ensure that graduates meet standards set by Clarkson University, the Department, and the Commission on Accreditation for Physical Therapy Education (CAPTE).

The graduate academic standing and course repeat policy for the PT program are:

1. Academic Standing

- a. A minimum Cumulative Grade Point Average (GPA) AND Satisfactory progress toward the degree.
- b. Section Y.1: Minimum Cumulative GPA Standards
  - i. Academic Good Standing -- Students are in Academic Good Standing if they have a minimum 3.000 cumulative Grade Point Average (GPA). The cumulative GPA is calculated at the end of each term. Students must also be in good academic standing and have a cumulative  $GPA \geq 3.000$  in order to graduate.
  - ii. Academic Warning -- Students in good academic standing whose cumulative GPA falls below 3.000 will be placed on academic warning. Students may also be placed on Academic Warning for not meeting department professional behavior standards. Students on academic warning whose cumulative GPA is 3.000 or higher at the end of their next term will return to academic good standing.
  - iii. Academic Separation: Students will be separated from the university for any one or more of the following:
    1. The student is on academic warning and has a cumulative GPA below 2.700 at the end of the term following initial placement on Academic Warning will be separated from the University.
    2. The student receives a grade below a C in any course.
      - a. Students in the Physician Assistant Studies program may receive a grade below a C on one full time clinical education course. However, in this case students must petition the department to continue in the program and will need to retake that full time clinical education course.
    3. The student receives a grade of No Credit in a full time or integrated clinical education course.
    4. The student demonstrates professional behaviors that violate the professions code of ethics.
    5. The student is on Academic Warning for more than a total of 2 semesters.
    6. The student withdraws from a course because he/she will not be able to satisfactorily pass a course.
    7. Not meeting Satisfactory Academic Progress, see section Y.2
  - iv. Students whose cumulative GPA is between 2.700 and 2.999 in subsequent semesters will remain on warning and may continue provided they are making satisfactory progress towards their degree, see section Y.2
- c. Section Y.2: Satisfactory Academic Progress
  - i. Graduate health science students are required to maintain Satisfactory Academic Progress. In order to maintain Satisfactory Academic Progress, students must be able to complete their degree within the published maximum time frame allowed for that particular degree. Multiple factors determine this: professional behavior standards of the programs, safety with clinical skills, the courses and other academic requirements remaining to complete the degree

- program, the time remaining to complete these, other program/degree requirements, and the feasibility of achieving the 3.000 cumulative GPA required for graduation.
- ii. Students in the Physician Assistant Studies program must have a cumulative GPA of 3.0 at the end of the didactic portion of the curriculum to proceed to clinical experiences.
- d. Section Y.3: Continuance: Academic progress is evaluated at the end of each term and/or course by the appropriate program faculty. Students are notified as to their Academic Standing within 5 business days of completion of the term or course by the appropriate department:
- i. Students who are determined not to be meeting minimum GPA requirements or not maintaining satisfactory academic progress will be separated from the University. Students and the Registrar will be notified within 5 business days of completion of the academic term or course by the appropriate department. Students who are separated from the University by the process described in Section Y.1 above may not enroll in future terms.
  - ii. Appeal: Students who are separated from the University may appeal the decision in writing to the Graduate School's Readmission and Continuance Committee within 3 business days of receiving notification of separation from the University. For students in the professional health sciences programs the committee shall consist of the Dean or Associate Dean of Arts and Sciences or Dean of Students (or his/her designee), and one faculty member from each of the graduate professional Health Science programs. The chair of the program in which the student was enrolled will serve on the committee to provide information, but will not be a voting member. The committee will review all appropriate information and provide a decision to the student regarding the appeal within 5 business days of receipt of the appeal. If allowed to continue in the program, the student is placed on academic warning for the term into which they are continued and may need to develop an approved action plan to support their academic progress in subsequent terms.
  - iii. Academic standing status for past terms is not modified based on future GPA changes due to courses being repeated or omitted from the cumulative GPA.
2. Course Repeat Policy for students in the graduate professional Health Sciences Programs (OT, PT, PA)
- a. A student receiving a grade equivalent between a 2.0 (C) and a 2.67 (B-) in a course may retake the course once to improve his or her standing the following term when the course is offered. This 'recycling' will require the student to sit out one year and continue with a different cohort. Each course can be repeated only once. Neither credit hours nor quality points for a course in which a graduate student has a B- or lower grade will be used in calculating the cumulative GPA; only the credit hours and GPA points of the repeated course will be used. In the case of a lower grade than the original being earned, the better grade will stand and the lower grade will be eliminated from calculation of the GPA. However, the original grades remain on the student's transcript.
  - b. Grades in a course below a 2.0 (C) cannot be repeated.
    - i. Except as described above for full time clinical affiliation courses in the Physician Assistant Studies program.

Additional standards for PT PBL, tutorial based courses:

Grading in the tutorial based courses embraces the holistic PBL model. Students receive a single, final grade for each tutorial-based course that encompasses 3 areas: **knowledge, clinical skills, and professional behaviors**. In order to remain in good academic standing and be making sufficient academic progress in addition to achieving a minimal standard for the final course grade, students must demonstrate minimal competence in each of these 3 areas. In PT505 (first semester tutorial-based course), students must receive at least a C+ in each component area. Throughout the rest of the curriculum students must receive at least a B- in each component area. When students earn at least a B- (or C+ in PT505) in each component the final grade is the sum of all 3 components. If a student does not meet this minimal component grade standard for each component, then the final grade for the course is lowest component grade.

Additional standards for professional behaviors:

Physical Therapy is a profession, as such professional behavior is expected at all times from students. Students are required to participate in all components of the curriculum, and are expected to behave in a professional manner in all environments. Students are expected to treat one another, faculty, staff, and patients with respect and integrity, and to maintain safe conduct at all times. Students are expected to demonstrate professional behavior whenever representing Clarkson University, the Department, and themselves during patient care, professional conferences or meetings, and in public. Unprofessional behavior can result in Department faculty action, up to, and including, *Separation*.

The department fosters professional growth in a variety of ways including, but not limited to the program's Professional Development Assignment (PDA). The Professional Development Tool (PDT, a part of the PDA) is based on the APTA Core Values and contains professional behaviors that students are expected to demonstrate during the program. Students must demonstrate specific behaviors as documented on the PDT at specific time frames throughout the program in order to remain in good academic standing and be making satisfactory academic progress. They are as follows:

- Behaviors Expected to be Mastered Upon Entrance to the Program: Honesty and Academic Integrity
- Behaviors Expected to be Mastered by the End of the Second Semester: Beginning Level Behaviors
- Behaviors Expected to be Mastered by the End of the Sixth Semester: Developing Level Behaviors
- Behaviors Expected to be Mastered by the End of the Eighth Semester: Entry Level Behaviors

See below and appendix B for more detail on the PDA and PDT.

The Physical Therapy Department utilizes the following criteria for assigning grades based on course performance:

A+=100-98

A=97.9-90

A-=89.9-87.5

B+=87.4-85.0

B=84.9-80

B-=79.9-77.5

C+=77.4-75

C=74.9-70.0

F=<70.0

Each course syllabus, provided to students at the beginning of each semester, states the course objectives, course schedule, grading criteria, assignments, expected due dates, standards, and expectations for that course. Each course syllabus is developed prior to the beginning of a course, and is subject to change by the course instructor as needed to enhance learning activities or environments. Changes in course syllabi are disseminated by the course instructor to students as quickly as possible, and students are required to meet schedule changes and course requirements as promulgated by the course instructor.

### **Clinical Skills and Lab Performance Standards**

Demonstration of appropriate safety behaviors is cumulative throughout the physical therapy professional curriculum, and not related only to current course requirements. Lack of safe behavior in any academic or clinical environment or setting may result in Department action, up to, and including, *Separation*.

Students learn safety procedures for foundation and clinical practice laboratories through inquiry seminars, tutorials, clinical laboratory, and assigned reading. Student understanding of safety is evaluated through clinical skills check-offs and examinations, and written examination. Safety includes essential patient handling skills, knowledge of contraindications and physical safety issues, and knowledge of essential ethical and legal issues. Safety may be tested using mastery learning, in which students have opportunities to demonstrate safety knowledge or skills more than one time. This will be specified in each course syllabus in which safety is addressed. The safety requirement for clinical skills is 100%. Students must meet these safety requirements to continue into the next semester or clinical experience assignment.

Students ***must*** achieve the appropriate level of knowledge, clinical skill, professional behavior, and safety ***prior*** to being allowed to participate in patient care in the clinic, as determined by GRASP decisions of clinical readiness. Students who do not achieve the appropriate level of knowledge, clinical skill, professional behavior, and safety are not allowed to participate in clinical experiences. All clinical lab exams have a safety component. In order to pass a course, students must pass all designated safety components at 100%. Students may be allowed to study and repeat testing of safety related items, up to a maximum of two (2) repeats, to qualify to participate in clinical education experiences. Only an outcome of testing may be subject to appeal. Students who are not able to achieve the requirements may be unable to complete their scheduled clinical experience. This may prevent the student from continuing in the Program. Students about whom faculty have concerns will be discussed during a GRASP meeting prior to the end of a semester and/or course. When a clinical experience follows a semester, the DCE and the student's advisor will meet with such students prior to the end of the semester to focus on clinical objectives, and to identify learning strategies for successful clinical experiences. Appendix A contains a list of clinical skills by course that students must be safe and competent in performing prior going on full time clinical experiences. Students are responsible for informing their Clinical Instructor (CI) when asked to perform a task for which they have not yet learned safety procedures. Students who demonstrate marginal but passing performance during clinical affiliations will meet with the DCE and their advisor upon returning to campus to discuss future clinical objectives and learning strategies.

Students are expected to behave in a responsible, respectful, and professional manner during all

clinical laboratories. This includes:

1. Arriving on time, prepared for the laboratory session;
2. Arriving in lab wearing appropriate laboratory clothing. Students should not be wearing any sharp articles of clothing, such as metal belt buckles, jewelry or keys, hats, or cellular telephones;
3. Arriving with good personal hygiene;
4. Not talking or disrupting class while an instructor or other student is demonstrating or presenting information;
5. Not chewing gum;
6. Cleaning the laboratory and all equipment used;
7. Returning equipment to its proper storage place; and
8. The laboratory should be left in the condition in which it should be, whether or not it was in the appropriate condition when the laboratory class was started.

Development of professional skills requires physical contact to hands-on practice, including students practicing on others, as well as allowing others to practice upon them. Students are expected to participate in clinical laboratory practice with fellow students, treating fellow students with respect and care when practicing skills. Students *must* be prepared to practice with fellow students regardless of gender, sexual orientation, religion, physical or mental ability, political beliefs, or racial or ethnic origin.

Students are expected to recognize their limitations as they develop clinical skills so that they practice clinical skills in a safe manner at all times. Similarly, students acting as patients during clinical skills practice should pay attention to their bodies, recognize their limitations or concerns, and communicate such limitations or concerns to the appropriate faculty member and fellow students. Students should discuss concerns with their practice partners, lab instructors, or advisor, as appropriate. Family members, significant others, friends, and students who are not graduate physical therapy professional students may not be used as subjects when practicing clinical skills on campus unless there is direct Department faculty supervision.

### **Professional Behavioral Standards**

Physical Therapy is a profession, as such professional behavior is expected at all times from students. Students are required to participate in all components of the curriculum, and are expected to behave in a professional manner in all environments. Students are expected to treat one another, faculty, staff, and patients with respect and integrity, and to maintain safe conduct at all times. Students are expected to demonstrate professional behavior whenever representing Clarkson University, the Department, and themselves during patient care, professional conferences or meetings, and in public. Unprofessional behavior can result in Department faculty action, up to, and including, *Separation*.

The department fosters professional growth in a variety of ways including, but not limited to the program's Professional Development Assignment (PDA) and individual course tutorial behavior assessments (see individual course syllabi). The Professional Development Tool (PDT, a part of the PDA) is based on the APTA Core Values and contains professional behaviors that students are expected to demonstrate during the program. There are "red-flag" (noted in red in the PDT) professional behaviors that are a part of student expectations in regards to professional behavior development for which all students are responsible. Inability to demonstrate one or more of these red flag behaviors is an indication for faculty discussion and action. Such discussion and action will occur under the purview of the faculty acting within *GRASP*.

Specified behaviors **must** be mastered by the end of the semester indicated below. A lack, or breach, of certain behaviors at the dedicated levels indicates a need for faculty discussion and action.

Inability to demonstrate a red flag behavior **within** the timeframe in which the student is developing the specified behavior set will warrant immediate intervention with the student, documentation of intervention in the student's file, and notification of the Department Chair. All instances and interventions in this area will be brought to the attention of the faculty during a *GRASP* meeting, which may be a normally scheduled meeting, or a meeting called specifically as a result of red-flag behaviors.

Inability to demonstrate a red flag behavior **past** the expected timeframe for mastery of a specified behavior will result in intervention with the student, documentation of intervention in the student file, and discussion by the entire faculty under the auspices of a *GRASP* meeting, which may be a normally scheduled meeting, or a meeting called specifically as a result of red-flag behavior. Red flag behaviors may result in a change of academic status, up to and including *Separation*.

Behaviors Expected to be Mastered Upon Entrance to the Program: Honesty and Academic Integrity

Behaviors Expected to be Mastered by the End of the Second Semester: Beginning Level Behaviors

Behaviors Expected to be Mastered by the End of the Sixth Semester: Developing Level Behaviors

Behaviors Expected to be Mastered by the End of the Eighth Semester: Entry Level Behaviors

Students must be entry level on all of the professional behaviors and successfully complete the professional development assignment by the end of the 8<sup>th</sup> semester of the program in order to meet the program curricular objective of in order to meet the following Program Curricular objectives

Students will demonstrate all APTA Core Values associated with professionalism.

Accountability:

1. Weigh and balance sources of accountability to determine actions.
2. Share examples of decisions based on ethical tenets with those based on other considerations.
3. Internalizes the results of his or her own actions.

Altruism:

4. Incorporate coping strategies and support systems to control and alleviate stress.

Integrity:

5. Provides examples of how stated professional values are consistent with actions.

Professional Duty:

6. Self-assess specific actions taken while on clinical experience toward improving societal trust in the profession.
7. Analyze professional capabilities and goals by self-assessment, peer review, and continuous quality improvement.
8. Utilize feedback from clinical faculty in assessment of professional development.
9. Value provision of clinical learning experiences as an important component of personal

professional development.

10. Acknowledges and accepts responsibility for and consequences of his or her action.
11. Compares self-evaluation with feedback from others and incorporates feedback into professional development planning.
12. Takes action to build upon professional strengths to rectify professional deficiencies.
13. Become involved in professional activities beyond the practice environment.

Practice Management:

14. Identify basic risk management practices (including peer review, utilization review, etc.) and the need to improve risk management practices.

Social Responsibility:

15. Demonstrate all APTA Core Values associated with professionalism.
16. Seek mentors and learning opportunities to develop and enhance the degree to which core values are demonstrated.

See Appendix B: Professional Development Assignment for details.

Other areas of professional behavior expectations include academic integrity, patient confidentiality/contact, professional/ethical/legal, student confidentiality, attendance, attire/grooming, cell phone use, and administrative requirements.

### **Academic Integrity**

Students *must* adhere to all ethical principles in pursuing their academic work. Unless otherwise informed, all work is to be performed individually. This does not mean that students should not work with their classmates in learning material. Individual effort for assignments and examinations, however, *must* be done individually.

Breaches of academic integrity will be reviewed by Department faculty during GRASP meetings. Faculty may seek support directly from the Academic Integrity Committee for alleged violations, following the processes outlined in the Graduate Student Handbook. Violations may lead to a change in academic status, up to, and including, *Separation* from the Program. Faculty members that levy sanctions on their own authority must inform the charged students of their right to appeal the sanction to the Academic Integrity Committee and inform the Academic Integrity Committee of any sanctions levied. Section IV of the Clarkson University Regulations sets forth the procedures and penalties for violations of the Code of Ethics related to Academic Integrity (<http://www.clarkson.edu/studentaffairs/regulations/iv.html>).

When a student is accused of a second offense in the same course, the professor is required to make a recommendation to the University Academic Integrity Committee stipulating: no additional action (beyond penalties already levied); Academic Suspension; or Academic Expulsion. If the Academic Integrity Committee feels suspension or expulsion is merited, a recommendation will be made to the University President. Only the President (or his or her designate) has the authority to impose a suspension or an expulsion.

When accused of an Academic Integrity violation, the student has the right to appeal to the University Academic Integrity Committee. The accused may appeal the accusation, the penalty levied or both, at their choice. To appeal, simply notify the Chair of the University Academic Integrity Committee in writing. (Adapted from the Clarkson University School of Business Academic Integrity Policy.)

Plagiarism is not acceptable. Plagiarism is defined by Merriam Webster's on line dictionary as: "to steal and pass off (the ideas or words of another) as one's own; use (another's production) without crediting the source" and "to commit literary theft: present as new and original an idea or product derived from an existing source (<http://www.merriam-webster.com/dictionary/plagiarize>). Citation of information sources must be documented in AMA style. If a student is not familiar with this style of citation, the student is responsible to become acquainted with the appropriate method of citation, and to ensure that it is used correctly for all assignments. Incorrect citation of the work of others may cause a suspicion of plagiarism, which will be considered a breach of academic integrity. The Department recommends review of the Harvard Guide to Using Sources and specifically their page on "What Constitutes Plagiarism" for detailed examples of acceptable and unacceptable use of other's ideas and words (<http://isites.harvard.edu/icb/icb.do?keyword=k70847&pageid=icb.page342054>).

Inappropriate sharing of information between classmates and classes is not permitted. Inappropriate sharing undermines current and future learning experiences, and is considered a breach of integrity.

During examinations, faculty strive to provide equitable opportunity to assess each student's knowledge objectively. Therefore, students may *not* bring papers, notes, books, cell phones, or any other device that may be perceived to be able to transmit information to a student, into the room in which the examination is to be given. Last minute studying must be done in a different room than the one in which the examination is to be given.

Only a faculty member giving an examination may determine if computers will be, or can be, used for taking the examination. When computers are to be used for examinations, all computer access to other sources of information, including, but not limited to, the Internet or access to other portions of a hard drive, must be locked so students cannot access such information. Attempts to access such information is considered a lack of academic integrity.

During examinations students *must*:

1. Follow the directions of the person supervising the examination at all times;
2. Hand in their question and answer sheets promptly to the person supervising the exam at the end of the examination; and
3. Direct questions only to the person supervising the examination.

and must **not**:

1. Change any laboratory set-up, position of any specimen, or specimen tag;
2. Carry question sheets or answer sheets out of the examination room;
3. Communicate with other students about the exam;
4. Use any education materials not permitted by the faculty member giving the examination; and
5. Disturb in any way other students taking the exam.

Knowingly making a false statement in the realm of academic or clinical requirements, or professional behavior may cause a student to be subject to *Separation* regardless of current Academic Standing. Such decisions are made through a GRASP meeting and following faculty decision.

## **STUDENT GUIDELINES FOR EXAMSOFT® TESTING**

Most examinations will be administered via Examplify using the student's personal laptop computer or iPad. Students must ensure all personal laptops and iPads meet the adequate system requirements to use Examplify. Click [here](#) for system requirements. Any questions regarding software should be directed to ExamSoft Help resource: (866) 429-8889, open 24/7.

Students will receive a download reminder prior to each exam and are responsible for downloading the exam prior to the exam date and time. Students who do not download in advance of the exam may forfeit the right to take the exam.

Faculty may provide you with the option to mark examination items for later review and/or allow you the option of backward navigation between exam questions. These are options consistent with the National Physical Therapy Examination (NPTE) and may be allowed during exams to prepare students for the NPTE.

Tools such as calculators and highlighters are available to you through Examplify. You will not be allowed to bring these into your exams.

### **On exam days:**

In preparation for taking an exam using Examplify, students should:

- Complete any computer updates in advance.
- Turn off all programs, [including Antivirus software](#), and close all open documents.
- Fully charge computer or iPad; supplemental power may not be available.
- If a student has a computer issue, faculty must be notified by email as soon as possible, but no later than 1 hour prior to the start of the exam.
- Any student with a confirmed computer issue, excluding failure to download by deadline, will be provided either (1) a printed copy of the examination and a blue bubble sheet, or (2) a departmental computer to take the examination. There is no guarantee that another computer will be available for testing.

### **EXAM GUIDELINES**

Fifteen (15) minutes prior to the exam students will be permitted to enter the exam room. The following rules will apply during student admittance:

- Leave all bags, books, backpacks, etc... in the designated area.
- Turn off all electronic devices, including cell phones and smart watches, and keep in a bag or backpack, or on the front desk at the instructor's discretion.
- Laptops will remain closed; Ethernet and power cables can be plugged in but computers remain powered off.
- Students will be provided with a single sheet of paper and a pencil that will be collected at the end of the exam. DO not write on this paper until the examination has begun; at that time, please place your name on this paper. Only your computer/ iPad, pencil, and sheet of paper will be permitted on your desk. (No drinks, food, tissues, pencil boxes, etc... will be permitted).
- No hats, scarves, caps, earbuds, earplugs or hoodies are permitted with the exception of religious headgear.
- Seats may be assigned.
- Do not talk for any reason after you are seated for your exam.

- Leaving the room for any reason other than an emergency or rest room break is not permitted. For a rest room break, please raise your hand and wait quietly for assistance from the proctor. Communicate your request to the proctor. The proctor will contact an administrative assistant who will escort you to and from the rest room. After leaving the examination room, there will be no re-admittance unless these steps are followed.

Minutes to Exam	Examssoft
5	<ul style="list-style-type: none"> <li>▪ Student must restart computer.</li> <li>▪ No talking.</li> <li>▪ No writing.</li> <li>▪ Once powered on, open Exemplify full screen</li> </ul>
2	At two (2) minutes to exam, proctor reveals password. Students load into the exam and wait at yellow screen with 4- digit code.
0	At zero (0) minutes (start time) students may enter 4-digit code to enter exam. Once students are in the online exam, they may write on their scrap sheets.

An exam time limit will be enforced through the electronic exam platform in which answers will no longer be accepted after the designated exam end time. Exam submission through the electronic exam platform represents the final answer.

All scrap paper with the student's name must be returned at the end of the examination period.

Once the exam begins:

- Faculty/proctors will make periodic rounds around the room to check screens and student papers or to address technology issues students may have.
- If a student experiences computer issues once the exam starts, the faculty/proctor must be notified immediately – the student will raise hand to alert faculty to the issue.

Exam Exit/Check out Process:

- All tests must be uploaded upon completion of the exam. No student may take the computer from the classroom if his/her test has not been uploaded. Students will verify exam upload with faculty/proctor upon completion of the exam prior to exiting the room. If exam cannot be uploaded, student will raise hand and notify faculty/proctor of issue. Failure to comply will be considered academic dishonesty and may result in a grade of zero on the exam.
- If the exam cannot be uploaded (internet issues), the student must log out of the test & leave the computer on the desk with the lid open and notify faculty/proctor.
- While exiting, students remain as quiet as possible and may not talk to one another until outside the exam room.
- To exit students must use the doors at the front of the exam room.
- A faculty/proctor will be at the front of the room to collect scrap paper and review the Exemplify check-out screens. Any student who fails to show the checkout screen must be double checked on the faculty/proctor exam portal before leaving the room.

## Review of Examinations and Testing Materials

Students will be provided proctored opportunities to review course examinations and other related testing materials. Faculty will provide students with a minimum of a one-hour period of review for each examination that does not conflict with the students' academic calendar. Times, dates, and locations will be announced in advance of the proctored review period. Proctors may be faculty or staff of the Department of Physical Therapy. No electronic devices will be allowed into the room during the proctored review of examination and testing materials unless specified. Individualized review of examinations and related testing materials may be scheduled with faculty during office hours.

## Attendance Standards

Self-directed learning is essential to problem-based learning (PBL). PBL involves a serious commitment on the part of students, faculty, and clinicians. Attendance in all scheduled classes, laboratories, and clinical experiences is required throughout the program. Attendance may be a fraction of the course grade, and failure to meet the attendance expectations for any course may result in a lower grade or failure of that course, even if a student has completed other assignments for that course. Each course syllabus specifies attendance requirements and consequences.

Regulations regarding attendance and absence as described in Clarkson Regulations <https://www.clarkson.edu/student-administrative-services-sas/clarkson-regulations> (Section III-F) apply. Students must consider carefully reasons for which they are absent from class, laboratory, or experience. Students must request exception to the required attendance policy prior to an absence by discussing with the course coordinator.

The following are considered legitimate reasons by Clarkson University for absence from class:

1. Personal or family illness.
2. Personal or household emergency such as car accident, emergency surgery, etc. (These events should be very rare).
3. Religious beliefs.
4. Death in the immediate family.

Students **must** inform the Department office (315-268-3786) **prior** to any unscheduled class(es) missed; the office will inform the instructor(s) for the day. Two or more late arrivals will also be considered an unexcused absence. Unexcused absences may result in grade penalty or failure of a course. Informing the instructor of an absence does not guarantee that the absence is excused. Student policies and procedures for clinical experiences are covered in detail in the clinical education portion of this handbook and administered by the Department's Director of Clinical Education (DCE). Requests for changes or exemptions concerning clinical experiences **must** be approved, and implemented, by the DCE. Changes in student clinical policies and procedures are **not** to be initiated by students directly to any clinic or clinical instructor.

There may be occasions in which students have notified instructors that they will be absent, or an instructor may have made a change in class schedule to accommodate a student's need for absence. Should the student's need for absence change, the instructor **must** be notified immediately. Students **shall** not take advantage of such notification or change should the original reason for absence change. Lack of adherence to this policy will lead to an immediate GRASP meeting, and may result in an immediate faculty decision of a change of academic status up to and including *Separation*.

In cases of absence, students are responsible for obtaining and demonstrating knowledge of any missed material. Students are also responsible for obtaining and completing assignments as required by the instructor. In the case of tutorial, students should try, whenever possible, to share information they have obtained with their group prior to class. For example, students may e-mail key points to others in the tutorial. In case of an anticipated absence, an instructor may require specific action that demonstrates a student's knowledge or participation.

Lack of attendance will have an effect on a student's ability to treat patients, thus affecting more than just a student or a student's grade. Repeated absences of any kind may risk a student's Academic Standing and Progression.

### **Attire and Grooming Standards**

The appearance of all physical therapy professional students *must* conform to standards of cleanliness, safety, and presentation. As professional students, you represent Clarkson University, the Department, the profession of physical therapy, and yourself. The Department requires that these standards be upheld.

Students are expected to demonstrate professionalism by wearing appropriate professional attire during all laboratory and clinical experiences, class, and while in Clarkson Hall between the hours of 8:00am and 7:00pm during weekdays. Appropriate professional dress is considered to include business casual dress that maintains coverage of the body, especially the chest, abdomen, hips, low back, and any tattoos, during *active* exercise. For women this includes slacks and a blouse or knit top that is not see-through. For men this includes slacks and a button-up collared shirt. Both women and men should wear closed toe/heel shoes that are comfortable for long periods of standing and walking. Sports-type shoes of neutral color (black, white, tan) and without garish logos or lights are acceptable in most clinical facilities.

Appropriate professional grooming requires that hair be clean, brushed or combed, and contained (if long hair). Beards and mustaches are acceptable if well formed, but stubble from a lack of shaving is not acceptable. While jewelry may be worn, it may not be worn during clinical lab if there is any potential for scratching or impinging during clinical lab activities. Pendants of a religious nature or for medical necessity (MedicAlert) may be worn and should be constrained inside the top being worn.

Items that are not acceptable include, but may not be limited to:

1. Body odor as a result of a lack of bathing;
2. Any perfumes;
3. Dangling jewelry (earrings, pendants, bracelets) and facial piercings (eyebrow, nose, tongue, etc.);
4. Visible tattoos;
5. Jeans;
6. Leggings;
7. Tank tops, short shirts, see through blouses or knit articles;
8. Shorts or short skirts;
9. Warm-ups or sweat suits;
10. Hats or caps;
11. Soiled, stained, or torn clothing;

12. Platform shoes;
13. Footwear that is open (toe or heel), in disrepair, worn without socks, or falls off easily;
14. Clothing that reveals chest, abdomen, hips, low back, or buttocks during active exercise.

Clinical laboratory attire usually includes T-shirts, halter-tops or sports bras for women, and shorts of respectable length. The purpose is to provide necessary and appropriate access to areas of the body, while maintaining individual privacy and decency. Specific attire for each semester is defined in the semester syllabus. Dangling earrings, facial piercings (eyebrow, nose, or tongue), and rings with sharp edges that may scratch partners/patients are not to be worn during clinical practice laboratory experiences or experiences.

When in doubt about appropriate dress or grooming, a stricter interpretation of requirements should be assumed.

Hats or caps are not to be worn by either gender during class, laboratory, seminars, etc. Specific attire for anatomy lab is outlined in the appropriate course syllabi.

### **Clinical Education Attire**

Nametags are required to be worn at all times in accordance with Federal law. Students are provided nametags, and are responsible for the cost of replacing a lost nametag. The Department will provide a name tag during the first semester of the curriculum, or upon legal name change, at no charge. Replacement nametags must be ordered from the company used by the Department, and conform to the standard nametag provided by the Department. The cost of replacement nametags is the responsibility of the student.

While there may be clinical facilities that have dress requirements different than those of our Department, students are expected to adhere to the higher standard of appearance when the facility standard and the Department standard are different. The only circumstance in which a “lower” standard may apply is one in which a “uniform” type of dress is required when working with patients, such as wearing a white coat in a pediatric environment, or when scrubs are expected in an intensive care unit. When in doubt, students are expected to contact the DCE to confirm expectations.

While jewelry may be worn to work, it may not be worn during work with patients if there is any potential for scratching or impinging on patients during activity. A wrist watch must be available on your person anytime you are in the clinic. It may be worn on the wrist or carried in a pocket. If it is worn on the wrist, the potential for scratching or impinging on patients during activity must be considered. Pendants of a religious nature or for medical necessity (MedicAlert) may be worn if they are constrained inside the top being worn. Hats or caps are not to be worn by either gender.

### **Cell Phone Use**

Students should not have their cell phone on during any learning activity unless in an emergency or urgent situation in which they seek permission from the course instructor or if the learning activity requires the use of a cell phone.

Students should not have their cell phone on during clinical experiences unless in an emergency

or urgent situation in which they seek prior permission from the clinical instructor.

### **Administrative Requirements**

Demonstration of professional behavior is based, in part, on meeting administrative requirements. Such administrative requirements are necessary for the Department to provide appropriate classroom, laboratory, and clinical learning experiences while maintaining adherence to Federal and State laws, Clarkson University rules and regulations, and contractual agreements. The Department faculty has determined that meeting all administrative standards in a timely manner contributes to, and will be evaluated as part of, Academic Standing and Progression.

### **Student Contact Information Form**

Students are required to submit up-to-date contact information to the University and the Department whenever a student has changes in this information. Such information must be submitted to both the University and the Department within ten (10) days of such a change. Student contact information at clinical sites during clinical experience assignments must be submitted to the Department prior to leaving for each clinical experience assignment.

### **Review of Academic Standing and Progression**

At the end of each semester and/or course (or earlier if necessary) faculty review students' academic standing based on the academic performance, clinical performance, and professional standards described above and in course syllabi. This review is done as part of a GRASP meeting (Group Review of Academic Standing). Upon formal consideration at a *GRASP* meeting, faculty take actions that place students within one of the three (3) categories of academic standing defined below – Good Standing, Warning, Separation. Letters are sent to each student in the Program following each GRASP meeting, indicating their current academic standing.

### ***GRASP Meetings***

The purposes of Group Review of Academic Standing and Progression meetings are to:

1. Follow each professional student's academic standing through each semester, and through the entire program;
2. Identify, at the earliest possible time, issues of student performance with respect to Department expectations that may place a student at risk with respect to successful completion of, and graduation from, the program;
3. Provide an opportunity for full faculty review, discussion, and decisions with respect to issues of student performance;
4. Provide an opportunity for full faculty review, discussion, and decisions with respect to clinical readiness for up-coming clinical experience assignments;
5. Provide a mechanism for timely feedback to students who may be at risk with respect to successful completion of, and graduation from, the physical therapy professional curriculum;
6. Provide guidance or direction to resources for students who may be at risk in an individual course, or for demonstrating a lack of professional, safety, ethical, or legal behaviors; and
7. Provide guidance or direction to resources for students who may be at risk for unsuccessful completion of, and graduation from, the program.

All decisions are made with the greatest amount of information of all performance and behaviors previously observed that are available to Department faculty. Decisions will be applied in an equitable manner to all students.

GRASP meetings are held:

1. At mid-semester if necessary for informal review leading to communication with students whose student performance is unsatisfactory at mid-semester;
2. Within seven business days of the end a semester for formal review of academic standing and progress for the purposes of determining:
  - a. Academic status for the semester just completed and clinical readiness;
  - b. Academic status for the entire physical therapy professional curriculum;
  - c. Awarding recognition of successful completion of a semester's work; and
  - d. Awarding recognition of exceptional academic, personal, or professional achievement for the semester just completed;
3. Prior to the start of a clinical experience assignment to determine clinical readiness for the experience; and
4. At any time during the year that a faculty member deems a student performance issue to be of importance for full faculty review before the next scheduled GRASP meeting.

Issues of student performance may be brought to a GRASP meeting by:

1. Submission of a request by one (1) or more faculty members to the Department Chair with a concise description of the issue;
2. Development of a potential solution outcome for presentation to the full faculty by the faculty member(s) raising an issue of student performance if/when requested during a meeting.
3. The Chair of the Department bringing the student issue to the next scheduled meeting, or scheduling a special GRASP meeting to occur within three (3) business days of a student issue becoming known to the Department Chair.

**GRASP** meetings are chaired by the Department Chair, or designee in her/his absence, who shall be a non-voting member. Meeting procedures include:

1. Presentation by the faculty member(s) indicating the issue, and background information;
2. Faculty member(s) responsible for bringing a specific student's performance to a GRASP meeting will inform the student that faculty review of her/his performance will occur, and that the student may prepare written information/evidence or statements pertinent to the issue that will be disseminated to the faculty;
3. Dissemination of faculty and student information at the meeting;
4. Students are *not* permitted to attend GRASP meetings.
5. Students *may* provide written documentation they believe speaks to the issue under consideration;
6. Generation of faculty decisions which include a specific statement of faculty action with respect to academic standing, plan of remediation if approved, criteria required to fulfill successfully conditions of remediation or academic standing, and a timetable for successful completion of remediation or change of academic standing; and
7. Communication of faculty decisions to the specific student by the Chair of the Department within three (3) business days of the faculty decision.

An initial GRASP faculty decision of *Warning* may be appealed to the Department Chair for reconsideration. For such appeals the faculty discusses the issues, utilizing any additional information, and the Chair participates in the discussion. The decision at this level of appeal is

made by the Chair. The appeals process consists of:

1. Submission by a student, in writing to the Chair of the Department, of an appeal within three (3) business days after being informed of the faculty decision by the Department Chair. The appeal shall be in writing, and should include a statement concisely stating and supporting the grounds for appeal, additional information/evidence, and/or a proposal of an alternative action that might be taken by faculty;
2. Scheduling a new GRASP meeting by the Department Chair to occur within three (3) business days after receiving a student's written appeal;
3. Faculty discussion and Chair decision regarding the issue; and
4. Communicating the GRASP decision concerning a student's appeal to the specific student by the Department Chair within three (3) business days of the faculty decision.
5. The decision of the Department Chair is final.

An initial GRASP faculty decision of *Separation* may be appealed, see above for details.

### ***Student Notification***

All notifications shall be in writing, and must be:

1. ***Initiated*** within the indicated time frame;
2. Sent or delivered in such a manner that they are received within the stated time span required by GRASP regulations;
3. Sent by students to the Department Chair by hand delivery, fax, mail, express mail service, or e-mail; and
4. Sent by the Department Chair to the student's current official residence listed by the University, by a telephone call, with a copy placed in the student's mailbox within the Department, or a notice by e-mail.

### **Leave of Absence**

Students in the Program may take a leave of absence with permission from the Department Chair. Such leaves of absence may be granted upon review and recommendation of the Department faculty.

### **Withdrawal from the Physical Therapy Professional Curriculum**

Students in the Program who wish to withdraw must provide a letter to the Department, addressed to the Department Chair stating their desire to withdraw. Such students ***must*** follow all Clarkson policies regarding withdrawal as stated in Clarkson Regulations ([https://www.clarkson.edu/sites/default/files/2019-02/Graduate\\_Student\\_Regs\\_18-19\\_final.pdf](https://www.clarkson.edu/sites/default/files/2019-02/Graduate_Student_Regs_18-19_final.pdf)). Failure to provide all notifications to the University and Department may lead to course failures, which may be reflected on a student's transcript, or financial implications. All paperwork must be completed before withdrawal is considered complete.

## SECTION 3: CURRICULUM

### Introduction

The Department strives to meet all standards set forth by the Commission on Accreditation for Physical Therapy Education (CAPTE). To achieve this, the Department has developed the curriculum based on the APTA's *Normative Model of Physical Therapist Professional Education*, *The Guide to Physical Therapist Practice*, *APTA Core Values*, *APTA Code of Ethics*, *APTA Minimum Skills of Physical Therapists Graduates at Entry Level*, *APTA Guidelines: Physical Therapist Scope of Practice*, *FSBPT Critical Work activities*, and other appropriate professional documents.

### Problem-Based Learning

Problem-based learning (PBL) is an educational model that uses active, small group discussions of clinically relevant problems (case studies) to provide context and motivate learning. Through carefully designed problems, the PBL process strives to expose students to commonly encountered patient cases, to help students acquire a comprehensive and integrated knowledge base, and to provide a model of expert clinical reasoning. PBL was developed approximately 30 years ago at McMaster University in Ontario, Canada in response to concerns expressed by the academic and health care communities about the educational preparation of new medical graduates. PBL has been applied to medical education and to physical therapy education, to create competent, autonomous health care practitioners.

Many physical therapy educators believe that the dimensions of the PBL model closely match the required and desired characteristics of health care professionals. Examples include:

1. **Critical inquiry:** PBL problems are challenging real world scenarios that afford multiple solutions. They stimulate and demand viable hypotheses, critical inquiry, curricular knowledge and skills, and iteration.
2. **Cognitive flexibility and integrated knowledge and skills:** The “need to know” generated by the problem drives the learner to gain new knowledge, recall previous information, then reinterpret and assimilate it in a meaningful, contextual and flexible way.
3. **Lifelong, self-directed learning:** Students are encouraged to identify, select, and critique appropriate learning tasks and resources, and shape new knowledge towards an optimal resolution of the problem. Students learn how to access and critique information.
4. **Collaboration:** In a PBL environment, group support, with respect to sharing and evaluation, is expected. Students collaborate freely to identify learning issues and share information and useful resources. They are motivated to learn by a need to understand real patient problems.
5. **Student driven learning:** Within PBL, students assume responsibility for their own learning. Student driven learning encompasses decisions around knowledge, resources, and group dynamics.
6. **Self-reflection:** Self-reflection, an integral component of the PBL process, is the capacity to combine self-appraisal with action.

To facilitate professional autonomy, and foster critical thinking and clinical reasoning skills, tutors guide students through problem identification, analysis, and evaluation processes. A tutor's role is as a “guide by the side,” rather than the traditional lecturer who is a “sage on the stage.” Goals for a tutor are to create a fluid and transparent interface with the tutorial group through modeling, coaching, and ultimately fading from, the interaction as students become autonomous. In a world where medical knowledge and technology change almost daily, it is not

appropriate merely to teach students facts that will become outdated. PBL processes teach students about the thinking process, so formal education is just the beginning of a lifelong learning process.

### **Characteristics of Problem-Based Learning (PBL) Students**

PBL students in a clinical environment exhibit the following professional characteristics and abilities. Students:

1. Know about, and are comfortable with, the dual academic/clinical nature of a physical therapy learning environment, including clinical education from the outset of a professional curriculum.
2. Understand and explain learning objectives and learning issues at a high level because students are active (as opposed to passive) in both the academic and clinical environment. Therefore, Clinical Instructor training is essential, and emphasized.
3. Have a level of memorized detail that may not be as in-depth as traditional students. PBL students, however, demonstrate practical insight, knowledge of where to find information, listen closely, and appreciate principles and learn processes.
4. Are inquisitive students, tending to ask more, higher-level, and contextual questions, demonstrating preparation. PBL students can easily frame questions in cost/benefit terms.
5. Develop life-long learning skills that allow them to seek answers independently, rather than being guided at every step by clinical instructors.
6. Expect ongoing feedback, are comfortable with feedback, and react to, and follow up on feedback in a professional manner.
7. Continually practice intervention strategies and treatment through skill labs, and through safety and handling skills exercises, to master necessary content.
8. See patients in a significantly broad context, and consider the economic and cultural issues that coincide with intervention and care.

### **Commitment to Problem-Based Learning (PBL)**

By accepting a place as a student in the graduate physical therapy professional program at Clarkson University, each student has made a commitment to maintaining and supporting the process of problem-based learning for their professional education. Each student is expected to adhere to the processes of problem-based learning throughout her/his tenure in the Program.

### **Semester Schedules**

The entire graduate physical therapy professional program takes eight (8) semesters to complete. Matriculation is for the Fall semester only in any given year. The eight semesters encompass Fall, Spring, Summer, Fall, Spring, Summer, Fall, and Spring. Graduation is in May with the regular University Commencement.

It is *expected* that travel/holiday plans *will* be made in accordance with the Program's published dates for when classes begin and end. It is *expected* that students *will* make travel/holiday plans that take these dates into account, and will *not* request changes in these dates to accommodate their individual holiday/travel needs.

Plans made by students that are contradictory to these published dates may be subject to *Warning* or *Separation*. Knowingly making a false statement in the realm of academic or clinical requirements, or professional behavior may cause a student to be subject to *Separation* regardless of current Academic Standing. Such decisions are made through a *GRASP* meeting and

subsequent faculty decision.

The curriculum is eight consecutive semesters --  
Fall/Spring/Summer/Fall/Spring/Summer/Fall/Spring.

### ***Semester Courses***

	Cr. Hrs.
<b>Fall — Semester 1</b>	
PT 505 Foundational Sciences for Physical Therapy	9
PT 506 Professional Foundation for Physical Therapy	2
PT 508 Literature Critique and Review	1
<b>Spring — Semester 2</b>	
PT 515 Cardiopulmonary/Exercise Science	9
PT 517 Professional Practice I	2
PT 518 Principles of Measurement and Testing	1
<b>Summer — Semester 3</b>	
PT 525 Musculoskeletal Physical Therapy	9
PT 527 Professional Practice Preparation	2
PT 528 Analytical Methods for Evidence Based Practice	1
<b>Fall — Semester 4</b>	
PT 537 Professional Practice II	6
PT 605 Neuromuscular Physical Therapy I	4
PT 607A Professional Practice IIIA	1
PT 608 Research Methods	1
<b>Spring — Semester 5</b>	
PT 606 Neuromuscular Physical Therapy II	6
PT 607B Professional Practice IIIB	1
PT 615 Physical Therapy for Multiple Systems Disorders I	3
PT 617A Professional Practice IVA	1
PT 618 Research Practicum	1
<b>Summer — Semester 6</b>	
PT 616 Physical Therapy for Multiple System Disorders II	6
PT 617B Professional Practice IVB	1
PT 627A Professional Practice VA	5
<b>Fall — Semester 7</b>	
PT 627B Professional Practice VB	2
PT 645 Practice Management in the Autonomous Environment	8
PT 648 Writing & Presenting Research	1
PT 657 Advanced Clinical Skills	2
<b>Spring — Semester 8</b>	
PT 667 Professional Practice VI	8
PT 677 Professional Practice VII	8

Course numbers, titles, credit hours, and course descriptions are subject to change based on faculty decisions with regard to the curriculum.

### **Course Descriptions**

PT 505: Foundation Sciences for Physical Therapy

Credit hours: 9  
Offered: Every fall  
Pre-requisite(s): Admission to graduate physical therapy professional curriculum (DPT)  
Co-requisite(s): PT 506, PT 508

Using a Problem-Based Learning (PBL) format in small tutorial groups, clinical lab, gross anatomy lab, inquiry seminars, and self-directed learning, students will develop the early cognitive, psychomotor and affective skills necessary to be physical therapists. Cases related to the foundation sciences of anatomy (musculoskeletal and neurological) and kinesiology are covered in the different learning environments. Students will gain an appreciation for, and ability to implement physical therapy professional practice core values, in addition to skills in communication, cultural competence, clinical reasoning, evidence-based practice, and education. Students also will gain introductory clinical skills that relate to patients with all types of movement disorders who require physical therapy services.

#### PT 506: Professional Foundation for Physical Therapy

Credit hours: 2  
Offered: Every fall  
Pre-requisite(s): Admission to graduate physical therapy professional curriculum (DPT)  
Co-requisite(s): PT 505, PT 508

This course guides the student through an exploration of physical therapy as a profession, considering individual, organizational, and societal factors that influence professional development and ethical decision-making as a physical therapist. The course is closely integrated with the APTA Core Values and Code of Ethics, with exploration of the profession's core values of accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Utilizing a largely discussion-based format, students and faculty members will have the opportunity to facilitate interaction by drawing from assigned readings, clinical examples, and life experiences. This course will provide the foundation for growth as a professional throughout the physical therapy curriculum and beyond.

#### PT 508: Literature Critique and Review

Credit hours: 1  
Offered: Every fall  
Pre-requisite(s): Admission to graduate physical therapy professional curriculum (DPT)  
Co-requisite(s): PT 505, PT 506

This course provides students with foundational concepts of evidence-based practice (EBP), and skills for critical evaluation of physical therapy research literature related to both background questions (e.g., risk factors) and foreground questions (e.g., interventions). Students will contrast and critique different types of intervention research and relate to levels of evidence. Students learn how to search for, identify, obtain, analyze and summarize appropriate literature using appropriate tools such as PubMed, PEDro, PTNow, and clinical practice guidelines. The capstone project is a literature review poster presentation.

#### PT 515: Cardiopulmonary-Exercise Science

Credit hours: 9  
Offered: Every spring  
Pre-requisite(s): PT 505, PT 506, PT 508, and appropriate academic status in the DPT curriculum.  
Co-requisite(s): PT 517, PT 518

Using a Problem-Based Learning (PBL) format in small tutorial groups, clinical lab, anatomy lab using cadavers, inquiry seminars and self-directed learning students will develop the cognitive,

psychomotor and affective skills necessary to be physical therapists and provide services to individuals with cardiorespiratory disorders, acute conditions found in hospital settings, and exercise and fitness environments. Foundational sciences, behavioral sciences, and clinical science related to cardiorespiratory disorders are covered in different learning environments. Students will gain an appreciation for and ability to implement physical therapy professional practice core values, in addition to skills in communication, cultural competence, clinical reasoning, evidence-based practice, and education. In the different learning environments, the skills and knowledge related to the management (screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention and outcomes assessment) of patients/clients with cardiorespiratory disorders are covered. Students will gain skills in practice management for individuals with cardiorespiratory disorders who require physical therapy services.

#### PT 517: Professional Practice I

Credit hours: 2

Offered: Every spring

Pre-requisite(s): PT 505, PT 506, PT 508, and appropriate academic status in the DPT curriculum.

Co-requisite(s): PT 515, PT 518

Participation in planned small group part time professional practice experiences. Observation and participation in Phase II and III cardiac rehabilitation, pulmonary rehabilitation, and acute care, with emphasis on examination and intervention for patients with cardiac and pulmonary illness or disease. Emphasis on addressing administrative and professional issues inherent to such clinical environments. Integration of these professional practice experiences with the case studies used in PT 515 Cardiopulmonary-Exercise Science.

#### PT 518: Principles of Measurement and Testing

Credit hours: 1

Offered: Every spring

Pre-requisite(s): PT 505, PT 506, PT 508, and appropriate academic status in the DPT curriculum.

Co-requisite(s): PT 515, PT 517

Students will participate in discussions and activities focused on understanding principles of measurement and concepts related to measurement error, reliability, validity, sensitivity, specificity, minimal detectable change, minimal clinically important difference, likelihood ratios, odds/risk ratios, and clinical prediction rules. Practical interpretation of the psychometric properties for standardized tests and measures in physical therapist practice will occur through critical analysis of research articles, discussion, practice and comprehensive review of commonly utilized standardized measures in physical therapist practice.

#### PT 525: Musculoskeletal Physical Therapy

Credit hours: 9

Offered: Every summer

Pre-requisite(s): PT 515, PT 517, PT 518, and appropriate academic status in the DPT curriculum.

Co-requisite(s): PT 527, PT 528

Using a Problem-Based Learning (PBL) format in small tutorial groups, clinical lab, musculoskeletal lab, inquiry seminars and self-directed learning students will develop the cognitive, psychomotor and affective skills necessary to be physical therapists and provide services to individuals with musculoskeletal disorders. Foundational sciences, behavioral

sciences, and clinical science related to musculoskeletal disorders are covered in the different learning environments. Students will gain an appreciation for and ability to implement physical therapy professional practice core values, in addition to skills in communication, cultural competence, clinical reasoning, evidence-based practice, and education. In the different learning environments, the skills and knowledge related to the management (screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention and outcomes assessment) of patients/clients with musculoskeletal disorders are covered. Students also will gain skills in practice management for individuals with musculoskeletal disorders who require physical therapy services.

#### PT 527: Professional Practice Preparation

Credit hours: 2  
Offered: Every summer  
Pre-requisite(s): PT 515, PT 517, PT 518, and appropriate academic status in the DPT curriculum.  
Co-requisite(s): PT 525, PT 528

PT527 is the capstone course for preparation of upcoming experience courses throughout the curriculum. This course includes both scheduled course and individual meeting sessions. Students will discuss clinical education objectives, professional issues, select upcoming clinical experience sites, develop interview and daily organization skills, and learn how to utilize the full-time PT CPI website.

#### PT 528: Analytical Methods for Evidence Based Practice

Credit hours: 1  
Offered: Every summer  
Pre-requisite(s): PT 515, PT 517, PT 518, and appropriate academic status in the DPT curriculum.  
Co-requisite(s): PT 525, PT 527

Students will learn about various analytical methods used in evidence based practice, with an emphasis on statistical methods. Students will learn to select, apply, and interpret statistical methods commonly used in physical therapy research, and will critique analytical methods used in research.

#### PT 537: Professional Practice II

Credit hours: 6  
Offered: Every fall  
Pre-requisite(s): PT 525, PT 527, PT 528, and appropriate academic status in the DPT curriculum.  
Co-requisite(s): PT 605, PT 607A, PT 608

The first full-time clinical experience course within the DPT curriculum, students participate in nine weeks of full time clinical experience at an orthopedic or acute care/cardiopulmonary setting following the third semester. Students synthesize their knowledge of musculoskeletal and/or cardiopulmonary disorders and gain an appreciation for managing multiple patients and responsibilities. The focus of this experience is on the patient/client management process-examination, evaluation, diagnosis, prognosis, intervention, and outcomes-for patients within these settings with a variety of impairments leading to activity and participation limitations.

#### PT 605: Neuromuscular Physical Therapy I

Credit hours: 4

Offered: Every fall  
Pre-requisite(s): PT 525, PT 527, PT 528, and appropriate academic status in the DPT curriculum.

Co-requisite(s): PT 537, PT 607A, PT 608

Using a Problem-Based Learning (PBL) format in small tutorial groups, clinical lab, neuroanatomy lab, inquiry seminars and self-directed learning, students will develop the cognitive, psychomotor, and affective skills necessary to be physical therapists and provide services to individuals with neuromuscular disorders. Foundational sciences, behavioral sciences, and clinical science related to neuromuscular disorders are covered in the different learning environments. Students will gain an appreciation for and ability to implement physical therapy professional practice core values, in addition to skills in communication, cultural competence, clinical reasoning, evidence-based practice, and education. In the different learning environments, the skills and knowledge related to the management (screening, examination, evaluation, diagnosis and prognosis, plan of care, intervention, and outcomes assessment) of patients/clients with neuromuscular disorders are covered. Students will also gain skills in practice management for individuals with neuromuscular disorders who require physical therapy services.

#### PT 607A: Professional Practice IIIA

Credit hours: 1

Offered: Every fall

Pre-requisite(s): PT 525, PT 527, PT 528, and appropriate academic status in the DPT curriculum.

Co-requisite(s): PT 537, PT 605 PT 608

Students will participate, in the first 8 weeks of a part-time clinical experience integrating clinical skills and practice management related to individuals with neurological impairments and disorders. Students will have the opportunity to practice patient interaction and management skills, clinical skills, and increase their knowledge of this complex patient population. Students will work with patients similar in diagnosis as discussed within tutorial cases and study concepts related to case management and policies that govern the clinical setting. The clinic portion of this course is highly integrated with PT 605 Neuromuscular Physical Therapy.

#### PT 608: Research Methods

Credit hours: 1

Offered: Every fall

Pre-requisite(s): PT 525, PT 527, PT 528, and appropriate academic status in the DPT curriculum.

Co-requisite(s): PT 537, PT 605 PT 607A

Students will examine and contrast a variety of research methods, including both primary and secondary research (i.e., original data collection vs. systematic review/meta-analysis). Students will learn to integrate critique of multiple research articles and apply to clinical situations. This course will address a variety of ethical issues associated with research. By the end of this semester, students will have selected and developed a plan for their capstone research project.

#### PT 606: Neuromuscular Physical Therapy II

Credit hours: 6

Offered: Every spring

Pre-requisite(s): PT 537, PT 605, PT 607A, PT 608, and appropriate academic status in the DPT curriculum.

Co-requisite(s): PT 607B, PT615, PT617A, PT618

Using a Problem-Based Learning (PBL) format in small tutorial groups, clinical lab, neuroanatomy lab, inquiry seminars and self-directed learning students will develop the cognitive, psychomotor and affective skills necessary to be physical therapists and provide services to individuals with neuromuscular disorders. Foundational sciences, behavioral sciences, and clinical science related to neuromuscular disorders are covered in the different learning environments. Students will gain an appreciation for and ability to implement physical therapy professional practice core values, in addition to skills in communication, cultural competence, clinical reasoning, evidence-based practice, and education. In the different learning environments, the skills and knowledge related to the management (screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention and outcomes assessment) of patients/clients with neuromuscular disorders are covered. Students also will gain skills in practice management for individuals with neuromuscular disorders who require physical therapy services.

#### PT 607B: Professional Practice IIIB

Credit hours: 1

Offered: Every spring

Pre-requisite(s): PT 605, PT 608, PT607A and appropriate academic status in the DPT curriculum.

Co-requisite(s): PT 606, PT615, PT617A, PT618

This is the second half of a part-time clinical experience integrating clinical skills and practice management related to individuals with neurologic impairments and disorders. Students will have the opportunity to practice patient interaction and management skills, clinical skills, and increase their knowledge of this complex patient population. Students will work with patients similar in diagnosis as discussed within tutorial cases and study concepts related to case management and policies that govern the clinical setting. PT607B will culminate with an in-house, 2-week intensive, student-run clinic for neurologically impaired individuals. The clinic will afford the students an opportunity to utilize their clinical skills, patient experiences and patient management principles learned throughout the semester and in previous clinical experiences. During this 2-week clinic, patients will be seen three times per week, up to 4.5 hours per day. Students will be responsible for the workings of the clinic including: policies and procedures, patient examination, evaluation and intervention, and case management. The clinic portion of this course is highly integrated with PT606 Neuromuscular Physical Therapy II.

#### PT 615: Physical Therapy for Multiple System Disorders I

Credit hours: 3

Offered: Every Spring

Pre-requisite(s): PT 605, PT 607A, PT 608, and appropriate academic status in the DPT curriculum.

Co-requisite(s): PT 617A, PT 618, PT607B, PT606

Using a Problem-Based Learning (PBL) format in small tutorial groups, clinical lab, neuroanatomy lab, inquiry seminars, and self-directed learning students will develop the cognitive, psychomotor, and affective skills necessary to be physical therapists and provide services to individuals with disorders of multiple systems. Foundational sciences, behavioral sciences, and clinical science related to disorders of multiple system disorders are covered in the different learning environments. Students will gain an appreciation for and ability to implement physical therapy professional practice, and education. In the different learning environments, the skills and knowledge related to the management (screening, examination, evaluation, diagnosis,

prognosis, plan of care, intervention and outcome assessment) of patients/clients with multiple system disorders are covered. Students also will gain skills in practice management for individuals with multiple systems disorders who require physical therapy services.

#### PT 617A: Professional Practice IVA

Credit hours: 1

Offered: Every Spring

Pre-requisite(s): PT 605, PT 607A, PT 608, and appropriate academic status in the DPT curriculum.

Co-requisite(s): PT 615, PT 618, PT607B, PT606

Students will develop and implement a community-based health and wellness project during PT617A with continuation in PT617B. Each student will participate in at least six hours of wellness/prevention activities and/or education by developing and implementing a project selected by the faculty (4-6 hours estimated per session based on preparation, performance, analysis of outcomes, and program changes for future sessions). Throughout the project, each student will need to attend to his or her established program goals in order to prepare and implement an effective wellness session. The students, working with peers, are also expected to assess outcomes on an ongoing basis in order to modify methodologies to most effectively obtain the desired behavioral response from the participants. Through this project, it is expected that students will develop independent thinking and problem solving skills by utilizing available resources to meet the needs of their assigned facility and through continuous self-reflection. The format of this course is seminar-based for learning wellness and health promotion concepts for developing a community program, develop skills for consultation practice, and successfully execute a community wellness program.

#### PT 616: Physical Therapy for Multiple System Disorders II

Credit hours: 6

Offered: Every Summer

Pre-requisite(s): PT 606, PT607B, PT615, PT 617A, PT 618 and appropriate academic status in the DPT curriculum.

Co-requisite(s): PT 617B, PT 627

Using a Problem-Based Learning (PBL) format in small tutorial groups, clinical lab, neuroanatomy lab, inquiry seminars, and self-directed learning students will develop the cognitive, psychomotor, and affective skills necessary to be physical therapists and provide services to individuals with disorders of multiple systems. Foundational sciences, behavioral sciences, and clinical science related to disorders of multiple system disorders are covered in the different learning environments. Students will gain an appreciation for and ability to implement physical therapy professional practice, and education. In the different learning environments, the skills and knowledge related to the management (screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention and outcome assessment) of patients/clients with multiple system disorders are covered. Students also will gain skills in practice management for individuals with multiple systems disorders who require physical therapy services.

#### PT 617B: Professional Practice IVB

Credit hours: 1

Offered: Every Summer

Pre-requisite(s): PT 606, PT607B, PT615, PT617A, PT618 and appropriate academic status in the DPT curriculum.

Co-requisite(s): PT 616, PT 627A

Students will develop and implement a community-based health and wellness project during PT617A with continuation in PT617B. Each student will participate in at least six hours of wellness/prevention activities and/or education by developing and implementing a project selected by the faculty (4-6 hours estimated per session based on preparation, performance, analysis of outcomes, and program changes for future sessions). Throughout the project, each student will need to attend to his or her established program goals in order to prepare and implement an effective wellness session. The students, working with peers, are also expected to assess outcomes on an ongoing basis in order to modify methodologies to most effectively obtain the desired behavioral response from the participants. Through this project, it is expected that students will develop independent thinking and problem solving skills by utilizing available resources to meet the needs of their assigned facility and through continuous self-reflection. The format of this course is seminar-based for learning wellness and health promotion concepts for developing a community program, develop skills for consultation practice, and successfully execute a community wellness program.

#### PT 627A Professional Practice VA

Credit hours: 5

Offered: Every Summer

Pre-requisite(s): PT 606, PT 615, PT617A, PT618, and appropriate academic status in the DPT curriculum.

Co-requisite(s): PT 616, 617B

PT 627 is the second full-time experience course within the curriculum. Students will participate in the first 7 weeks of a total 10 weeks of full-time clinical experience in PT 627A (with the remaining 3 weeks through PT627B). This is scheduled during the summer and fall semesters of the second year at designated clinical education sites. Prior to this experience, students have completed five semesters of academic coursework covering the cardiopulmonary, musculoskeletal, neurologic, and integumentary systems throughout the lifespan, a 10-week full-time clinical experience, and multiple part-time clinical experiences. The focus of this experience will be on the examination, evaluation, diagnosis, prognosis, intervention, and outcomes for complex patients with a variety of impairments leading to activity and participation limitations. The financial aspects of patient care, supervision of support personnel, communication and education of patients, their families, peers, and interdisciplinary team members, and professional behavior development will be emphasized and progressed during this experience.

#### PT627B Professional Practice VB

Credit hours: 2

Offered: Every Fall

Pre-requisite(s): PT 616, PT 617B, PT 627A and appropriate academic status in the DPT curriculum.

Co-requisite(s): PT 645, PT 648, PT 657

PT 627 is the second full-time experience course within the curriculum. Students will participate in the final 3 weeks of a total 10 weeks of full-time clinical experience in PT 627B (the preceding 7 weeks through PT627A). This is scheduled during the summer and fall semesters of the second year at designated clinical education sites. Prior to this experience, students have completed five semesters of academic coursework covering the cardiopulmonary, musculoskeletal, neurologic, and integumentary systems throughout the lifespan, a 10-week full-time clinical experience, and multiple part-time clinical experiences. The focus of this experience will be on the examination, evaluation, diagnosis, prognosis, intervention, and outcomes for

complex patients with a variety of impairments leading to activity and participation limitations. The financial aspects of patient care, supervision of support personnel, communication and education of patients, their families, peers, and interdisciplinary team members, and professional behavior development will be emphasized and progressed during this experience.

#### PT 645: Practice Management in the Autonomous Environment

Credit hours: 8  
Offered: Every Fall  
Pre-requisite(s): PT 616, PT 617B, PT 627A and appropriate academic status in the DPT curriculum.

Co-requisite(s): PT627B, PT 648, PT 657

Using a Problem-Based Learning (PBL) format in small tutorial groups, clinical lab, administrative workshops, inquiry seminars and self-directed learning students will develop the cognitive, psychomotor and affective skills necessary to be physical therapists and provide services to individuals with varied complex disorders. Foundational sciences, behavioral sciences, and clinical science related to neuromuscular, musculoskeletal, cardiopulmonary, practice management, and women's health are covered in the different learning environments. Students will gain an appreciation for and ability to implement physical therapy professional practice core values, in addition to skills in communication, cultural competence, clinical reasoning, evidenced-based practice, and education. In the different learning environments screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention and outcomes assessment are covered.

#### PT 648: Writing and Presenting Research

Credit hours: 1  
Offered: Every Fall  
Pre-requisite(s): PT 616, PT 617B, PT 627A and appropriate academic status in the DPT curriculum.

Co-requisite(s): PT627B, PT 648, PT 657

Students work in small groups to write up their systematic review or primary research as an abstract and full manuscript and will give a platform presentation. During the process, students will participate in a peer review process within the class to improve their scientific writing and to become familiar with the publication process.

#### PT 657: Advanced Clinical Skills

Credit hours: 2  
Offered: Every Fall  
Pre-requisite(s): PT 616, PT 617B, PT 627A and appropriate academic status in the DPT curriculum.

Co-requisite(s): PT627B, PT 648, PT 645

Emphasis is placed on advanced clinical skills that progress, refine, and expand skills previously acquired. Includes topics such as: pediatrics, geriatrics, neurological treatment, exercise progression, post-surgical care, alternative modalities, and manual therapy. Didactic presentations of evidence-based practice literature and clinical laboratory skills. Presentations by students who have had the opportunity to develop advanced clinical skills under mentorship during their clinical experiences. Application of principles of professional practice education through planning, supervising and assessing peers' clinical skills practice. Integration of professional practice experiences with case studies used in PT 645 Practice Management in the Autonomous Environment.

PT 667: Professional Practice VI

Credit hours: 8

Offered: Every Spring

Pre-requisite(s): PT 645, PT 648, PT 657, and appropriate academic status in the DPT curriculum.

Co-requisite(s): PT 677

The third full-time experience course within the curriculum, students will participate in a 10-week, full-time clinical experience scheduled during the first half of the final spring semester at selected clinical education sites. The focus of this experience is on the application and refinement of the PT patient/client management process for complex patients with a variety of impairments leading to activity and participation limitations. The administrative and financial aspects of patient care; consultation; communication and education of patients, their families, peer, and interdisciplinary team members; and continued professional development will be emphasized and progressed during this experience.

PT 677: Professional Practice VII

Credit hours: 8

Offered: Every Spring

Pre-requisite(s): PT 645, PT648, PT657 and appropriate academic status in the DPT curriculum.

Co-requisite(s): PT 667

The fourth and final full-time experience course within the curriculum, students will participate in a 9-week, clinical experience scheduled during the second half of the final spring semester at selected clinical sites. The focus of this experience is on the application and refinement of the PT patient/client management process for complex patients with a variety of impairments leading to activity and participation limitations. Continued professional development, administrative and financial aspects of patient care; promotion of the profession, pro bono opportunities, and communication and education of patients, their families, peers, and interdisciplinary team members will be emphasized and progressed during this experience.

### **Accommodations for Persons with Disabilities**

Clarkson University assures equal educational opportunities by providing accommodations and services for qualified students with disabilities in accordance with Federal Law, specifically the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, as amended in 2008.

Department of Physical Therapy welcomes qualified students with disabilities who meet the technical standards of the program, with or without accommodations. Our technical standards are located below. If you are a student with a disability who needs reasonable accommodations to fully participate in the program, please contact the Clarkson University Office of AccessABILITY Services at [oas@clarkson.edu](mailto:oas@clarkson.edu) or 315-268-7643. To ensure equitable access, students are encouraged to register with the Clarkson University Office of AccessABILITY Services far in advance of the start of the program. Accommodations are not provided retroactively.

Students who require accommodations should contact the Office of AccessABILITY Services as soon as possible to make formal arrangements for any accommodations; OAS is located within the Student Success Center in the Educational Resource Center on the Hill campus; phone is

315-268-7643, email [oas@clarkson.edu](mailto:oas@clarkson.edu). Also notify the instructor during the first week of class by presenting the Schedule and Accommodation Report (green sheet) for instructor signature. For full time clinical affiliation courses, students that require accommodations are encouraged to notify the DCE during the clinical affiliation assignment process.

Additional information, policies, and procedures are available at the OAS website:  
<http://clarkson.edu/oas>.

## **Technical Standards**

The Doctor of Physical Therapy Program at Clarkson University is sensitive to the needs of individuals with disabilities and does not discriminate against qualified candidates with disabilities. The Doctor of Physical Therapy Program is in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, including changes made by the Americans with Disabilities Amendments Act of 2008.

We require that student physical therapists be able to meet the technical standards of the Doctor of Physical Therapy Program, with or without reasonable accommodations. These technical standards are related to essential career and licensing requirements, and set forth the technical standards requisite to admission or participation in the Doctor of Physical Therapy Program.

An offer of admission may be withdrawn and or a student may be dismissed from the program if he or she cannot articulate how, even with reasonable accommodation, he or she would be able to meet the program qualifications— including these technical standards, or if it becomes apparent that the student cannot meet the technical standards even with reasonable accommodation; the requested accommodation(s) would fundamentally alter the nature of the Doctor of Physical Therapy Program at Clarkson University or create a significant risk of harm to the health or safety of others.

Technical standards apply to classroom, laboratories, and clinical settings. Clarkson University's Doctor of Physical Therapy Program uses independent clinical education sites that may or may not be able to offer the same reasonable accommodations that are made available by Clarkson University.

Individuals who have questions regarding reasonable accommodations should contact the Clarkson University Office of Accommodative Services at 315-268-7643.

The Doctor of Physical Therapy Program at Clarkson University in accordance with requirements of the Commission on Accreditation of Physical Therapy Education and Standards of Practice of the American Physical Therapy Association identifies the following skills fundamental to the physical therapy profession and our curriculum:

- Problem solving on the basis of verbal, visual, and written information within a limited time frame;
- Clinical reasoning and decision making within a limited time frame;
- Visual-spatial integration;
- Perceptual-motor integration;
- Repetitive motion;
- Insight and judgment for safety and prognostication;
- Effective communication among group members;

- Planning and organizing for treatment prescription;
- Intermittent lifting of heavy loads;
- Repetitive motion;
- Frequent standing, walking and bending;
- Occasional kneeling and twisting;
- Frequent lifting, pushing and pulling up to 20 lbs.;
- Occasional lifting, pushing and pulling 20 – 50 lbs.;
- Time management to coordinate course requirements

These skills require that applicants have the abilities to meet the technical standards established for this program, with or without reasonable accommodation. These technical standards are:

- 1) Participate in all phases of the educational program within the required time frame, including demonstrating comprehension of all classroom, clinical, and any other required learning experiences through performance and/or examination where such a requirement is essential to:
  - a) be provided with all the specific skills and experiences necessary to successfully complete the Physical Therapy Program, and become eligible for licensure;
  - b) apply basic principles of the scientific method in reading and interpreting professional literature, performing research, and critically analyzing new concepts and findings provided by others.
- 2) Apply basic educational concepts of theories in designing, implementing, and evaluating treatment and function appropriately in interpersonal relationships by exhibiting use of good judgment, empathy, reliability, and emotional stability; must possess the abilities to practice appropriately in stressful situations and to work acceptably with others in order to:
  - a) interact with patients and families in a manner which provides the desired psychosocial support by
    - i) recognizing his/her own reaction to illness and disability;
    - ii) recognizing patients' and families' reactions to illness and disability;
    - iii) respecting individual, cultural, religious, and socioeconomic differences in people.
    - iv) utilizing appropriate communicative processes to ensure appropriate standards of care, as well as accepting and providing constructive criticism.
  - b) demonstrate safe, ethical, and legal practice as stated by the profession;
  - c) engage the greatest possible degree of patient motivation and cooperation in evaluation and treatment;
  - d) function effectively with other health care practitioners in providing appropriate patient care and in improving the quality of patient care;
  - e) be responsive to ideas and techniques that might be more appropriate, effective, or safe.
- 3) Communicate effectively with patients, their families, and health care practitioners in order to:
  - a) instruct, confer, and integrate appropriate patient treatment with other aspects of patient care;
  - b) stimulate motivation and cooperation in treatment, and assist in the alleviation of anxiety;
  - c) teach patients and their families procedures necessary for continued care;
  - d) participate in the planning, organization, and control of a physical therapy service.
- 4) Function appropriately in professional practice in order to:
  - a) review and evaluate patient needs; specify which definitive physical therapy procedures are indicated by administering and analyzing the results of tests, measurements, and evaluations including: gait analysis, vital signs, strength, coordination, joint range and capsule integrity.

- b) plan and prepare treatment programs which:
  - i) include realistic goals in terms of diagnosis, prognosis, physical, psychosocial status, and anticipated lifestyle of the patient;
  - ii) include effective treatment methods that provide a high probability of achieving treatment goals; are within resource constraints;
  - iii) provide for periodic revision according to changes in the patient's physiological state;
  - iv) contain specificity and comprehensiveness appropriate to the level of personnel who execute the plan;
  - v) are adequately documented.
- c) properly administer and/or modify physical therapy treatments in order to ensure that patients safely perform functional activities.

#### Sources for Technical Standards

American Physical Therapy Association. Minimum Required Skills of Physical Therapist Graduates at Entry Level.

BOD G11-05-20-449.

American Physical Therapy Association. Guide to Physical Therapist Practice. Alexandria, Virginia, 2008.

AASIG Technical Standards, Essential Functions Document. Section on Education, September 1998.

Ingram, D. (1997). Opinions of Physical Therapy Program Directors on Essential Functions, Physical Therapy, 77(1).

## **SECTION 4: SAFETY AND FACILITIES**

### **Risks and Precautions**

Physical therapists perform certain job duties that have inherent risks associated with them. As a result, students in the program participate in laboratory and clinical activities in preparation for becoming a physical therapist that also have inherent risks associated with them. These risks include but are not limited to: exposure to hazardous materials in the Gross Anatomy Lab, soft tissue injury as a result of practicing therapeutic exercises and activities in Clinical Lab, contracting communicable diseases from fellow students, patients, and faculty, and incisions while debriding wounds. The Physical Therapy Department considers the safety of students, faculty, and patients to be of utmost importance. The program provides education in the professional curriculum to reduce the risk of injury that may be encountered as a physical therapy student and physical therapist.

### **Injury, Illness, or Safety Issues**

Students are expected to inform the appropriate department personnel (course instructor, Director of Clinical Education, Department Chair) of any health condition they may have which might impact the student's ability to safely, effectively and efficiently engage in any course activity, including clinical education experiences. Students may need to provide medical clearance for participation in course activities, including clinical education experiences. If a student experiences or witnesses an injury, illness, or other safety issue (including malfunctioning equipment) while on university grounds or while engaging in a course or program activity (including clinical education experiences) they should take appropriate emergency action if necessary (e.g. call 911, go to the hospital, go to the Student Health Center) and report the incident to the appropriate personnel. In the case of an injury, illness or safety issue while on a clinical education experience, students should follow the facility's policy and procedures for reporting and follow up care. In this case students are expected to notify their Clinical Instructor and the Director of Clinical Education as soon as possible.

The Department has a reporting form, available through the administrative assistants, which is to be completed within 24 hours, and submitted to one of the department administrative assistants. If you are the primary responder to an incident/accident or a witness to what occurred, you must record your observations promptly. Secondary observations should be signed and dated, and submitted to appropriate supervisory personnel either with the Incident/Accident Report, or individually within the same time-frame expected of Incident/Accident reports.

In all cases, information provided must include the name of the person involved, where the incident/accident occurred, the time the incident/accident occurred, the circumstances under which the incident/accident occurred, actions performed in response to the incident/accident, and the names and contact information of any witnesses. Reports should be precise, concise, complete, accurate, and submitted in a timely manner.

In the event of an emergency such that immediate emergency services are needed students should call 911. Important contact phone numbers are: Student Health Center: 268-6633, Campus Safety: 315-268-6666; Canton-Potsdam Hospital: 315-265-3300; Potsdam Police/Rescue Squad/Fire Department: 9- 911 when calling from a campus phone.

## **Location**

The primary facilities of the Department exist in Clarkson Hall, 59 Main Street, Potsdam, NY 13699-5880. An Automatic External Defibrillator is available on the first floor of Clarkson Hall.

## **Hours of Operation**

Clarkson University and Clarkson Hall will be staffed during the normal working hours of 8:00 AM through 4:30 PM, Monday through Friday (8:00 AM through 4:00 PM during Summer hours – the second Monday following Commencement until one week prior to Orientation in August). Office staff usually have lunch between noon and 1 pm.

## **Maintenance/Fire Evacuation Policy**

Clarkson Hall is in compliance with all Federal and New York State guidelines for appropriate and safe use. All applicable exits are marked, and directions for safe evacuation from the building are posted. Fire notification equipment has been installed to warn all occupants of any fire emergency. State law and Clarkson regulations *require* that all occupants of a building evacuate the building when a fire alarm sounds, or when directed by a public safety officer, faculty member, or staff member. There is no consideration as to whether the alarm or direction is a “drill.”

Clarkson’s physical plant has specific departments responsible for various components of Clarkson Hall – Grounds; Custodial; Electrical, Elevators, Locksmiths; Plumbing, Heating, HV/AC, Carpenters; Safety; Duplicating/Receiving; Purchasing – which are responsible for maintaining Clarkson Hall, and keeping it clean and free from ordinary obstacles and hazards. Maintenance staff request that faculty and students assist them in keeping all rooms and hallways orderly and litter free. The University and its physical plant are committed to compliance with OSHA Hazard Communication Standards relating to each employee and student’s right to know regarding the actual or potential hazardous substances in the workplace. All appropriate equipment utilized by students as a part of their education is inspected annually.

Faculty and students should *not* change heating/cooling settings in the building. Any problems/complaints concerning heating/cooling in the building should be reported to the Department Administrative Assistant.

## **Building Access after Normal Business Hours**

Although students can access the building and clinical labs using their student ID after normal business hours outside of normal class time, students should not use the building for studying after normal business hours alone. Because each student has access to Clarkson Hall, each person using Clarkson Hall has a responsibility for their own security, and the security of any others who may be using the building. *If* all rules are followed, all interior portions of the building will remain secure.

## **Computer and Network Access**

Clarkson provides faculty, staff, and students email addresses and access to computers and the Internet on campus. Students should contact Clarkson’s Office of Information Technology (OIT) for information concerning Internet access. E-mail provides an important means of communication and should be checked daily. The Department and University will *only* use a student’s Clarkson University e-mail address for sending messages.

Clarkson's Office of Information Technology (OIT) provides a campus-wide, high-speed network that interconnects computers on campus, connects to the Internet, and to library resources. OIT maintains a Help Desk at (315) 268-4357. The Help Desk can address concerns about hardware, software, and networking.

The computer workstation is located in the Health Sciences Library. A networked printer, which can also be used as a photocopier, is available for student use through use of codes assigned to students. Each student is provided a code for use of the printer/photocopier at the time they matriculate in the Program. Use of codes other than those assigned to a student shall be cause for a demand for full restitution, and may be cause for a change in academic status. Failure to provide full restitution constitutes non-payment of University charges, and will block students from registration for the next semester and graduation.

A scanner is also available for student use through the Department staff. All persons should be considerate and cooperative when using shared resources.

In addition to desktop computers in the Health Sciences Library Clarkson Hall is set up for wireless computer connection.

Students must adhere to Clarkson's policies for appropriate use of computers. The Office of Information Technology will pursue all cases of inappropriate computer use. Students are *not* allowed to add personal programs on the computers and may not save personal files (including school work) on the computers. Any such material is subject to deletion without warning.

## **Building Rules/Policies**

### ***General Rules***

To maintain safety and building upkeep, all faculty, staff, and students **must** follow the following rules.

1. Only students registered in Department courses may be in Clarkson Hall after normal working hours when the building is locked. No spouses, parents, children, friends, or significant others, may be in the building unless specific permission, or a scheduled visiting time, has been approved by the Chair of the Department;
2. Only students registered in Department courses may serve as "subjects" or "patients" for clinical practice;
3. No doors may be left unlocked or blocked/wedged open after normal working hours. If someone is to access the building, it must be a faculty member, staff member, or student, all of whom have access. Therefore, there is no reason for doors to be unlocked or blocked/wedged open after normal working hours. Doing so significantly decreases the security of all persons in the building, and the building itself; and
4. Only studying and practice of skills are allowed in the building. The building is not for social or other non-academic, use.
5. There is *no* smoking permitted in *any* area within Clarkson Hall. Smoking is permitted outside of Clarkson Hall provided it is done *no closer than 40 feet* to the building;
6. *All* users of the facilities have the responsibility for the appearance and upkeep of the instructional environment;
7. *No* food or beverage is permitted at any time in the anatomy laboratory, dry/wet laboratory, or clinical laboratory;
8. Areas in which food and/or drink has been consumed must be cleaned immediately following consumption. Food may not be left out. Food remaining in the building must be

stored in sealed containers in the kitchen that are labeled, and will not attract insects or rodents;

9. Food and drink are allowed in tutorial rooms when tutorial is not being held. All food must be kept in sealed containers, and removed when the rooms are not in use;
10. Spill-free covered beverage containers only are allowed in carpeted areas;
11. Only drink may be consumed in class unless prior arrangement has been approved by the instructor, and does not conflict with other rules regarding food and beverage; and
12. Food, clothing, and other non-study items that are in disarray in any room, including the student lounge, may be collected and removed from the room. It is a responsibility of students to ensure that rooms do not reach this stage. Warnings may or may not be provided.

### ***Anatomy Laboratory***

Faculty who teach in the Anatomy Laboratory and the Director of the Anatomy Laboratory review all policies and procedures relevant to the Anatomy Laboratory with students, and students are expected to follow these policies and procedures at all time. Below is a general guide to practices and standards that pertain to the Anatomy Laboratory. As a facility licensed by the State of New York, the anatomy lab has strict guidelines that must be followed. Failure to follow such rules may result in the loss of state licensure, and thus loss of a significant teaching/learning area. Students have access to models, slides, and other laboratory resources in dry lab areas. All students in both the anatomy/dry laboratory areas **must** follow the following policies. More information is available in the Anatomy Lab Manual, which is reviewed with students by the appropriate course instructor.

1. Access to the laboratory is limited to students in the Program, tutors, select students whose professors have made special arrangements for access to the lab with the faculty member responsible for the dissection laboratory, students enrolled in specific undergraduate courses, or students who are touring Clarkson Hall as part of their college decision-making visits;
2. Friends and family are not allowed in the anatomy lab for any reason. Students have access to the laboratory providing policies and procedures are followed;
3. Utmost respect and care must be displayed for the cadavers at all times. Respect for the deceased and their families must be considered at all times. Disrespect or lighthearted actions will not be tolerated, and inappropriate behaviors may result in loss of anatomy laboratory privileges, or *Separation* from the Department;
4. All regulations apply at all times (including evenings, weekends, and holidays);
5. Students must follow the written protocol for laboratory clean-up after each session;
6. Remnants of the cadaver must be placed in specially designated containers identified for the remnants of each cadaver. Remnants must not be intermingled as the remains and dissected remnants of each cadaver remain segregated and are returned to the family for burial;
7. Embalming fluid contains phenol, formaldehyde, and ethyl alcohol. Students are required to familiarize themselves with the proper handling, safety precautions, and first aid related to the use of these chemicals. The relevant information is available in the dissection laboratory;
8. Cadavers, cadaver parts, models, bones, and dissection instruments must not be taken out of the dissection laboratory;
9. Safety regulations related to the use of sharp instruments must be observed at all times. Scalpel blades must be disposed of immediately after use in a sharps container;
10. Parts of the cadaver which are not being worked on should be covered to minimize

- formation of hazardous chemical vapors;
11. Gloves must be worn at all times while working in the laboratory. Skin or mucous membranes contaminated with the embalming fluid must be rinsed immediately. Students must dispose of gloves and wash their hands before leaving the laboratory area;
  12. Students must wear protective clothing (scrubs, close toed shoes) while working in the lab. Outer clothing must not be brought in the lab area. Laboratory scrubs and shoes must not be worn outside of the lab except for clothing changes in the student locker room. Scrubs must be washed periodically;
  13. **All** injuries (including minor ones) must be reported immediately to the laboratory supervisor;
  14. There are bone boxes for student use. Two bone boxes are located inside the dissection lab and may be used during cadaver dissection. These must not be removed from the lab. The other two bone boxes are in the dry lab. They contain clean bones that may be used without glove protection. These bones must not be taken into the dissection lab;
  15. Bones that are brought to the tutorial or clinical lab must be returned to the appropriate bone box and to the dry lab at the end of the tutorial session or clinical lab session;
  16. Students are required to use proper microscopic techniques in order to avoid damage to the microscope and histology slides. Slides and microscopes must not be removed from the dry lab area; and
  17. After using the microscope, the light must be turned off, and the microscope secured in its plastic cover. All slides should be returned to the appropriate box. Damage to any slides **must** be reported immediately.

### ***Hazardous Materials***

Clarkson University Department of Environmental Health and Safety has specific policy and procedures regarding storage and use of hazardous materials; <http://www.clarkson.edu/dehs/>.

### ***Campus Safety***

The Office of Campus Safety and Security works to provide a safe environment in which to live, work and learn. Campus Security exists to meet the specialized safety needs of the University. These needs include the maintenance of public order, traffic and parking supervision, emergency first aid, and other related activities. Campus Security provides all students and faculty with pertinent literature regarding: Security Policies and Procedures; Access to Campus facilities; Security in residence halls; Alcohol and Drug Policy; Personal Responsibility and Crime Prevention.

Security phones are located just outside the side entrance to Clarkson Hall (student entrance). Security telephones are also located throughout the Hill Campus. Students wishing an “after-hours” escort from Campus safety should call 268-6666.

Further information about Campus Safety can be obtained either from the Dean of Students at 315-268-6620 or through Campus Security at 315-268-6666.

### ***Parking***

All vehicles must be registered with Campus Safety, and display a Clarkson permit. All faculty and staff are to park in the southeast parking lot (behind Payton Hall). All students are to park the southwest parking lot (behind the Liberal Studies Building) with overflow parking in the parking lot across Main Street in the lot behind Congdon Hall.

***Animals***

Students may not bring animals into the building unless the animal is a working animal that is required to be present for a specific teaching/learning activity.

Faculty or staff may not bring animals into the building during business hours unless the animal is a working animal that is required to be present for a specific teaching/learning activity.

## **SECTION 5: PROGRAM HEALTH REQUIREMENTS AND STANDARDS**

Clarkson University requires that all students meet certain health and immunization requirements including a complete physical examination. Failure to comply will result in withdrawal of acceptance or when applicable, removal from a clinical site. Students should be aware that some series of immunizations require several months for completion. Special consideration may possibly be given to those who are nearing the end of those series when actual completion extends beyond the matriculation period. All students should address this requirement well in advance of the communicated compliance dates.

The Clarkson University Health Center staff reviews student health documentation prior to matriculation to assure that students meet Centers for Disease Control and Prevention and New York State recommendations for immunizations and tuberculosis surveillance.

### **Matriculation Health Requirements**

Documentation must be uploaded to the Health Center Medicaat portal by July 1. The portal can be accessed through the PeopleSoft To-Do list or at <https://clarkson.medicatconnect.com>.

Students must provide documentation of the following immunizations:

**MMR**-Immunity to measles, mumps and rubella as indicated by documentation of 2 doses of live vaccine or positive titers.

**TDap**-Immunization of tetanus-diphtheria-pertussis (Tdap) within 10 years. Tdap is required (Td not accepted).

**Varicella** -Immunization to chicken pox as indicated by 2 doses or a positive titer

**Hepatitis B**-Immunization series of three or a positive titer.

Students are also required to fill out forms regarding TB and Meningitis history.

### **Annual Health Requirements**

In addition to the Clarkson University immunization requirements, clinical sites require that students have three additional annual requirements. The requirements must not expire during a clinical experience. Therefore, to avoid falling out of good standing during a clinical experience and also to avoid having to submit extra requirements, we recommend that you complete these in October/November during clinics with Clarkson University's Health Center that are set up by the Department:

1. Physical Examination
2. Two-step PPD (initial two within two weeks and then one annually thereafter. Students with conversion must have IGRA or chest x-ray every two years as needed)
3. Seasonal Flu Shot required by NY State law for health care workers

There is a fee for each of these that is below market price. We understand that you may wish to have these done with your own physician so that you can bill your insurance. You have the right to do so. However, please be aware that if you are off cycle from your classmates, you take on responsibilities to ensure that you are compliant which may involve extra time, money and inconvenience.

### **Universal/Standard Precautions Requirements**

In order to reduce the risk of transmission of bloodborne, students receive education and training

on universal/standard precautions throughout the program. This may also include specific training at clinical education sites.

## **SECTION 6: CLINICAL EDUCATION**

Unless otherwise noted, all other information found within the Student Handbook also applies to clinical education.

### **Definitions:**

The Clarkson Department of Physical Therapy will be using the terminology from the American Council of Academic Physical Therapy (ACAPT) as newly updated in 2018. The terminology is as follows:

### **Full-Time Clinical Education Experience**

A *Clinical Education Experience* in which a student engages for a minimum of 35 hours per week. An integrated clinical education experience may be a full-time clinical education experience; however, full-time clinical education experiences designated to achieve the minimum number of weeks set forth by CAPTEE are directed by a physical therapist clinical instructor.

### **First Full-time Clinical Education Experience**

The first clinical education experience designated to achieve the minimum number of weeks set forth by CAPTE in which a student engages for a minimum of 35 hours per week

### **Intermediate Full-time Clinical Education Experience**

A clinical education experience designated to achieve the minimum number of weeks set forth by CAPTE in which a student engages for a minimum of 35 hours per week and returns to the academic program for further completion of the didactic curriculum.

### **Terminal Full-time Clinical Education Experience**

A single, or set of, full-time clinical education experience(s) designated to achieve the minimum number of weeks set forth by CAPTE that occur after the student has completed the didactic curriculum of a physical therapist professional education program. Students may return to the academic program for didactic instruction that does not require additional clinical education experiences. The expected outcome of the final, or last terminal experience is entry level performance.

### **Integrated Clinical Education Experience**

ICE is a curriculum design model whereby clinical education experiences are purposefully organized within a curriculum. In physical therapist education, these experiences are obtained through the exploration of authentic physical therapist roles, responsibilities, and values that occur prior to the terminal full-time clinical education experiences. Integrated experiences are coordinated by the academic program and are driven by learning objectives that are aligned with didactic content delivery across the curricular continuum. These experiences allow students to attain professional behaviors, knowledge, and/or skills within a variety of environments. The supervised experiences also allow for exposure and acquisition across all domains of learning and include student performance assessment. For integrated clinical education experiences to qualify toward the minimum number of full-time clinical education weeks required by accreditation (CAPTE) standards, it must be full time and supervised by a physical therapist within a physical therapy workplace environment or practice setting.

## Faculty Roles in Clinical Education

### DEFINITIONS (Clinical)

<b>DCE:</b>	<b>Director of Clinical Education</b>
<b>SCCE:</b>	<b>Site Coordinator of Clinical Education</b>
<b>CI:</b>	<b>Clinical Instructor</b>

### *Director of Clinical Education (DCE)*

#### Role

The DCE is the core faculty member responsible for coordinating the clinical education component of the program, and serves as liaison between the program and clinical facilities. The DCE, in cooperation with other academic faculty, 1) establishes clinical and facility standards, 2) selects and evaluates clinical facilities, and 3) facilitates on-going development of, and communication with, clinical facilities and clinical faculty. The DCE plans, facilitates, administers, and monitor activities on behalf of, and in coordination with, the academic and clinical faculty of the program. These activities include, but are not limited to:

1. Developing, monitoring, and refining the clinical education component of the curriculum;
2. Facilitating quality learning experiences for students during clinical education;
3. Evaluating students' performance, in cooperation with clinical faculty, to determine each student's ability to integrate didactic and clinical learning experiences and progress within the curriculum;
4. Selecting clinical learning environments that demonstrate characteristics of sound patient management, ethical and professional behavior, and currency with physical therapy practice;
5. Providing and maintaining documented records and assessment of the clinical education component of the program (including clinical experience sites, clinical faculty, etc.);
6. Actively engaging core faculty in clinical education planning, implementation, and assessment; and
7. Promoting and providing development opportunities for clinical faculty.

#### Evaluation

The DCE is evaluated by students, clinical faculty, and core faculty on a regular basis. The *Director of Clinical Education Assessment Tool* exists for each population to assist in this process. The DCE also actively seeks and receives regular feedback from all stakeholders on an ongoing basis through phone calls, site visits, student meetings, student focus groups, faculty meetings, and performance reviews. The DCE gathers information on the efficacy and efficiency of the clinical education process through the site visit form and the clinical faculty evaluation form, and summarizes the data following each for dissemination and discussion with core faculty.

### *Clinical Faculty-SCCE and CI*

The SCCE is the individual responsible for coordinating the clinical education program in the contracted facility, and is the clinical counterpart to the DCE. The SCCE may, or may not be, the same person as the Clinical Instructor. The Clinical Instructor is the primary clinical supervisor for a student at the contracted facility. The roles and responsibilities of clinical faculty, SCCEs, and CIs, to the clinical component of the program curriculum are to:

1. Demonstrate knowledge of contemporary clinical practice issues, issues in health care delivery, and management of a clinical education program;
2. Demonstrate ethical and legal behavior and conduct according to applicable state and federal regulations that meets or exceeds the expectations of members of the program faculty;
3. Maintain regular communication with the academic program, including completion of all required forms (clinical site information form, annual request forms, clinical education agreements, student performance assessments, and progress updates);
4. Disseminate and/or review information on a regular basis regarding the program with respect to academic and clinical program expectations, and experience course requirements;
5. To plan and implement alternative or remedial learning experiences in collaboration with the DCE for students experiencing difficulty or students demonstrating exemplary performance;
6. Manage and/or participate in the facility's clinical education program effectively, including knowledge of the facility's student goals and objectives, available teaching/learning opportunities and experiences, the overall student placement process, and to provide resources and plans for CI training and professional development;
7. Demonstrate effective communication skills with students, patients, colleagues, and program faculty, and administrative support;
8. Define student performance expectations clearly, and provide constructive feedback as appropriate; and
9. Create a positive environment conducive to student learning.
10. Supervise, mentor and instruct students during clinical experience.

#### Expectations of Clinical Instructors

Clarkson's program supports the expectations for clinical instructor competence as described in the *APTA Guidelines and Self-Assessments for Clinical Instructors* (APTA 2004). More specifically, the program expects that clinical instructors will demonstrate the following minimum qualifications:

1. Completion of an entry level physical therapy education program with current state licensure to practice; and
2. One year of clinical experience.

In addition to the minimum qualifications, the program has the following goals for qualifications of CIs:

3. 50% of clinical instructors for all clinical experiences will have obtained an advanced degree in physical therapy or a related field;
4. 50% of clinical instructors for all experiences will have Level I APTA CI credentialing;
5. 75% of clinical instructors will have taken continuing education in their area of practice within the last two years; and
6. 10% of clinical instructors will have obtained specialist or advanced certification in their area of practice.

#### Rights and Privileges of Clinical Faculty

SCCEs and CIs of Clarkson University Doctor of Physical Therapy program have the following rights and privileges associated with their voluntary participation in the clinical education program. These rights and privileges are to:

1. Be treated fairly with dignity and without discrimination by all students and faculty/administration of the physical therapy Department of Clarkson University;
2. Receive timely information regarding requests for student placements, upcoming student placements, changes in placement, the clinical education curriculum and policies, and general physical therapy program policies;
3. Request assistance from the academic program in dealing with clinical education or student issues that arise during clinical experiences;
4. Request onsite in-services related to clinical education, effective teaching strategies, or clinically related topics in the areas of specialization presented by the DCE or other core faculty members;
5. Terminate the affiliation agreement with Clarkson University at any time;
6. Terminate a student's participation in the clinical education experience due to safety concerns, disruption, or detriment to the clinical site or patient care if the student were to continue;
7. Require additional criteria to accept students for affiliation (i.e., additional malpractice insurance, pre-placement interview, specific health requirements, criminal background check, drug test, etc.);
8. Provide feedback to the Department regarding the program, clinical education curriculum, administrative process, and student performance;
9. Request feedback regarding student experiences, student feedback, and student performance assessment;
10. Participate in Clarkson University's continuing education offerings; and
11. Obtain Clinical Experience Instructor status for twelve months commencing on the day the student starts their experience, which includes a Clarkson e-mail account, access to Clarkson's online library for database and journal searches, and use of the Deneka Fitness Facility.

## **Clinical Education Documentation**

### ***Health, Training and Clearance Documentation***

Documents are required to determine that a student's health status enables them to undertake program demands free of conditions which might endanger the health and well-being of other students, patients or program-related personnel. Student physical examinations and health screening data are confidential documents and are not archived in PT departmental student or program files. Clarkson University Health Center will maintain all physical examinations, test results and immunization records. The only documentation the program maintains regarding student health is a summary statement from the Health Center that the appropriate screening and immunizations have been completed.

Certifications of certain immunizations are required by New York State law and by our legal contracts with clinical experience sites. Expenses for the physical exam and for immunizations are the students' responsibility. Students are required to provide official certification of such immunizations in effect at the time of matriculation in the program, and to maintain such immunizations in force throughout the program.

Acceptable certification may include:

1. An official health department document clearly indicating the immunization, date, and contact information that permits the Department to confirm the document;
2. An original (not photocopy) letter on the provider's office letterhead from a physician or facility that has provided the immunization, in which the immunization, date, and contact information that permits the Department to confirm the document are clearly indicated.

Students are advised to maintain a personal copy of all elements of the pre-clinical health requirements and a copy of the report regarding the outcomes of these screenings.

The Department of Physical Therapy has transitioned to an online clinical education management system called EXXAT STEPS (Student Training and Education Placement Software). EXXAT is a comprehensive, fully integrated web-based clinical education management system which manages student data, clinical site data, placements, communication with students and sites, evaluations, and reporting. EXXAT STEPS also includes a Student Portal that gives students the ability to build their own profile and access all of the information they need throughout their course of study.

It is the student's responsibility to:

1. Submit health-related documentation to the Clarkson University Health Center and provide updated certifications as necessary;
2. Maintain the original certification in her/his possession while in the program, and
3. Provide new certification each time an immunization is required to be updated.
4. Update EXXAT with documents and expiry/completion dates as needed.

Prior to each clinical experience, students are to ensure that their physical examination and all listed immunizations are current.

All students are provided an *Authorization to Release Health Records* form during their first semester on campus. When authorization is provided, the Health Center may release health records or verification on their behalf. Students will be responsible for making their requisite clinical education requirements "visible" on EXXAT when instructed to do so, to ensure their clinical education sites for clinical education experiences have access to this documentation. Students who do not provide authorization are required to submit, and are responsible for, their required records being sent to the clinical site. Failure to follow procedures as outlined may result in inability to complete clinical education requirements.

Copies of completed physical examination and documentation of immunizations will be uploaded by the Clinical Education Administrative Assistant to EXXAT. The students will be responsible to make sure the dates on the EXXAT profile are up to date. Completed physical examinations and documentation of immunizations will be made available through EXXAT by each student prior to the start of each individual clinical education experience.

#### Criminal Background Check

Some clinical facilities require a criminal background check prior to beginning a clinical experience at that facility. All students are required to have a background check performed and on file. However, some sites require a re-check or more rigorous check which may include fingerprinting. It is the student's financial responsibility to have the criminal background check

performed. Students must follow proper procedures for implementing the criminal background check. The student is responsible for ensuring a copy of the background check is received by the facility, if requested, in a timely manner.

### Drug Testing

Some clinical facilities require drug testing prior to participation in patient care at the facility. Students must comply with test procedures in order to participate in clinical education at that facility. When possible, students are informed of this requirement prior to clinical placement. If the student selects a facility with this requirement, it is the student's financial responsibility (when applicable). The student is responsible for ensuring a copy of the drug test is received by the facility in a timely manner.

### CPR Certification

CPR certification is required during your time in the program. A CPR training course is held in the department every Fall for a below market fee. Students may choose to show proof of prior certification and take a certification course off campus at their own expense. Certification must be *American Red Cross BLS for Healthcare Providers (AED and CPR)* or *American Heart Association Basic Life Support (BLS)*. Your certification must have a lab component. A Lifeguard Certification is NOT sufficient. Certification cards will be uploaded by the student under their EXXAT profile along with date of expiration.

### Professional Liability Insurance

Professional liability insurance coverage for each student is required by each of the Department's clinical experience sites. This form of risk management minimizes risks to students and the University, while providing students opportunities to learn and develop during clinical experiences and experience assignments. A policy is purchased by the Department that covers each student in the program and the fee for this professional liability coverage is paid annually by the university.

### ***Clinical CVs and Cover Letters***

Each student is responsible for writing a personal introduction statement, creating a student clinical CV, and developing clinical experience goals prior to their clinical experiences. Personal statements and clinical CVs will be reviewed and approved by the DCE. Once approved, the EXXAT student profile link and clinical documentation required by the clinical site will be emailed to the SCCE at least one (1) month prior to the start of the full-time clinical experience. Students are also responsible for contacting their clinic at least two (2) weeks prior to their start date. At the beginning of each full-time clinical experience, students should meet with their clinical instructor to review performance goals, with modification and refinement of these goals to occur regularly throughout the experience.

As timeliness is a distinct aspect of professionalism, missed deadlines or incomplete information may result in administrative action.

### ***Documentation during Clinical Experience***

Students are to complete the following documentation while on each full-time clinical experience:

1. APTA web-based CPI (mid and final assessment);
2. Weekly Goal Forms;

3. Physical Therapist Student Evaluation Form;
4. Clinical Faculty Evaluation Form;
5. University Course Evaluations.

### ***Professionalism Requirements***

Students are expected to behave in a professional manner and to follow all facility rules during clinical experiences. Information and knowledge concerning all patients, not only patients being treated by a student, is confidential. Unprofessional behavior may result in removal from the experience, and is referred to GRASP when necessary. Decisions by GRASP may include instituting a change in academic status, up to, and including Separation.

Students are expected to read, review, and follow all policies and procedures of their host clinical experience site. These policies and procedures may include (but are not limited to):

1. Completing personal paperwork, including human resource or departmental documents;
2. Completing all patient charts and documentation according to facility standards; and
3. Following facility-specific policies and procedures.

### **Clinical Education Attendance**

The student's specific clinical schedule during full-time clinical experiences will be determined by the Clinical Instructor (CI)/Site Coordinator of Clinical Education (SCCE). Students are expected to assume the schedule of their CI(s), with an anticipation of a minimum of 37.5-40 hours per week over the course of the CE. All significant schedule variances from this must be discussed with the DCE.

Students must communicate a need for time off due to events such as illness, death in immediate family, and emergencies to their clinical site point of contact, typically their CI or SCCE, and the DCE as soon as possible. A collaborative case by case determination will take place between the academic and clinical program as to whether missed time for these reasons will need to be made up. The specific schedule for make-up of missed clinical time will be at the convenience of the clinical program.

Professional development activities such as participation at conferences or meetings or personal commitments (doctor's appointments, travel for wedding attendance, etc...) must be approved in advance by the DCE, SCCE and CI. These activities should be scheduled outside your clinical hours whenever possible. For any professional development/personal activities, it is the student's responsibility to plan ahead. Do not make an assumption of approval as this is a decision based on numerous factors, such as clinical performance, already missed time, patient care and supervisory reasons, etc... Approval from all parties must be attained before taking time off from your experience. All students should anticipate making up time for non-emergency or non-illness reasons. Any missed clinical time is to be made up per the discretion of your CI and communicated to the DCE.

It is the student's responsibility to discuss holidays and/or time when the facility is closed during the experience. If the time the clinical site is closed is related to observed legal holidays or weather-related emergency, clinical time does not need to be made up. Any other reasons, such as CI on vacation or a school break in the pediatric school-based setting, will necessitate communication between the academic and clinical program. A determination will be made, based on options feasible to the clinical site and acceptable to the academic program, to ensure

each student meets curricular requirements for this clinical education course.

### **Student Concerns during Clinical Experience**

Should a concern arise during a clinical education experience, students are expected to follow the procedure presented below. If students are unsure of clinical education regulations or procedures, they must contact the DCE or program office for clarification. Students are expected to report any safety violations, accidents, or malfunctioning equipment to the proper person (CI, SCCE, DCE, or when necessary public safety officers) *immediately*.

As the DCE is the official Clarkson contact for students experiencing a problem while on clinical experience, students should report their concern to the DCE immediately. The DCE and the student will establish whether or not the student will require direct DCE support or presence to discuss concerns with the SCCE and/or CI. If it is established that the DCE needs to be present for a meeting, the DCE contacts the SCCE and/or CI to arrange a meeting time, and will make appropriate and reasonable travel arrangements. When the DCE is not available, a designee is assigned by the DCE. Depending on the severity of the situation, students may be removed from a clinical environment or a mutually agreed upon action plan is reached that allows students to complete the rotation at that clinical education site. The DCE will present the situation and outcomes to the core faculty and a decision will be made whether further action is necessary.

### **Selection of Full-Time Clinical Experience Sites**

#### ***Clinical Site Contracts***

The PT Department and Clarkson's Department of Risk Management work together to acquire, monitor, and maintain clinical sites, and to ensure that the contractual arrangements with facilities are congruent with Clarkson University policies with regard to off-campus activities by students. Clarkson University maintains contracts with many clinical sites, adequate to meet the needs of the program. These contracts assure the rights and safety of persons involved in clinical education. All information pertaining to clinical education experience site selection is accessible to students to facilitate the decision making process. Clinical education sites are identified and solicited using procedures established by the Department. Sites are selected which adhere to the guidelines for Clinical Education established by the APTA, and are responsive to CAPTE criteria.

Clarkson University has a wide variety of clinical sites across the United States that utilize a variety of clinical education models. Clinical experiences may be in the following environments:

1. Acute care;
2. Rehabilitation centers;
3. Outpatient care;
4. Home health care;
5. Public health;
6. Transition/swing care units;
7. Extended care facilities;
8. Skilled nursing facilities;
9. School based practices;
10. Industrial rehabilitation;
11. Fitness, wellness, and injury prevention practices; and
12. Athletic-based practices.

### ***New Site Development***

New site development occurs on an on-going basis for the following reasons:

1. Need to increase choices of clinical sites for a particular practice setting;
2. Appropriate student experiences and opportunities; and
3. Student interest.

While negotiating a contract with a new site, the DCE inquires about student learning experiences, clinical faculty credentials, and unique learning opportunities. Minimum criteria required by the program of its clinical experience sites include:

1. Staffing by at least one licensed physical therapist who is a graduate of a physical therapy curriculum that is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE);
2. Designation of one licensed physical therapist as the Site Coordinator of Clinical Education (SCCE);
3. A willingness of the physical therapy staff and central administration to work with and support a clinical education program;
4. A patient load sufficient to provide the student(s) with opportunities to apply knowledge and increase skill in patient evaluation and intervention;
5. Adequate time, space, and equipment to accommodate students;
6. Commitment to high quality physical therapy student education;
7. Expressing positive attitudes toward students and faculty of Clarkson University regarding provision of physical therapy services in an appropriate work environment, and in a professional manner;
8. Providing appropriate supervision of patient examination, intervention, documentation, and billing procedures performed by students;
9. Having a documentation system for maintaining records of patient examination, intervention, progression, and re-assessment;
10. An up-to-date written agreement between the clinical facility and Clarkson University; and
11. Demonstration of ethical and legal behaviors, and conduct that meets or exceeds the expectations of the program's faculty.

Students may inquire about initiating a new site. Only the DCE may solicit new sites, however. All such contacts ***must*** be made by the program's DCE. Students submit site information and rationale for the initiation of the contract to the DCE utilizing the *New Site Request Form*. Communication of new site interest must be submitted in a timely manner. This is required so that the DCE may make contact with the sites prior to sending a request form for the following year and to allow enough time for the contract process.

Submission of a *New Site Request Form* does not, however, guarantee the pursuit of a new site. The request may be denied if appropriate alternative options are already available through the established list of affiliated sites or if timing of the request may delay potential clinical placement.

If a new site that was requested is secured and that site provides a slot for the upcoming experience, the student is required to select that site. Students must keep in mind that there is no

guarantee that a clinical agreement will ensue from each contract request. Additionally, although the contract process may be completed, the site may not offer a slot for the student's upcoming experience and the student may not have the opportunity to attend the clinical site.

### ***Site Information***

Site information including Clinical Site Information Forms (CSIFs) are maintained for all active clinical education sites. Hard copies of applicable materials are located in the Department office. This process is transitioning; in the future, this information will be archived in EXXAT. These forms provide current descriptions of the services and programs available at different clinical experience sites. They are available for students and faculty to review in the Department office during normal office hours.

### ***Student Clinical Experience and Selection Requirements***

The Physical Therapy program provides students with information regarding potential full-time clinical experience sites. Students are required to meet with the DCE prior to each selection to discuss their preferences and overall clinical education plan to ensure they experience the required variety of settings and patient populations. While students establish preferences for their sites, actual placements are based on availability, requirements and DCE approval. Students **must** experience a variety of clinical settings. One of the four full-time clinical experiences must be an outpatient experience, one must be an inpatient care experience, one in a specialty area and another based on student choice.

Students are required to provide three preferences for each of their four full-time experiences from the list of contracted clinical sites and clinical site offers. Students are assigned to sites from their listed preferences. Students must recognize that they may not always receive their first choice of sites but all efforts will be made to accommodate geographic preferences for housing and best possible learning environment. Students are encouraged to meet with the clinical education team (the DCE and Clinical Education Administrative Assistant) to discuss placement options and locations available. The DCE will provide students with an overview of placement processes prior to selections.

Students are required to complete *at least* one full-time experience outside of the local area (outside a 125-mile radius), unless otherwise approved by the DCE. This requirement is for the following reasons:

1. There are not enough local (within a 125-mile radius of Potsdam) facilities to accommodate all students;
2. To ensure all students experience a variety of settings that the local, rural community may not provide;
3. To expand the scope of types of patients, techniques, and opportunities that may not be available in the local area.

### ***Housing and Transportation***

As not all clinical sites are local, students are responsible for all travel and living expenses incurred during clinical experiences. Refer to the information on file in the site folders and EXXAT for details regarding housing and transportation requirements at each clinic site. The clinical education team will provide students with recommendations for other housing options, if known. Students have been successful in securing housing through communication with peers, alumni, and through reputable housing sources such as AirBnB.

### ***Cancellation***

Prior to the initiation of a clinical experience, students may need to be reassigned due any number of reasons such as site cancellations, student academic performance, or medical need. All parties involved in a clinical experience placement will receive as much advanced notice as possible when a site placement change is necessary. When a cancellation occurs, the DCE meets individually with the student to secure an alternative placement site for the experience.

### **Professional Behavior: Patient Rights and Confidentiality**

Students are responsible for behaving in a professional manner at all times when interacting with patients or mock patients. All students are required to complete the Health Insurance Portability and Accountability Act (HIPAA) training prior to clinical experiences to ensure patient/client rights to privacy and confidentiality of protected health information.

When students interact with patients as part of their clinical program, students shall treat all information and knowledge about these patients as confidential, complying with all regulations of HIPAA and the American Physical Therapy Association's (APTA) Code of Ethics. Patient information is confidential, except when such information can be shared appropriately with professional peers and colleagues for the purpose of learning and providing optimal patient care. Students are to treat all patients with dignity and respect at all times. All patient information, including photographs, used for student assignments must be de-identified prior to dissemination. Students are required to receive verbal or written permission (as appropriate) from the facility to use de-identified information for assignments.

Problem-Based Learning encourages use of demonstration patients and subjects within the physical therapy professional curriculum. Such subjects must always provide informed consent prior to participation in educational activities. All persons associated with the Department must respect the dignity and privacy of all such participants. No images, photographic or video, may be used without prior written patient consent.

In addition, patients/clients have the choice regarding services provided by a physical therapist student. Students must introduce themselves as 'students' or 'student PTs' from Clarkson University. All patients or clients should provide consent to be evaluated or treated by a physical therapy student prior to the initiation of the examination or intervention. Patients or clients may refuse any physical therapy services provided by a physical therapy student at any time without penalty.

Information, other than protected health information, obtained from a clinical site, may not be used without permission of the clinical site.

Lack of professional behavior may result in removal from a clinical experience assignment, failure of the clinical experience/experience or other course, and actions up to, and including, *Separation* of a student from the Program.

### **Supervision of Physical Therapy Students on Clinical Experience**

Often there are questions regarding PT student involvement with patients both from a supervisory and billing practice standpoint. The following information is meant to provide basic information for acceptable practice. It is the expectation of Clarkson University Physical Therapy Program that CIs and students will adhere to all legal requirements with regard to

student participation in patient examination and intervention, documentation, billing and coding activities. Students have been encouraged to seek guidance when questions arise regarding practice activities. The APTA provides numerous supervision charts and resources for various practice settings and reimbursement sources that can be found at: [www.apta.org](http://www.apta.org). Students will be provided instruction in applicable regulation and laws prior to clinical experiences. Students are to contact the DCE if they have any questions or concerns about supervision, billing practices, or regulations (state, federal, organizational, accrediting), especially as they relate to student involvement. State and federal rules and regulations regarding supervision and billing practices will be followed.

### ***APTA Position on the Supervision of PT Students***

The program supports the position of the APTA on supervision of physical therapy students. The STUDENT PHYSICAL THERAPIST PROVISION OF SERVICES HOD P06-00-18-30 [Amended

HOD 06-96-20-33; HOD 06-95-20-11] [Previously titled: Position on the Provision of Physical Therapy and Physiotherapy Services by Student Physical Therapists] [Position] states:

Student physical therapists, when participating as part of a physical therapist professional education curriculum and when acting in accordance with the American Physical Therapy Association policy and applicable state laws and regulations, are qualified to provide services only under the direction and direct supervision of the physical therapist, who is responsible for patient/client management. Direct supervision means the physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient/client during each visit that is defined in the Guide to Physical Therapist Practice, as all encounters with a patient/client in a 24-hour period. Telecommunications does not meet the requirement of direct supervision.

Relationship to Vision 2020: Professionalism; (Practice Department, Ext 3176)

[Document updated: 12/14/2009]

### ***Level of Supervision***

In general, the level of student supervision should be based on the professional judgment of the CI, a licensed physical therapist, with consideration of the readiness of the student to perform the tasks assigned and the risks to all those involved.

Considerations for the determination of the type and level of supervision for students include:

1. Willingness and comfort level of patient (or parent/guardian)
2. Academic physical therapy courses completed
3. Level of experience--early, middle or final
4. Previous experience in particular setting
5. Previous experience with particular diagnosis and context of the case
6. Previous experience with the types of interventions likely to be utilized
7. Preparedness of the student
8. Confidence of the student
9. Regulatory guidelines (state and/or federal) and any applicable reimbursement coverage limitations (individual insurance providers)

Information gathered from the school and student prior to the start of the experience may assist in determining the appropriate level of supervision. This may include academic course descriptions, the student's learning objectives and learning style, and a description of student's

previous clinical experiences.

### ***Medicare and Student Involvement***

Medicare has modified the ruling regarding PT student supervision requirement frequently over the past few years. Students will be provided APTA membership to directly access guidance and compliance documents and will have access to a Moodle course, DPT Clinical Education, where the most current guidelines will be archived. Regulatory changes related to student supervision will be reviewed with students before clinical experiences and when modifications to Medicare or other relevant federal, state or reimbursement ruling and regulations occur.

### ***Worker's Compensation***

Physical therapists are to practice consistent with guidelines provided for each state. In the absence of supervisory guidelines, refer to the general APTA position for student supervision guidelines.

### **Evaluation of Student Performance for Clinical Education Courses**

All clinical experiences are graded on a pass/noncomplete basis by the DCE in consultation with the CI(s) and/or SCCE. Students are evaluated during full-time clinical experiences utilizing the **online Clinical Performance Instrument (PT CPI Web)**. Formal assessment will be completed at mid-term and during the final week of the experience. Students will complete a self-assessment, utilizing the PT CPI Web for each of these evaluations. It is expected that the student will be an active participant in the evaluation process. Both student and CI must “sign off” on the online midterm and final assessments in order for the DCE to access the assessment. The final “sign-off” must be completed before the student leaves the clinical experience. Criteria ratings and written comments are required by the student and clinical instructor. Criteria ratings, criteria comments and summative comments should demonstrate progression of clinical competence in the psychomotor, cognitive and affective domains between midterm and final assessments. These separate assessments should be discussed in formal meetings at the midpoint and completion of the experience for assessment and planning of the experience. Students and CIs are required to complete the online training module through the APTA Learning Center prior to their first use of the web-based PT CPI. Additional evaluative procedures, either formal or informal, may be required at the discretion of the CI or SCCE. Students requiring support to address clinical performance issues may be required to complete and meet the expectations set forth in a collaborative action plan. Failure to complete the assessment procedures is grounds for failure of the experience course.

### **Grade Determination**

Grading criteria and written objectives are provided in each course syllabus. The DCE determines the final grade for each clinical experience course and all courses are graded on a Pass/No Credit basis. The student's performance must meet established criteria and objectives to earn a grade of Pass.

### ***Criteria for Passing (P)***

At a minimum, the student must meet the following established criteria:

1. Completion of the PT CPI evaluation from both the student and CI at midterm and final including the 18 performance criteria ratings and narrative comments, midterm and final summative comments, and signatures;

2. Performance of each PT CPI criteria meets or exceeds the course requirement;
3. Written CI comments support each criteria rating;
4. No red-flag items (Criteria 1-4 and 7) or significant concerns boxes checked at the final evaluation;
5. Progress is demonstrated on the rating scales on each of the performance criteria from the midterm evaluation to the final evaluation; and
6. All required paperwork is submitted to DCE on time.

***Criteria for No Credit (NC):***

1. Failure to fulfill the above Passing (P) criteria upon completion of the course;
2. Written CI comments indicate failing performance regardless of the criteria rating;
3. The student does not achieve goals contained in a learning contract; and
4. The student is asked to terminate the experience before the scheduled conclusion of the course due to unacceptable professional behavior and/or clinical performance problems that are not remediated successfully prior to the end of the course.

**No Credit for a Clinical Experience Course**

When a student does not receive credit for a clinical experience course, the situation is reviewed by the faculty under the aegis of a Group Review of Academic Standing and Progression (GRASP), as presented in the Physical Therapy Student Handbook: Academic. The student meets with the DCE and academic advisor to assess the reason for failure and to discuss options for addressing the performance deficits, if possible.

A remedial clinical experience may be arranged if the student demonstrates ethical and safe performance and the faculty grant remediation. If the remediation can be accommodated within a regularly scheduled full-time clinical experience placement, the DCE will work with the student to make necessary changes to meet the expectations of the GRASP decision. If the remediation cannot be accommodated within the regularly scheduled full-time clinical experience placement, the faculty will discuss, during the GRASP meeting, plans for completing the clinical experience course. The remediation may require additional full-time clinical experience assignments.

***Assignments***

Each full-time clinical experience is a course of its own and therefore has its own syllabus and expectations. All courses have unique requirements and assignments associated with them and completion of these make up a portion of the assessment of the student's performance within the course. At times, clinical sites and/or instructors will have additional requirements. Students are required to complete all assignments whether assigned from the academic institution or the clinical facility.

**Clinical Site Evaluation**

***Site Visitation or Call***

The DCE, or a delegated core faculty member, conducts on-site or telephone evaluations of students on clinical experience. Site evaluations strive to certify that the clinical environment is receptive to students and allows effective learning. Student performance is also reviewed. Additional site visits may be arranged if the student, DCE, SCCE or CI believe such a visit is necessary for successful clinical experiences.

### ***Site Evaluation***

Clinical sites are evaluated through several methods. In addition to the evaluation that occurs during site visits and telephone calls, students complete the *Physical Therapist Student Site Evaluation* form. Through this assessment, students document the setting environment, variety of patients encountered, and learning experiences and opportunities provided. Students are to complete this assessment for each full-time experience. This evaluation is discussed between the student and CI both at midterm and final so that if there are concerns at midterm, they may be addressed and instruction may be modified to provide the best learning experience possible.

### ***Clinical Faculty Evaluation***

The program expects the following teaching skills of its clinical faculty as documented in the *APTA Guidelines and Self-Assessment of Clinical Instructors* (APTA 2004):

1. Current knowledge of the program's curriculum and goal and expectations of the clinical experience;
2. Works collaboratively with the student throughout the experience for developing clear goals and objectives for an optimal learning experience;
3. Demonstrates effective communication and interaction skills with students, colleagues, interdisciplinary team members, patients, and their families;
4. Provides appropriate supervision to monitor and modify learning experiences in a timely manner based on the student's performance;
5. Sequences learning experiences to promote the student's progression of personal and professional goals;
6. Evaluates regularly, formally and informally, student knowledge, skill, and behavior as related to specific performance criteria and provides timely constructive feedback; and
7. Models instructional and supervisory skills expected of physical therapists and the awareness of the impact of this role modeling on the student.

Clinical faculty performance data will be obtained after each full-time clinical education experience through written student evaluations, the Clinical Faculty Evaluation Form, communications, and other appropriate sources of information. The DCE analyzes the data after each experience course and provides a written summary report to the core faculty.

When issues related to the site, SCCE, or CI are identified, DCE involvement on behalf of the student may be initiated during the placement. The SCCE may be informed, and assist if requested, to plan for remediation as necessary. After completion of the course, additional plans of action may be designed to assist in clinical faculty development including: educational information, in-services and recommendation of CI credentialing. If issues cannot be resolved, the relationship with the clinical facility may be terminated.

### **Clinical Education Forms**

Students will be provided access to each of the following forms, as well as others relevant to their clinical experiences, via Moodle or EXXAT platform during or prior to their clinical experiences. These forms are subject to change as the department converts fully to an online format.

Form	Description of Form
Clinical Education	Completed by students after their experience and filed in the

Expense Sheet	site folder to assist decision making process for student site selection
Clinical Faculty Evaluation Form	'CI Survey' gathers data on clinical instructors
DCE evaluation— Clinical Faculty	Assessment form for feedback to the DCE from SCCEs and clinical instructors after full-time experiences
Email Communication	Completed by the student to provide the DCE with CI information, to ensure the student received an orientation and developed goals
Weekly Planning Form	Students develop weekly goals in collaboration with their CIs
Clinical Experience Call/Visit Form	Utilized by the core faculty member making the midterm site visit or phone contact
Clinical Experience Planning Form	Assists students in estimating expenses for upcoming full-time experience
Experience Preference Form	Students complete when selecting site from approved list for the upcoming experience
New Site Request Form	Completed when students would like to arrange a new experience site
PT Student Site Evaluation	Assessment by the student of the clinical experience and clinical instruction

## **SECTION 7: DISCLAIMER**

This Student Handbook represents Department expectations on the date produced. Changes may be made by the Department as necessary. Any changes will be communicated to students at the earliest possible time.

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## **APPENDIX A. CLINICAL SKILLS SAFETY AND COMPETENCY BY COURSE**

### Clinical Skills Safety and Competency by Course

#### PT 505 Foundational Sciences for Physical Therapy

At the end of this course students will be able to competently and safely:

- Assess normal end-feels in healthy individuals
- Assess active and passive range of motion in healthy individuals using goniometry
- Assess manual muscle strength in healthy individuals (strength 0-5/5)
- Perform anthropometric measurements such as girth, limb length, volume
- Locate and palpate normal structures
- Assess standing posture
- Perform neurological screening exam for the upper and lower extremities:
  - Assess myotomes
  - Assess dermatomes
  - Assess muscle stretch reflexes
- Perform peripheral nerve sensory testing using light touch, 2-point discrimination, and Semmes-Weinstein monofilaments
- Perform gait training with assistive devices such as canes, crutches and walkers using appropriate gait patterns
- Perform patient transfers including: 3-person carry, 2-person lift, hydraulic lift, dependent standing pivot, depending sitting pivot, squat pivot, slide board, push-up transfer, standing pivot, and floor to wheel chair
- Assess vital signs such as pulse, blood pressure, ventilation rate, and blood oxygen saturation
- Assess fit of ambulatory assistive devices

#### PT 515 Cardiopulmonary - Exercise Science

At the end of this course students will be able to competently and safely:

- Assess vital signs including blood pressure, heart rate, respiratory rate, and oxygen saturation
- Assess gait speed
- Assess fitness level (aerobic, strength, flexibility)
- Assess one and multi repetition maximum
- Prescribe and Instruct patient/client in strengthening exercises
- Prescribe and Instruct patient/client in aerobic exercises
- Prescribe and Instruct patient/client in flexibility exercises
- Assess peripheral pulses
- Assess and measure edema
- Assess heart sounds
- Measure intensity of aerobic exercise
- Assess postural hypotension
- Instruct and assist patient with bed mobility
- Instruct and assist patient with transfers
- Assess breath sounds

- Perform confirmatory testing including tactile fremitus, whispered pectoriloquy, egophony and bronchophony
- Perform Peabody Motor Developmental Screen
- Instruct patient in alternative breathing techniques such as diaphragmatic and pursed lip breathing
- Instruct patient in use of incentive spirometry
- Interpret electrocardiograms.
- Instruct in relaxation and pacing techniques
- Performs percussion, vibration, shaking, and postural drainage
- Instruct patient in airway clearance techniques
- Complete a basic evaluation of a patient in acute care
- Perform appropriate exercise and mobility training to a patient in the acute care setting
- Perform abdominal assessment
- Assess body composition
- Instruct use of basic resistance equipment (theraband, free weights, weight machines)
- Assess physiologic response to exercise
- Recognize adverse reactions to exercise
- Recognize when exercise is not safe
- Mobilize a patient while managing a variety of lines and tubes
- Evaluate for postural hypotension
- Manage emergencies in the practice setting
- Perform differential diagnosis of chest pain
- Instruct patient/client in home exercise program to further their fitness/wellness goals
- Determine Ankle Brachial Index
- Recognize when further assistance is needed to safely manage a patient/client

#### PT 525: MUSCULOSKELETAL PHYSICAL THERAPY

At the end of this course students will be able to competently and safely perform/apply the following:

- Lower quadrant neuro screen
- Joint mobilizations: basic principles
- Moist hot packs
- Ice pack (dry and moist) /ice massage
- Joint Mobilizations: hip
- Ultrasound/phonophoresis
- Iontophoresis
- Joint Mobilizations: foot/ankle
- Cryocuff
- Massage: fluid flush
- Joint Mobilizations: knee
- Electric stimulation: NMES
- Upper quadrant neuro screen
- ULTT (will do all 4)
- Massage: transverse friction (all sites)
- Joint mobilizations: elbow
- Joint mobilizations: Shoulder

- Joint mobilizations: wrist/hand
- Electric stimulation: TENS, IFES, microcurrent for pain
- Laser
- Traction: cervical (home)
- Traction: cervical (mechanical)
- Manual therapy: cervical soft tissue
- Joint mobilizations: cervical
- Traction: lumbar
- Joint mobilizations: lumbar
- Joint mobilizations: thoracic
- Muscle energy: thoracic
- Muscle energy technique: SI
- Joint mobilizations: SI
- Massage: soft tissue

#### EXERCISE SKILLS

- Hip strengthening
- Hip mobility: AROM, stretch
- Hip TrP
- LE balance and proprioception
- Foot/ankle BAPS
- Foot/ankle mobility: ROM, stretch, TrP
- Foot/ankle strengthening
- Knee mobility: ROM, stretch, TrP
- Knee strength
- Knee plyometrics
- Elbow mobility: ROM, stretch, TrP
- Elbow strengthening
- Elbow nerve glide
- Shoulder ROM
- Shoulder stretch/TrP
- Shoulder strengthening
- Shoulder other
- Wrist/Hand mobility
- Wrist/Hand strengthening
- Wrist/Hand other
- Cervical mobility
- Cervical strengthening
- Cervical stabilization
- Lumbar mobility
- Lumbar strengthening
- Lumbar stabilization

#### PHYSICAL EXAMINATION

- Physical examination of the hip
- Physical examination of the knee

- Physical examination of the foot/ankle
- Physical examination of the elbow
- Physical examination of the shoulder
- Physical examination of the wrist/hand
- Physical examination of the cervical spine
- Physical examination of the lumbar spine
- Physical examination of the sacroiliac joint

#### PT 605 and 606 Neuromuscular Physical Therapy I and II

At the end of this course students will be able to competently and safely:

- Assess muscle performance and sensation in individuals with spinal cord injury
- Instruct and perform interventions for individuals with spinal cord injury in bed mobility skills
- Instruct and perform interventions for individuals with spinal cord injury in transfer skills
- Instruct and perform interventions for individuals with spinal cord injury in wheelchair skills
- Instruct and perform interventions for individuals with spinal cord injury in gait
- Apply techniques to improve respiratory function in people with spinal cord injury
- Make basic adjustments to specialized and standard wheelchairs
- Assess motor function in patients with neurological deficits
- Assess coordination in those with and without suspected neurological deficits
- Assess gait in individuals with neurological deficits
- Perform locomotor training in individuals with neurological deficits
- Apply functional electrical stimulation/NMES
- Apply assistive technology to promote function for individuals with neurological deficits
- Assess upper extremity function through standardized examinations
- Apply interventions to improve upper extremity function
- Assess cranial nerve function
- Apply interventions to improve oculomotor function
- Assess vestibular function
- Apply interventions to improve vestibular function
- Assess balance/postural control in individuals with and without suspected neurological deficits
- Perform interventions to improve balance
- Assess movements and performance of functional tasks through task analysis
- Perform interventions to improve transfers in individuals with neurological deficits
- Perform interventions to improve bed mobility in individuals with neurological deficits
- Perform interventions to manage hypokinesia
- Perform interventions to manage hyperkinesia
- Assess cognitive functioning in individuals with and without suspected neurological deficits
- Perform interventions to improve dual task performance
- Apply principles of motor learning when performing interventions

#### PT 615 and 616 Multiple Systems Disorders I and II

At the end of the course students will be able to competently and safely:

- Assess wounds

- Complete documentation regarding assessment of and interventions for wounds
- Assess gait of individuals with lower extremity amputation
- Complete residual limb wrapping
- Complete pre-gait and gait training of individuals with lower extremity amputation
- Complete prosthetic use training for individuals with lower extremity amputation
- Complete and document a diabetic foot examination
- Complete and document a home ergonomics assessment
- Complete and document a specialized wheelchair evaluation
- Instruct parents and children on techniques to promote bed mobility, creeping, crawling, scooting, transfers, wheelchair mobility, and gait in the pediatric population
- Instruct parents and caregivers on the proper positioning of an infant
- Assess movements and functional tasks through task analysis in the pediatric population
- Perform interventions to improve bed mobility in the pediatric population
- Perform functional mobility training (creeping, crawling, and scooting) in the pediatric population
- Perform interventions to improve transfers in the pediatric population
- Assess gait in the pediatric population
- Perform locomotor training in the pediatric population
- Assess balance in the pediatric population
- Perform interventions to improve balance in the pediatric population
- Assess sensory integration in the pediatric population
- Perform interventions to improve sensory integration in the pediatric population
- Assess children spinal deformities in the pediatric population
- Perform interventions to manage spinal deformities in the pediatric population
- Apply principles of motor learning to the pediatric population

#### PT 645 Practice Management in the Autonomous Environment

At the end of the course students will be able to competently and safely:

- Assess a patient with temporomandibular joint dysfunction to determine an appropriate plan of care.
- Instruct a patient and perform selected PT interventions for temporomandibular joint dysfunction.
- Instruct a patient and perform selected PT interventions for a person who is pregnant or has women's health related impairments.
- Perform a patient-centered, collaborative patient interview that exhibits successful shared decision making.

#### PT 657 Advanced Clinical Skills

At the end of the course students will be able to competently and safely:

- Provide effective peer instruction in a clinical skills lab topic.
- Construct an evidence-based peer competency checklist incorporating feedback from an expert mentor, legal practice standards, and risk management principles.
- Assess peer competency using individually constructed competency assessment.
- Identify indications and contraindications for safety and performing interventions skills

relating to the following areas: nerve glides, running analysis, graston technique, lumbar mobilization, thoracic mobilization, mobilizations with movement, Sahrman techniques, strain/counterstrain, and myofascial release.

- Advise proper documentation that follows professional, health care systems, and practice setting guidelines for the skills assigned.
- Formulate a plan for effective management of any adverse events or emergencies that may arise within the course of treatment.

## **APPENDIX B: PROFESSIONAL DEVELOPMENT ASSIGNMENT (PDA)**

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**CLARKSON UNIVERSITY**  
**SCHOOL OF ARTS & SCIENCES**  
**DEPARTMENT OF PHYSICAL THERAPY**

*Professional Development Assessment (PDA)*

*Purpose & Expectations:*

*The purpose of the professional development assessment is to assist the student in a logical and progressive process toward professional growth across the curriculum. The expectation is that each student will demonstrate professional growth through accurate self-assessment, effective utilization of the feedback from others, and reflection. Satisfactory progress is demonstrated by meeting the PDA curricular objectives.*

*PDA Curricular Objectives:*

- 1. Demonstrate competence in the APTA Core Values of Professionalism in Physical Therapy through accurate self-assessment at the frequent or consistent levels on the professional development tool.*
- 2. Demonstrate professional growth through reflective practice.*

*The professional development assessment consists of three items:*

*Item I: Professional Development Tool (PDT)*

*Item II: Professional Development Reflection (PDR)*

*Item III: Professional Development Meeting (PDM)*

*Implementation:*

*The PT506: Professional Foundations in Physical Therapy course coordinator arranges the course in a format to sequentially introduce each of the core values of physical therapy during the course sessions. Toward the end of the course, the course coordinator, or faculty designee, introduces the concept of the Professional Development Assessment, particularly focusing on the purpose of the PDA and the expectation for professional growth across the curriculum. At this time, the PT506 students are introduced to the PDT, students complete the initial column of behaviors to familiarize themselves with the tool, and then submit to the appropriate Moodle folder for advisor access.*

*By the end of PT515, the students will have one more session with a faculty member to prepare them for their first full completion of all elements of the assessment (PDT, PDR, PDM). In advance of this session, students will have completed their tools and drafted their goals. Questions are answered regarding the tool behaviors and goals are worked on in facilitated workshop fashion. The PDT and PDR are then submitted to the appropriate Moodle folder and students make their appointments with their faculty advisor.*

*From this point forward, students receive a reminder email at the time that each iteration of the PDA is due along with the student guide for its completion. The advisement process continues throughout the DPT program with the PDA Meeting Guide completed by each advisor at these meetings. The ultimate goal is for students to demonstrate professional growth through reflective practice with facilitation from the faculty advisor in collaboration, when needed with other faculty for the success of each student.*

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*The PDA process will be completed, at a minimum, five times in the curriculum:*

- 1. End of PT506: Initial rating category of the PDT only – turned in for PT506 course and shared with advisor [only PDT]*
- 2. End of PT515: Revision of initial rating column, completion of all other columns, one goal\* written per core value category [all PDA elements]*
- 3. End of PT605: Revision of all column ratings, prior goals marked met or not met, new goals\* written in core value categories where needed (may not need one for each category) [all PDA elements]*
- 4. End of PT627: Revision of all column ratings, prior goals marked met or not met, new goals\* written in core value categories where needed [all PDA elements]*
- 5. Middle of PT677: Revision of all column ratings, prior goals marked met or not met, new goals\* based on five-year plan and post-entry level behaviors [all PDA elements]*

*\*All goals written should be SMART and be inclusive of both academic and clinical environments. Goal achievement should be documented on the PDT as ‘met’ or ‘unmet’ and also commented on within the PDR.*

*The PDA purpose and process are reviewed by faculty annually with revisions as needed.*

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*Item I: Professional Development Tool (PDT)*

**Background:**

*The categories and category definitions in the PDT replicate the American Physical Therapy Association document entitled **Professionalism in Physical Therapy: Core Values**<sup>1</sup>. Sample indicators/behaviors have been incorporated from multiple sources<sup>1,2,3</sup> and are distributed according to faculty consensus on the behaviors expected in the curriculum at each of three main levels (beginning, developing, and entry level).*

**Instructions:**

*For each core value listed, a definition is provided along with a set of sample indicators that describe what one would see if a physical therapist student were demonstrating that core value in his/her daily practice.<sup>1</sup>*

*Behaviors bolded in red on the tool indicate the professionalism 'red flag' behaviors that are noted within the student handbook.*

**Ratings:** *For each of the sample indicators listed, place one number that best represents the frequency with which you demonstrate the behavior where  
NO = Not Observed, 1=Never, 2=Rarely, 3=Occasionally, 4=Frequently, 5=Consistently*

*Students are responsible for completing the ratings for the period they have most recently completed AND reviewing and updating ratings from the prior columns. When a rating is updated from previous assessment, the rating should be highlighted to indicate that there was a change.*

*Students should self-assess incorporating feedback from as many individuals as possible (peers, faculty, clinical instructors, patients, etc.) when completing the tool.*

**Tool Construction References:**

1. *Professionalism in physical therapy. Consensus document of the American Physical Therapy Association (APTA). BOD Policy. Alexandria, VA: APTA; 2003.*
2. *May WW, Morgan BJ, Lemke JC, et al. Model for ability-based assessment in physical therapy education. Journal of Physical Therapy Education. 1995;9(1):3-6.*
3. *Jette DU, Portney LG. Construct validation of a model for professional behavior in physical therapist students. Physical Therapy. 2003; 83(5): 432-443.*

**Item II: REFLECTION**

**Background:**

*Reflection is one of the most powerful mechanism available for personal and professional growth. It is necessary for developing the self-assessment and critical thinking skills critical to the lifelong learning process that is characteristic of a professional. Henceforth, the Professional Development Reflection (PDR) is designed to foster skill development in the area of reflective practice toward the demonstration of professional growth.*

*Each student is expected to demonstrate reflection on professional growth in the area of the seven core values of professionalism outlined in the PDT. The format of the reflection is a written narrative.*

**Instruction to Students:**

1. *Begin the reflective process by recalling all feedback you received during the timeframe between reflections. Feedback might come from faculty, classmates, clinicians, patients, assessments, written comments, non-verbal messages, comments from family/friends and/or self-awareness.*
  - *[Tip: make a word document on your computer desktop for taking notes on feedback you receive on a daily or weekly basis]*
2. *Complete the PDT self-ratings. Use the feedback from multiple sources in this self-assessment and support your ratings with specific examples.*
  - *[Tip: consider putting specific feedback or examples directly into the PDT behavior box that it matches with]*
3. *Review your goals on the PDT and mark them as met or unmet (after semester two). Use your new PDT ratings and your reflection to assist you in writing new goals for the next timeframe.*
4. *Start writing your PDR by answering the following questions:*
  - *What percent of the goals that I made for myself did I meet? Why was I successful and/or unsuccessful at meeting these goals?*
    - *What feedback was obtained, from whom, and how did I respond/learn from it?*
      - *What have I learned from the ratings I gave myself on my PDT?*
  - *Were there areas of improvement that I achieved without my conscious attempt to improve them? Why did this happen?*
  - *Can I make generalizations about my strengths and weaknesses from the PDT and this reflective period? How and why have these strengths and weaknesses changed over time?*
    - *What have I struggled with during this reflection period and why? How do I intend to address/resolve these struggles?*
      - *Which of the core values resonate most for me during this reflective timeframe and why? Provide examples.*
  - *Why do I feel that the new goals I have set for my professional growth will be able to be achieved? What are several specific actions I will take to ensure their achievement?*
5. *Read your reflection. Ask yourself whether you have documented all of the 'why' portions effectively. Read your reflection one last time and consider having another person read it before you turn it in.*
6. *Submit your PDT and PDR to the designated Moodle folder and email your advisor to schedule your Professional Development Meeting (PDM).*

### ***Item III: Professional Development Meeting (PDM)***

#### ***Background:***

***The Professional Development Meeting (PDM) is a designated meeting between the student advisee and the faculty advisor. There are a minimum of four PDMs throughout the curriculum (timing as stated earlier). Additional PDMs are scheduled when deemed needed by the faculty advisor. The primary focus of the PDM is review and discussion of the PDT and PDR and the assessment by the faculty advisor that the advisee is on target with his/her professional growth at each stage of the process.***

#### ***Instruction to Faculty:***

***It is the advisee's responsibility to initiate the meeting process with the faculty advisor through an invitational email requesting the meeting. At that point, the faculty advisor is expected to establish an in-person meeting (except for during the last full-time clinical education experience (FTCEE) when this can be by phone) to discuss the student's professional progress.***

***The faculty member should review the student's work and initiate completion of the Professional Development Meeting (PDM) Advisement Guide [See Item III: PDM Advisement Guide] PRIOR to the student meeting such that proper feedback from others and information can be reviewed to ensure accuracy of student ratings and remarks.***

***Student documents should be evaluated for accuracy and for the student's ability to self-reflect adequately. If improvements in these areas are needed discussion should include the improvements that are needed, documentation should be placed on the advisement guide in the designated location and the student should be instructed in revisions based on further work as needed. If revisions are required, the student should resubmit the requested information to the faculty advisor for review by the date mutually specified and the faculty advisor makes further documentation on the advisement guide that the student work has been completed and that the student is at an acceptable level of professional development at that time. If the second iteration of the work is not satisfactory, the student should be notified and the faculty advisor should bring the information to the attention of the faculty as a 'student issue' at the next available meeting for further guidance on next steps.***

***Once reviewed with each student, the PDT, PDR, and PDM Advisement Guide, with student signature, should be reloaded into the Moodle folder as the final version for that iteration of the PDA.***

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Item I: Professional Development Tool (PDT)

NO = Not Observed, 1=Never, 2=Rarely, 3=Occasionally, 4=Frequently, 5=Consistently

Accountability

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

Initial Rating (PT 506)	Beginning Level	Developing Level	Entry Level
[ ] I <u>recognize</u> that all actions have a consequence	[ ] I <u>acknowledge</u> the consequences of my actions	[ ] I <u>accept</u> the consequences of my actions	[ ] I <u>respond</u> appropriately to the consequence of my actions and that of others
[ ] I <u>recognize</u> that others have varied goals/needs from my own	[ ] I <u>respond</u> to the goals/needs of <u>peers/faculty</u>	[ ] I <u>respond</u> to the goals/needs of <u>patients/clients</u>	[ ] I am <u>effective</u> in addressing the varied goals/needs of <u>different populations</u>
[ ] I <u>understand</u> the value of feedback toward professional growth	[ ] I am <u>open to</u> feedback from others	[ ] I <u>implement</u> an effective plan of action in response to feedback	[ ] I <u>demonstrate</u> professional growth through actively seeking and using feedback
[ ] I can <u>state</u> the purpose of the code of ethics and standards of practice that govern physical therapist professional activities	[ ] I can <u>identify and discern</u> ethical, legal, or facility policies (practice, ethics, reimbursement, IRB, student handbook)	[ ] I <u>take appropriate action</u> , by seeking guidance, to identified issues with ethics, standards of practice or policies/procedures	[ ] I <u>adhere</u> to the code of ethics, standards of practice, laws and policies/procedures that govern the conduct of professional activities

	Accountability Goals	Met/Unmet	No Goal Needed at This Time
For End of PT605	At least one goal in this category mandatory		
For End of PT627	Goal only as needed in this category		
For Middle of PT677	Any goal from your five-year plan/post-entry level goal that matches this category		

Altruism

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

Initial Rating (PT 506)	Beginning Level	Developing Level	Entry Level
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<input type="checkbox"/> I am <u>aware</u> the <u>my</u> needs and priorities are different than that of others	<input type="checkbox"/> I am able to effectively <u>determine</u> the needs of <u>others</u>	<input type="checkbox"/> I <u>consider</u> the needs of others in <u>guiding</u> ones actions	<input type="checkbox"/> I <u>go beyond</u> the patient's/client's expectations for physical therapy care
<input type="checkbox"/> I can <u>define</u> altruism in the context of becoming a physical therapy professional	<input type="checkbox"/> I am <u>supportive</u> of <u>peer</u> needs as well as my own	<input type="checkbox"/> I <u>prioritize</u> my needs and that of others effectively	<input type="checkbox"/> I <u>complete</u> patient/client care and professional responsibility <u>prior to personal</u> needs
<input type="checkbox"/> I place a high priority on <u>my</u> learning in order to help others	<input type="checkbox"/> I <u>educate</u> peers in a manner that facilitates everyone's learning (with attention to differences in learning styles)	<input type="checkbox"/> I <u>foster</u> peer and patient responsibility in learning	<input type="checkbox"/> I <u>foster</u> patient autonomy through education and shared decision making

	Altruism Goals	Met/Unmet	No Goal Needed at This Time
For End of PT605	At least one goal in this category mandatory		
For End of PT627	Goal only as needed in this category		
For Middle of PT677	Any goal from your five-year plan/post-entry level goal that matches this category		

Compassion/Caring

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

Initial Rating (PT 506)	Beginning Level	Developing Level	Entry Level
<input type="checkbox"/> I <u>demonstrate</u> caring and compassion for myself so that I can do the same for others	<input type="checkbox"/> I <u>understand</u> the link between caring in the academic environment to caring for patients/clients	<input type="checkbox"/> I <u>design</u> patient/client programs/interventions that are congruent with patient/client needs and values	<input type="checkbox"/> I <u>advocate</u> for patient/client access to appropriate health and wellness services

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<input type="checkbox"/> I <u>demonstrate</u> consideration for the emotional and psychological needs of my <u>peers</u>	<input type="checkbox"/> I <u>demonstrate empathy</u> toward <u>peers</u>	<input type="checkbox"/> I <u>demonstrate empathy</u> toward <u>patients/clients</u>	<input type="checkbox"/> I <u>reconcile</u> differences/difficult situations with caring and compassion
<input type="checkbox"/> I <u>recognize my own</u> social, cultural, gender, and sexual biases	<input type="checkbox"/> I <u>demonstrate respect</u> for the differences in beliefs and values of others	<input type="checkbox"/> I am <u>able to identify with or</u> sense something of another's experience	<input type="checkbox"/> I <u>refrain</u> from acting on my own social, cultural, gender, sexual, or other biases

	Compassion/Caring Goals	Met/Unmet	No Goal Needed at This Time
For End of PT605	At least one goal in this category mandatory		
For End of PT627	Goal only as needed in this category		
For Middle of PT677	Any goal from your five-year plan/post-entry level goal that matches this category		

**Excellence**

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

Initial Rating (PT 506)	Beginning Level	Developing Level	Entry Level
<input type="checkbox"/> I <u>understand my</u> responsibility as a student in the learning process	<input type="checkbox"/> I <u>demonstrate</u> responsibility for learning in the <u>classroom environment</u> (interest, attentiveness)	<input type="checkbox"/> I <u>demonstrate</u> responsibility for learning in the <u>clinical environment</u> (works to fill gaps in knowledge/skill; increase knowledge/skill)	<input type="checkbox"/> I <u>accurately reflect</u> on my commitment to lifelong learning
<input type="checkbox"/> I am <u>aware of the three</u> components of evidence-based practice	<input type="checkbox"/> I <u>utilize</u> relevant and multiple sources of evidence in the <u>classroom environment</u>	<input type="checkbox"/> I <u>utilize</u> relevant and multiple sources of evidence in the <u>clinical environment</u>	<input type="checkbox"/> I <u>justify</u> the solutions I have selected using evidence-based practice
<input type="checkbox"/> I <u>am aware of own</u> strengths and weaknesses	<input type="checkbox"/> I <u>demonstrate</u> knowledge of personal limitations	<input type="checkbox"/> I <u>take action to improve</u> and/or compensate for personal limitations	<input type="checkbox"/> I <u>consistently apply</u> new information from self and others to re-evaluate performance

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<input type="checkbox"/> I ask appropriate questions	<input type="checkbox"/> I <u>formulate</u> alternative hypothesis	<input type="checkbox"/> I <u>critique</u> hypothesis and ideas	<input type="checkbox"/> I <u>analyze</u> effectiveness of applied solutions
<input type="checkbox"/> I <u>identify</u> when contradictory ideas exist	<input type="checkbox"/> I <u>tolerate</u> ambiguity (uncertainty, gray areas)	<input type="checkbox"/> I <u>respond</u> effectively to unexpected situations	<input type="checkbox"/> I <u>critique</u> my performance accurately
<input type="checkbox"/> I <u>identify</u> collaborative opportunities and share knowledge willingly (team player)	<input type="checkbox"/> I <u>engage</u> others in discussion	<input type="checkbox"/> I <u>capitalize</u> on my limitations and strengths and that of others to make referrals for the best care for the patient/client	<input type="checkbox"/> I <u>participate</u> in interprofessional collaborative practice to promote high quality health and educational outcomes

	Excellence Goals	Met/Unmet	No Goal Needed at This Time
For End of PT605	At least one goal in this category mandatory		
For End of PT627	Goal only as needed in this category		
For Middle of PT677	Any goal from your five-year plan/post-entry level goal that matches this category		

Integrity

Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do.

Initial Rating (PT 506)	Beginning Level	Developing Level	Entry Level
<input type="checkbox"/> I <u>express</u> ideas such that others can understand	<input type="checkbox"/> I <u>distinguish</u> fact vs. opinion vs. assumption	<input type="checkbox"/> I approach others to <u>confront</u> bullying, harassment, bias, or other differences when appropriate	<input type="checkbox"/> I <u>act</u> on the basis of professional values even when the results of the behavior may place myself at risk
<input type="checkbox"/> I <u>establish</u> outlets to cope with stressors effectively	<input type="checkbox"/> I <u>assist</u> others in recognizing stressors for the betterment of the relationship and team	<input type="checkbox"/> I <u>reconcile</u> conflicting or contradictory information effectively	<input type="checkbox"/> I <u>resolve</u> dilemmas with respect to a consistent set of core values
<input type="checkbox"/> I <u>follow through</u> on commitments made (show up and show up prepared)	<input type="checkbox"/> I <u>demonstrate</u> timeliness (show up on time, meet deadlines)	<input type="checkbox"/> I <u>engender</u> respect from peers, faculty, and patients	<input type="checkbox"/> I <u>am trustworthy</u> (strength of character and competence)
<input type="checkbox"/> I am in control of my actions	<input type="checkbox"/> I <u>assume responsibility</u> for my actions/outcomes	<input type="checkbox"/> I <u>articulate</u> to appropriate individuals, in advance, if personal issues might impact my performance	<input type="checkbox"/> I effectively communicate professional needs and concerns

	Integrity Goals	Met/Unmet	No Goal Needed at This Time

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For End of PT605	At least one goal in this category mandatory		
For End of PT627	Goal only as needed in this category		
For Middle of PT677	Any goal from your five-year plan/post-entry level goal that matches this category		

**Professional Duty**

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

Initial Rating (PT 506)	Beginning Level	Developing Level	Entry Level
<input type="checkbox"/> I <u>understand</u> the professional role of a physical therapist	<input type="checkbox"/> I <u>project</u> a professional image in all environments	<input type="checkbox"/> I actively <u>participate</u> in the achievement of health goals of patients/clients/populations.	<input type="checkbox"/> I <u>demonstrate</u> commitment to providing effective physical therapy services
<input type="checkbox"/> I <u>recognize</u> my stressors/problems that may impact the safety or security of my group	<input type="checkbox"/> I <u>provide</u> a safe and secure environment for <u>classmates</u>	<input type="checkbox"/> I <u>provide</u> a safe and secure environment for <u>patients/clients</u>	<input type="checkbox"/> I <u>promote</u> a safe and secure atmosphere for all environments
<input type="checkbox"/> I <u>act</u> to sustain a consistent support network	<input type="checkbox"/> I <u>seek assistance</u> as needed after attempting to solve a problem myself	<input type="checkbox"/> I <u>access</u> advisors, mentors, and other guidance toward professional growth	<input type="checkbox"/> I <u>mentor</u> others
<input type="checkbox"/> I <u>recognize</u> the complex nature of communication and varied strategies for effectiveness (active listening, teach back, summaries)	<input type="checkbox"/> I <u>communicate</u> adequately in the <u>classroom environment</u> (verbal, nonverbal, written)	<input type="checkbox"/> I <u>communicate</u> effectively in the <u>clinical environment</u> (verbal, nonverbal, written)	<input type="checkbox"/> I <u>adapt</u> communication to the needs of all individuals/teams/groups
<input type="checkbox"/> I <u>recognize</u> my professional duty to provide constructive feedback to peers and patients	<input type="checkbox"/> I <u>provide</u> appropriate constructive feedback at the appropriate time to the appropriate person in the <u>classroom environment</u>	<input type="checkbox"/> I <u>provide</u> appropriate constructive feedback at the appropriate time to the appropriate person in the <u>clinical environment</u>	<input type="checkbox"/> I <u>measure and reflect</u> on the effectiveness of my feedback to others

	Professional Duty Goals	Met/Unmet	No Goal Needed at This Time
For End of PT605	At least one goal in this category mandatory		
For End of PT627	Goal only as needed in this category		

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<i>For Middle of PT677</i>	<i>Any goal from your five-year plan/post-entry level goal that matches this category</i>		

**Social Responsibility**

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

<b>Initial Rating (PT 506)</b>	<b>Beginning Level</b>	<b>Developing Level</b>	<b>Entry Level</b>
<i>[ ] I <u>identify</u> that there is a part of the profession that is about the 'me' and a part about the 'we'</i>	<i>[ ] I <u>recognize</u> when solutions to problems are within personal control/influence</i>	<i>[ ] I <u>act</u> in a leadership role when needed</i>	<i>[ ] I <u>network</u> to build healthy and helpful relationships</i>
<i>[ ] I demonstrate awareness of team/group dynamics issues</i>	<i>[ ] I <u>strive</u> to improve group process</i>	<i>[ ] I maximally <u>collaborate</u> with all classmates to improve effectiveness</i>	<i>[ ] I <u>participate</u> in collaborative relationships with other health practitioners and the public</i>
<i>[ ] I <u>recognize</u> how departmental and course policies impact decisions and actions</i>	<i>[ ] I <u>take action</u> to resolve policy conflict within the academic environment when needed (if there was a policy I didn't believe in I would address it)</i>	<i>[ ] I identify community, national, or worldwide issues for their impact on society's health and well-being and the delivery of physical therapy</i>	<i>[ ] I advocate for changes in laws, regulations, standards, and guidelines that affect physical therapist service provision</i>
<i>[ ] I can <u>define</u> cultural competence</i>	<i>[ ] I <u>demonstrate</u> cultural awareness in the <u>classroom environment</u></i>	<i>[ ] I <u>demonstrate</u> cultural awareness in the <u>clinical environment</u></i>	<i>[ ] I <u>promote and strive</u> for cultural competence in all environments</i>
<i>[ ] I <u>recognize</u> the role of the physical therapist in social advocacy</i>	<i>[ ] I <u>consider</u> opportunities for social advocacy during the curriculum</i>	<i>[ ] I <u>value</u> the involvement of physical therapists in social advocacy roles/relationships</i>	<i>[ ] I <u>participate</u> in achievement of societal health goals through advocacy</i>

	<b>Social Responsibility Goals</b>	<b>Met/Unmet</b>	<b>No Goal Needed at This Time</b>
<i>For End of PT605</i>	<i>At least one goal in this category mandatory</i>		
<i>For End of PT627</i>	<i>Goal only as needed in this category</i>		
<i>For Middle of PT677</i>	<i>Any goal from your five-year plan/post-entry level goal that matches this category</i>		

**Post-Entry Level Behaviors**

*Sample behaviors listed here can be utilized for writing post-entry level goals on the last iteration of the PDA.*

<b>Core Value</b>	<b>Sample Behavior</b>
<b>Accountability</b>	<input type="checkbox"/> <i>Seeks continuous improvement in quality of care</i>
	<input type="checkbox"/> <i>Maintains membership in APTA and other organizations</i>
<b>Altruism</b>	<input type="checkbox"/> <i>Provides pro-bono services</i>
	<input type="checkbox"/> <i>Provides physical therapy services to underserved and underrepresented populations</i>
	<input type="checkbox"/> <i>Provides patient/client services that go beyond expected standards of practice</i>
<b>Excellence</b>	<input type="checkbox"/> <i>Demonstrates engagement in the profession of physical therapy</i>
<b>Integrity</b>	<input type="checkbox"/> <i>Uses power judiciously (including avoidance of use of unearned privilege)</i>
	<input type="checkbox"/> <i>Takes responsibility to be an integral part in the continuing management of patients/clients</i>
	<input type="checkbox"/> <i>Chooses employment situations that are congruent with practice values and professional ethical standards</i>
<b>Professional Duty</b>	<input type="checkbox"/> <i>Demonstrates beneficence by providing 'optimal care'</i>
	<input type="checkbox"/> <i>Is involved in professional activities beyond the practice setting</i>
<b>Social Responsibility</b>	<input type="checkbox"/> <i>Promotes the profession of physical therapy</i>
	<input type="checkbox"/> <i>Ensures the blending of social justice and economic efficiency of services</i>
	<input type="checkbox"/> <i>Participates in political activism</i>
	<input type="checkbox"/> <i>Promotes community volunteerism</i>
	<input type="checkbox"/> <i>Ensures that existing social policy is in the best interest of the patient/client</i>
	<input type="checkbox"/> <i>Provides leadership in the community</i>
	<input type="checkbox"/> <i>Advocates for the health and wellness needs of society including access to health care and physical therapy services</i>
	<input type="checkbox"/> <i>Promotes social policy that effects function, health, and wellness needs of patients/clients</i>

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*Item II: PDA Student Guide*

*Purpose & Expectations:*

*The purpose of the professional development assessment is to assist the student in a logical and progressive process toward professional growth across the curriculum. The expectation is that each student will demonstrate professional growth through accurate self-assessment, effective utilization of the feedback from others, and reflection. Satisfactory progress is demonstrated by meeting the PDA curricular objectives.*

*PDA Curricular Objectives:*

- 1. Demonstrate competence in the APTA Core Values of Professionalism in Physical Therapy through accurate self-assessment at the frequent or consistent levels on the professional development tool.*
- 2. Demonstrate professional growth through reflective practice.*

*The professional development assessment consists of three items:*

*Item I: Professional Development Tool (PDT)*

*Item II: Professional Development Reflection (PDR)*

*Item III: Professional Development Meeting (PDM)*

*Due Dates:*

*Students are guided through the process of the PDA through initial sessions and reminder emails from a faculty member at the specified times in the curriculum.*

*The PDA process will be completed, at a minimum, five times in the curriculum:*

- 1. End of PT506: Initial rating category of the PDT only – turned in for PT506 course and shared with advisor [only PDT]*
- 2. End of PT515: Revision of initial rating column, completion of all other columns, one goal written per core value category [all PDA elements]*
- 3. End of PT605: Revision of all column ratings, prior goals marked met or not met, new goals written in core value categories where needed (may not need one for each category) [all PDA elements]*
- 4. End of PT627: Revision of all column ratings, prior goals marked met or not met, new goals written in core value categories where needed [all PDA elements]*
- 5. Middle of PT677: Revision of all column ratings, prior goals marked met or not met, new goals based on five-year plan and post-entry level behaviors [all PDA elements]*

*Completion Checklist:*

*Students should use the checklist below when completing each iteration of the assignment.*

*Both Required Items Are Placed in the Moodle Folder:*

*\_\_\_\_\_ Professional Development Tool (PDT)*

*\_\_\_\_\_ Professional Development Reflection (PDR)*

*Location for Submission of the PDT and PDR:*

*Moodle.clarkson.edu—Courses--DPT Information for Students--PDA and PDT Cohort of XXXX--PDT XX Submission*

*Attention to Detail:*

*\_\_\_\_\_ Reflection covers at least all of the following questions clearly: [refer to Tips in Writing a Good Reflection below]*

- What percent of the goals that I made for myself did I meet? Why was I successful and/or unsuccessful at meeting these goals?*
  - What feedback was obtained, from whom, and how did I respond/learn from it?*
    - What have I learned from the ratings I gave myself on my PDT?*
- Were there areas of improvement that I achieved without my conscious attempt to improve them? Why did this happen?*
- Can I make generalizations about my strengths and weaknesses from the PDT and this reflective period? How and why have these strengths and weaknesses changed over time?*
- What have I struggled with during this reflection period and why? How do I intend to address/resolve these*

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*struggles?*

- *Which of the core values resonate most for me during this reflective timeframe and why? Provide examples.*
- *Why do I feel that the new goals I have set for my professional growth will be able to be achieved? What are several specific actions I will take to ensure their achievement?*

\_\_\_\_\_ *Reflection and/or tool includes mention of feedback from appropriate others (peers, faculty, clinical instructors, patients, family members/friends when appropriate) \*\*\*\**

*Feedback needs to be from all available parties and as specific as possible (who is it from, what did they say, do you agree – why or why not)*

\_\_\_\_\_ *Tool includes measurable goals for appropriate areas [see below for Tips in Goal Writing]*

\_\_\_\_\_ *End of PT515 – write one goal for each main tool area*

\_\_\_\_\_ *End of PT605 and PT627 – tailor goals to needed areas only*

\_\_\_\_\_ *Final submission (middle PT677) – write one or two goals for your transition to practice based on the list of post-entry level behaviors at the end of the PDA document.*

\_\_\_\_\_ *Previous goal achievement is noted in both reflection and tool [after semester two only] \*Write ‘met’ or ‘not met’ or ‘partially met’ by each goal in your tool and then comment on your success (or not) within your reflection.*

\_\_\_\_\_ *Reflection narrative is consistent with tool ratings/remarks*

*Timeliness:*

\_\_\_\_\_ *PDT and PDR turned in to Moodle by stated deadline*

\_\_\_\_\_ *Establishes meeting with advisor with consideration of schedules of both parties*

\_\_\_\_\_ *Meets with advisor at stated date/time*

\_\_\_\_\_ *Makes revisions and resubmits by deadline as necessary*

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Tips in Goal Writing

As with patient goals, student goals for themselves should be SMART goals.

	<i>Explanation</i>	<i>For Example</i>
<i>S: Specific</i>	<i>Find a <b>specific</b> behavior (not just a general category) that requires improvement according to his/her self-assessment.</i>	<i>'Demonstrates active listening in various environments'</i>
<i>M: Measurable</i>	<i>Determine an appropriate way to keep track of progress toward the behavior change.</i>	<ul style="list-style-type: none"> <li>• <i>Specific feedback from a tutor or clinical instructor</i> <ul style="list-style-type: none"> <li>• <i>ratings on the CPI</i></li> <li>• <i>a percentage of time that is tallied by the student</i></li> <li>• <i>survey of your peers</i></li> </ul> </li> </ul>
<i>A: Attainable</i>	<p><i>* Consider what will be coming up in the curriculum for the next reflective period to determine if there will be ample opportunity to improve in the behavior area.</i></p> <p><i>* In earlier semesters, goals will most likely focus on the academic environment. In later semesters, the goals should be more clinically oriented.</i></p>	<i>Improving in the area of collaboration with other healthcare providers would be less possible in an outpatient orthopedic setting than it would within an inpatient environment.</i>
<i>R: Relevant/Realistic</i>	<p><i>* Ensure that you have enough time, resources, and opportunities toward achievement of the goal.</i></p> <p><i>* Don't write a goal that you will simply be doing already without effort.</i></p>	<p><i>Do <b>not</b> use 'continue to' goals – while these are realistic, they are not challenging enough to provide growth.</i></p> <p><i>See examples below for realistic goals.</i></p>
<i>T: Time-Bound</i>	<i>The timeframe should be the next time the tool and reflection are due.</i>	<i>'By the end of PT605, PT627, or PT677'</i>

*Examples of 'SMART'-ly written professional development goals:*

*End of PT515 written for the end of PT605: [includes PT525, FTCEE, and PT605]*

*I will have 'adapting to others learning styles' be documented as a strength of mine as measured by my tutorial leader and by my clinical instructor by the end of PT605.*

*End of PT605 written for the end of PT627: [includes PT615, PT616, and FTCEE]*

*By the end of PT627, I will discuss at least two alternative hypotheses for patient/client conditions per case in tutorial and per week while on FTCEE (as measured in a log that I will keep for myself).*

*End of PT627 written for the middle of PT677: [includes PT645 and final FTCEE's x 2]*

*By the middle of my last FTCEE, I will have identified at least one community health-related problem and proposed a viable option for the involvement of physical therapists in its solution to my clinical site.*

Tips in Writing A Good Reflection

*Reflection is the most powerful mechanism available to us for personal and professional growth. It is necessary for developing the self-assessment and critical thinking skills critical to the lifelong learning process that is characteristic of a professional. Henceforth, it is expected that you will be passionate about the reflective process throughout your time here at Clarkson and throughout your career as a physical therapist.*

*Suggested Steps in the Reflective Process:*

1. *Begin the reflective process by **recalling** all feedback you received during the timeframe between reflections. Feedback might come from faculty, classmates, clinicians, patients, assessments, written comments, non-verbal messages, comments from family/friends and/or self-awareness.*
  - *[Tip: make a word document on your computer desktop for taking notes on feedback you receive on a daily or weekly basis]*
2. *Complete the PDT self-ratings. Use the feedback from multiple sources in this self-assessment and support your ratings with*

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*specific examples.*

- *[Tip: consider putting specific feedback or examples directly into the PDT behavior box that it matches with]*

3. *Identify the key areas needing improvement most immediately (beginning level behaviors take precedence followed by developing then entry level behaviors).*
4. *Go to the reflective questions that are required for the assignment (refer to checklist).*
5. *When writing, keep it short, sweet, and SPECIFIC. Align your answers to the reflective questions with specifics of the feedback provided (what was the feedback, who provided the feedback and does this align with your own assessment of yourself).*
6. *Once all questions are answered, go back and read your work.*
7. *For every main sentence, ask yourself 'why' or 'how' and insert another sentence or two addressing this (this is how you 'peel the layers of the onion' and have a deeper reflection).*
  - a. *Consider the following sample of adding depth to your reflective statement:*

*"In general, I think my strengths are being able to communicate with my peers effectively and talk about information in such a way that everyone can understand. This, I feel, is because I consider myself a "people person" and I've always worked well in groups. Also, I grew up in a house where my older sister and I were polar opposites of each other. We had some gaps in communication to say the least. Because of this, I have been able to learn to communicate with people of all kinds, even people I do not always agree with. I was named "the translator" in tutorial during semester one, because if someone was not understanding another person, I would tend to jump in and either simplify or re-word what was being said so that all could understand."*
8. *Review your work one more time and ensure that you have maintained a professional tone. Consider having another person read your reflection. Avoid dragging someone else down in your writing, avoid slang or abbreviations, and use correct spelling and grammar.*

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 Item III: Professional Development Meeting (PDM) Advisement Guide

Student: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Advisor: \_\_\_\_\_

Reflection Timeframe (circle one):                      End PT515      |      End PT605      |      End PT627      |      Middle PT677

Required Items:

\_\_\_\_\_ Professional Development Tool (PDT)  
 \_\_\_\_\_ Professional Development Reflection (PDR)

Timeliness:

\_\_\_\_\_ Documents turned in by stated deadline  
 \_\_\_\_\_ Meeting established by student with consideration of schedules of both parties

Quality: [ ‘ + ’ sufficient; ‘ ? ’ somewhat but o.k. with discussion; ‘ - ’ requires revision]

- \_\_\_\_\_ Tool ratings appear realistic
- \_\_\_\_\_ Tool includes measurable goals for appropriate areas
- \_\_\_\_\_ Previous goal achievement is noted in reflection and/or tool [after end PT515 only]
- \_\_\_\_\_ Reflection covers all questions put forth in assignment
- What percent of the goals that I made for myself did I meet? Why was I successful and/or unsuccessful at meeting these goals?
  - What feedback was obtained, from whom, and how did I respond/learn from it?
    - What have I learned from the ratings I gave myself on my PDT?
- Were there areas of improvement that I achieved without my conscious attempt to improve them? Why did this happen?
- Can I make generalizations about my strengths and weaknesses from the PDT and this reflective period? How and why have these strengths and weaknesses changed over time?
- What have I struggled with during this reflection period and why? How do I intend to address/resolve these struggles?
  - Which of the core values resonate most for me during this reflective timeframe and why? Provide examples.
  - Why do I feel that the new goals I have set for my professional growth will be able to be achieved? What are several specific actions I will take to ensure their achievement?
- \_\_\_\_\_ Reflection and/or tool includes mention of feedback from appropriate others ( \_\_\_\_\_peers, \_\_\_\_\_faculty, \_\_\_\_\_clinical instructors, \_\_\_\_\_patients, \_\_\_\_\_family member/close person outside profession)
- \_\_\_\_\_ Narrative appears consistent with tool ratings/remarks

**Professional Growth:**

Assessment Item:	Yes	No
Are the results of the assignment reflective of positive professional change?		
Is student self-reflection consistent with faculty/CI/peer/patient feedback?		
(In this box: faculty member to note which documents/feedback was reviewed prior to student meeting and results)		
_____ Reflection/Tool      _____ DCE Feedback      _____ Tutorial Feedback      _____ Faculty Feedback _____ Recent CPI                      _____ Other: _____		

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<i>Does the student appear to understand the concept of professional development/growth?</i>		
<i>Is the professional behavior development of the student at a satisfactory level at this time?</i>		
<i>Are there any revisions necessary for the student to make?</i>		
<i>If so, what are the revisions and when are they due?</i>		
<i>What comments/remarks/feedback was discussed during this meeting in addition to (or in summary of) what is stated above? [Student concerns, next FTCEE site/feelings on this, support mechanisms working, other]</i>		

*Acknowledgement of review:*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Advisor Signature*

\_\_\_\_\_  
*Date*

-----  
*Revisions Completed:* \_\_\_\_\_ *On Time* \_\_\_\_\_ *Are / Are Not Sufficient*  
\_\_\_\_\_ *Follow Up Needed with Student?* *Yes* *No*

*Advisor Signature/Date:* \_\_\_\_\_

## **APPENDIX C: STUDENT STATEMENT OF INFORMED CONSENT**

I have received my personal copy of the "Clarkson Physical Therapy Student Handbook." I have reviewed this handbook and I understand and am prepared to abide by these policies and procedures while enrolled in the program.

I understand that if any changes and/or additions are made to this handbook or any other policies and procedures that affect my class, I will be notified either in writing or via electronic mail.

---

printed name

---

signature

---

date

**APPENDIX D: SWISS BALL POLICY**

Swiss Ball Policy

(Policy effective date: October 26, 2018)

Purpose: The purpose of this document is to provide guidelines to any Clarkson University PT student considering the use of a Swiss ball during tutorial sessions.

Policy Summary: Research supports the use of Swiss balls as a seating option that may increase attention during cognitive tasks. The Clarkson University PT Department supports the use of Swiss balls as an alternative seating option in the tutorial environment. In order to do so, the student must indicate awareness of, and compliance with, the Swiss ball policy noted below.

1. The tutor and tutorial group must be notified and in agreement of the use of Swiss balls in that tutorial before the Swiss ball is brought into that environment. The tutorial group has the right to revoke agreement to the use of Swiss balls during tutorial if they find it distracting to the learning process.
2. Swiss balls must be clearly marked with the name of the owner.
3. Swiss balls must be stored in tutorial rooms when not in use. Swiss balls found in nonauthorized spaces such as the clinical lab, anatomy lab, open gym space, or classrooms will be retrieved and the owner will be asked to remove it from the premises.
4. Student must provide their own Swiss ball; Swiss balls will not be provided by the department.
5. Swiss balls with feet or a stabilizing disc are recommended.
6. Departmental resources/supplies cannot be utilized for personal use.
7. Other students may not borrow/share use of the Swiss ball without having their own agreements with the department and their respective tutorial group.
8. Students agree that use of Swiss balls is a privilege that can be revoked if not used safely and responsibly.
9. Clarkson University is not responsible or liable for any injuries resulting from the use of personal equipment such as Swiss balls. The student must agree to waive, release and forever discharge Clarkson University from all responsibilities or liability for injuries or damages resulting from use of a Swiss Ball.

In consideration of Clarkson University's Swiss Ball Policy, I agree to the terms and conditions presented.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPENDIX E: PHYSICAL THERAPY STUDENT GROUP FUNDRAISING FINANCIAL POLICY**

(Policy effective date: July 1, 2019)

Physical Therapy Student Group Fundraising Financial Policy

All recognized Physical Therapy student groups that will be handling money for fundraising efforts are required to have a treasurer or equivalent position. The person in this position is expected to keep financial records for the group. Each group must have either a (1) University project fund account that is associated with the Physical Therapy Department, (2) an account through the Department of Philanthropy, or (3) a registered CUSA account, depending on the nature of the organization. Any member of a group who is to have access to group funds must sign and date a copy of this policy. By signing this policy, the group member is attesting that he/she has reviewed the Financial Policy and understands the tenets held within. An accounting of all financial transactions must be maintained and shared with the faculty advisor and requisite organizational leadership (i.e. CUSA, if applicable). Each group will determine the criteria as to how and when funds will be collected and disbursed based on the rules and regulations associated with their organizational affiliation. CUSA recognized clubs must adhere to all CUSA finance policies and protocols.

- 1) Each recognized group will be provided a fire retardant cash box with lock.
- 2) A petty cash fund of no greater than \$100 in mixed bills will be maintained for making change during group events. The cash box, when not released for fundraising events, will be secured in the Physical Therapy Department's administrative assistant's office or that of the group's faculty advisor.
- 3) When the cash box is signed out for an event/activity, the current balance of funds is to be counted and documented on the Physical Therapy Student Group Financial Form with signature of the responsible group member and either the administrative assistant or the group's faculty advisor.
- 4) While the cash box is signed out, it is the responsibility of the approved group member to secure the cash box appropriately. The Physical Therapy Department assumes no responsibility for loss or theft when the cash box is not secured, or properly signed out of, the Physical Therapy Department's administrative assistant's Office or faculty advisor's Office. The approved group member and the faculty advisor or administrative assistant must sign off on the cash box release to the responsible group member.
- 5) Upon return of the cash box, the petty cash fund balance is reserved and all other funds are tallied and documented by the faculty advisor or administrative assistant and the responsible group member on the Physical Therapy Student Group Financial Form.
- 6) The use of the lock box is for temporary storage of monies from fundraising activities only. The treasurer for a Physical Therapy Department group will be responsible for depositing funds into the requisite club account in a timely manner. Cash or check funds cannot be sent through interoffice mail. Deposit and withdrawal processes and procedures are outlined in the university finance policies specific to the respective organization.

Name (Print):

Signature:

Date: