



**Zuckerberg College of Health Sciences**  
**Department of Physical Therapy**  
**& Kinesiology**

**Graduate Student Manual**

*University of Massachusetts Lowell, Department of Physical Therapy & Kinesiology*



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Lowell, MA 01854

**Zuckerberg College of Health Sciences  
Department of Physical Therapy  
& Kinesiology**

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Dear DPT Student:

Welcome to the Doctor in Physical Therapy (DPT) Program.

This student manual is a useful tool providing you with pertinent information not only as you begin the DPT program but as you progress through to graduation. You will see the online *Graduate Academic Catalog* is referenced often and can be found at <http://www.uml.edu/Catalog/Graduate/default.aspx>.

Please note in registering for courses, each student assumes full responsibility for knowledge of and compliance with the definitions, regulations, and procedures for the University, as set forth in the University online *Graduate Academic Catalog*. Moreover, in accepting admission to the University, each student assumes responsibility for knowledge of and compliance with the definitions, regulations, and procedures of the University pertaining to his or her student status as set forth in the appropriate university publications. This student manual is the publication for students in the DPT program in the Zuckerberg College of Health Sciences.

DPT students will be dismissed from the program if s/he receives (1) more than nine credits of grades below B, (2) a grade below C in professional courses, or (3) an Unsatisfactory grade (U) on a Clinical Education Experience. All grades less than C are recorded as F according to the UMass Graduate Grading Scheme. Any student whose semester GPA is below 3.0 for a third time and whose cumulative GPA is below 3.0, or who fails to meet conditions of probation will automatically be dismissed from the graduate program and the university. For additional information refer to page 21.

As a DPT student you are required:

- to keep your address current in SIS
- to know your academic standing at the end of each semester
- to check and utilize the university's email system.

Students should review the *Student Policies* at <http://www.uml.edu/Catalog/Undergraduate/Health-Sciences/Policy/Special-College-Requirements.aspx>. You will find information regarding National Criminal Background Check (CORI), Clinical Affiliate Random Drug Screening and the college's Social Media Policy.

The university utilizes a web-based self-service application know as SIS - Student Information System. Additional information can be found at: <http://www.uml.edu/enrollment/sis/>.

The faculty and staff of the Physical Therapy & Kinesiology Department look forward to working with you during your time in our program.

Sincerely,



Erik E. Swartz, Ph.D.  
Professor and Chair, Department of Physical Therapy & Kinesiology

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# **I. Doctor of Physical Therapy Program**

## **A. Program Mission Statement:**

The Department of Physical Therapy & Kinesiology mission is to promote health and participation in a global society through:

- Teaching of theory and practice of physical therapy and exercise physiology in classroom and community-based settings.
- Preparing graduates to achieve their chosen path with knowledge, competence, and respect for human well-being.
- Scholarship that advances multidisciplinary scientific research and encompasses educational and practical applications of movement science.
- Community service in partnership with local, regional, and national organizations advancing intervention and prevention – based strategies in health.

## **Program Goals:**

1. To prepare entry-level physical therapy clinicians in a manner consistent with contemporary professional norms. Graduates practice as competent, autonomous, collaborative, and doctoral-prepared providers who deliver services along the continuum of care from prevention to the remediation of impairments, activity, and participation restrictions in all populations.
2. To produce, disseminate, and incorporate scholarship that will advance the science, practice, and education of physical therapy.
3. Promote, develop, and maintain effective community partnerships cultivating proficiency in collaborative practice through modeling and experience in inter-professional education.

## **B. Program Philosophy**

The faculty of the Department of Physical Therapy & Kinesiology believe that individuals have intrinsic worth and a right to optimal health and function. Function is defined as those activities identified by an individual as essential to support physical, social, and psychological well-being and to create a personal sense of meaningful living.

Physical therapists provide services to patients/clients with alterations in body structure and function, activity and participation restrictions or changes in physical function and health status resulting from injury, disease, or other causes. Physical therapists utilize prevention and wellness strategies in

individuals at risk for developing a reduction in physical function.

The physical therapist is professionally educated in a program that synthesizes graduate study with undergraduate knowledge, and experiential learning. The graduate of the Doctor of Physical Therapy program is prepared to function as an ethical and competent practitioner who best practices in providing services to patients/clients. The six elements of patient/client management include examination, evaluation, diagnosis, prognosis, intervention and outcomes. The graduate is prepared to interact and practice in collaboration with a variety of health professionals, provide prevention and wellness services, consult, educate, and engage in critical inquiry. Finally, the graduate is prepared to direct and supervise physical therapy services, including support personnel. Graduates are expected to assume a leadership role in health care and to practice autonomously and cooperatively in a variety of practice settings such as: hospitals, rehabilitation centers, extended care facilities, schools, sports medicine clinics, community health and private practices, and industrial or workplace settings.

Students are active participants in the educational process. The relationship between students and faculty is one in which there is mutual respect, understanding, and interchange of ideas. As experienced professionals, the faculty serve as a resource, mentor, and role-model for the developing professional. The faculty are facilitators of the learning process. Students are expected to demonstrate commitment to learning as the basis for continued personal and professional growth, effective interpersonal and communication skills, problem-solving and critical thinking skills, and appropriate professional conduct. Effective use of time and resources, feedback, and stress management strategies are also important components of the behaviors of the successful student.

### **C. Expected Program Outcomes**

1. Graduates of the Doctor of Physical Therapy Program at the University of Massachusetts Lowell will be prepared to exhibit attributes, characteristics, and behaviors of professionals including: commitment to learning, interpersonal and communication skills, effective use of time and resources, use of constructive feedback, problem-solving, professionalism, responsibility, critical thinking, and stress management.
2. Graduates will practice physical therapy in a safe, evidence directed, effective, autonomous, mindful, culturally sensitive, ethical and legal manner consistent with the patient/client management model.
3. Faculty will integrate contemporary practice and current literature to guide curriculum and course content. Faculty employ contemporary teaching and learning strategies with pedagogical principles to physical therapy education.
4. The program adheres to departmental policies and procedures regarding academic achievement and



standards of professional behavior and conduct insuring that graduates are prepared to meet current standards of practice.

5. Faculty will promote, develop and maintain scholarship associated with clinical, community and curricular engagement activities.
6. The program will prepare students to apply the principles of the scientific method to conduct research and participate in evidence-based practice.
7. The program will develop and maintain local and international partnerships that deepen our commitment to communities and cultures promoting health and wellness.
8. The program will develop, promote and maintain opportunities consistent with Interprofessional Education and Collaborative practice in accordance with the Interprofessional Educational Collaborative Core (IPEC) Competencies.

#### **D. Professional Behaviors**

Professional Behaviors for the 21<sup>st</sup> Century along with the Professional Behaviors Assessment tool are detailed in **Appendix B**. The Graduate of the Doctor of Physical Therapy Program at the University of Massachusetts Lowell is prepared to demonstrate;

1. **Critical Thinking** – the ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

***Entry Level:***

- Distinguishes relevant from irrelevant patient data.
- Readily formulates and critiques alternative hypotheses and idea
- Infers applicability of information across populations.
- Exhibits openness to contradictory ideas.
- Identifies appropriate measures and determines effectiveness of applied solutions efficiently.
- Justifies solutions selected.

2. **Communication** – The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

***Entry Level:***

- Demonstrates the ability to maintain control of the communication exchange with individuals and groups.
- Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing.

- Maintains open and constructive communication
- Utilizes communication technology effectively and efficiently.

3. **Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

***Entry Level:***

- Independently locates, prioritizes and uses resources to solve problems.
- Accepts responsibility for implementing solutions.
- Implements solutions.
- Reassesses solutions.
- Evaluates outcomes.
- Modifies solutions based on the outcome and current evidence.
- Evaluates generalizability of current evidence to a particular problem.

4. **Interpersonal Skills** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

***Entry Level:***

- Demonstrates active listening skills and reflects back to original concern to determine course of action.
- Responds effectively to unexpected situations.
- Demonstrates ability to build partnerships
- Applies conflict management strategies when dealing with challenging interactions.

5. **Responsibility** – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession with the scope of work, community and social responsibilities.

***Entry Level:***

- Educates patients as consumers of health care services.
- Encourages patient accountability.
- Directs patients to other health care professionals as needed
- Acts as patient advocate.
- Promotes evidence-based practice in health care settings.
- Accepts responsibility for implementing solutions
- Demonstrates accountability for all decisions and behaviors in academic and clinical settings.

6. **Professionalism** – the ability to exhibit appropriate professional conduct and to represent the

profession effectively while promoting the growth/development of the Physical Therapy profession.

***Entry Level:***

- Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary
- Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity.
- Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development.
- Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices.
- Discusses role of physical therapy within the healthcare system and in population health.
- Demonstrates leadership in collaboration with both individuals and groups.

7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflects on and integrates feedback into practice, and provides meaningful feedback to others.

***Entry Level:***

- Independently engages in a continual process of self-evaluation of skills, knowledge and abilities.
- Seeks feedback from patients/clients and peers/mentors.
- Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities.
- Uses multiple approaches when responding to feedback.
- Reconciles differences with sensitivity.
- Modifies feedback given to patients/clients according to their learning styles.

8. **Effective Use of Time and Resources** – The ability to manage time and resources effectively to obtain the maximum possible benefit.

***Entry Level:***

- Uses current best evidence.
- Collaborates with members of the team to maximize the impact of treatment available.
- Has the ability to set boundaries, negotiate, compromise, and set realistic expectations.
- Gathers data and effectively interprets and assimilates the data to determine plan of care.
- Utilizes community resources in discharge planning.
- Adjusts plans, schedule etc. as patient needs and circumstances dictate.

- Meets productivity standards of facility while providing quality care and completing non-productive work activities

9. **Stress Management** – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

***Entry Level:***

- Demonstrates appropriate affective responses in all situations.
- Responds calmly to urgent situations with reflection and debriefing as needed.
- Prioritizes multiple commitments.
- Reconciles inconsistencies within professional, personal and work/life environments.
- Demonstrates ability to defuse potential stressors with self and others.

10. **Commitment to Learning** – The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

***Entry Level:***

- Respectfully questions conventional wisdom.
- Formulates and re-evaluates position based on available evidence.
- Demonstrates confidence in sharing new knowledge with all staff levels.
- Modifies programs and treatments based on newly-learned skills and considerations.
- Consults with other health professionals and physical therapists for treatment ideas.

## **E. Physical Therapy Course Descriptions**

### ***Year 1 Summer Semester***

#### **DPTH 6010 Clinical Anatomy (3 cr)**

Clinical Anatomy is a study of the structures of the human body, utilizing lectures, demonstrations and A.V. materials. It is a foundation course for physical therapy procedure courses.

#### **DPTH .6030 Clinical Anatomy Laboratory (1 cr)**

Clinical Anatomy Laboratory is a visualization of the structures of the human body utilizing laboratory dissection of prosected parts and human cadavers. The laboratory also incorporates the recognition of underlying structures using surface anatomy and palpation of body and soft tissues.

#### **DPTH.6090 Medical Surgical Conditions (Pathology) (3 cr)**

This course presents an introduction to the study of diseases commonly seen in people with conditions treated by physical therapists. Mechanisms of cell growth, response to injury, and cell death are reviewed.

### ***Year 1 Fall Semester***

#### **DPTH .6080 Musculoskeletal Physical Therapy I Lecture (3 cr)**

This course is the first of a three-course series which explores physical therapy management of musculoskeletal dysfunction. In this first course, general models for physical therapy intervention will be presented. The evaluation, treatment and prevention of pathological conditions affecting the musculoskeletal system of the lower extremity will be emphasized. Normal function will be included as a basis for recognizing and therapeutically resolving dysfunction of skeletal and joint structures, muscles and soft tissues. A problem-solving approach to resolve impairments, contributing to functional limitations and disabilities, will be stressed.

#### **DPTH .6100 Musculoskeletal Physical Therapy I Laboratory (1 cr)**

This lab course develops psychomotor skills and clinical application of didactic knowledge gained in MSPT I Lecture (DPTH.6080). The examination and treatment procedures are taught using demonstrations, peer practice and case studies as they pertain to the hip, knee and ankle/foot. Examination procedures are organized by body regions and include interview, observation, palpation, anthropometric measurements, goniometry, joint play mobility, muscle strength testing, and special tests. Treatment procedures focus on integrating joint mobilization, passive and active stretching techniques, progressive strengthening exercises, and edema control with the thermal modalities, therapeutic exercises and functional activities taught in PT Interventions

#### **DPTH .6050 Physical Therapy Interventions I Lecture (3 cr)**

This course introduces the student to the principles of patient evaluation and treatment utilizing case studies to integrate didactic information into practical clinical situations. The appropriate use of evaluation procedures and the rationale for safe and effective use of treatment procedures are emphasized. Topics include: principles of biomechanical analysis, body mechanics, principles of goniometry and muscle testing, patient positioning and transfers, gait training and activities of daily living with assistive devices, wheelchair prescription and mobility, isolation/sterile technique, wound care, monitoring vital signs, heat and cold modalities, aquatic therapy, and evaluation of normal gait.

#### **DPTH .6070 Physical Therapy Interventions I Laboratory (1 cr)**

This laboratory course develops the psychomotor skills necessary to apply the didactic knowledge presented in the Physical Therapy Interventions I Lecture to clinical situations. The safe and effective performance of various evaluation and treatment techniques is emphasized. Topics include: patient interviewing; isolation/sterile techniques; wound care and bandaging; monitoring vital signs; patient positioning and bed mobility; transfers; gait training and activities of daily living with assistive devices;

wheelchair mobility; massage/soft tissue mobilization/lymph edema management; heat and cold modalities; gait analysis; goniometry and strength testing; postural analysis and anthropometry.

**DPTH.6390 Medical Surgical Conditions (Orthopedics) (3 cr)**

Medical Surgical Conditions (Orthopedics) presents topics related to the pathology and medical-surgical treatment of musculoskeletal disorders.

**DPTH .6110 Professional Issues and Clinical Practice in Physical Therapy (3 cr)**

This course is divided into two sections. The first course section will provide an overview of the profession of physical therapy. Professionalism, cultural competence and communication skills will be discussed as they apply to classroom instruction and clinical practice. The APTA (American Physical Therapy Association) Standards of Practice, Code of Ethics, The Scope of Physical Therapy Practice, ethnography and Evidence-Directed Care and Massachusetts and New Hampshire practice regulations will be discussed. The second portion of the course will emphasize the development of effective documentation skills.

***Year 1 Spring Semester***

**DPTH.6020 Neuroscience: Anatomy (3 cr)**

Neuroscience anatomy presents the form and functions of the human nervous system. It is a foundation course for physical therapy procedure courses. The student is introduced to clinically relevant neuroanatomy through a close examination of the signs and symptoms of a variety of pathologies, including lesions, tumors, injuries, and congenital disorders. Clinical examples are freely used to highlight the integral relationship between structural anatomy and functional impairment.

**DPTH .6040 Neuroscience: Physiology and Neurology (3 cr)**

Neuroscience presents the principles of neurophysiology, neurology, and motor control as related to the practice of physical therapy. Topics in neurophysiology include: conduction and transmission of the nerve impulse, neuromuscular synaptic transmission and skeletal muscle contraction, muscle tone and spinal reflexes, the neurophysiology of sensation and movement, and the transmission of pain. Neurological conditions will be integrated with these various neurophysiological topics through the use of case studies and will include: peripheral nerve injuries, neuromuscular conditions, and diseases/conditions of the central nervous system. An introduction to the major theories of motor control and their application to physical therapy examination and intervention will be discussed through problem solving and case studies.

**DPTH .6060 Neuroscience Laboratory (1 cr)**

Neuroscience laboratory includes the study of the anatomy and function of the human brain, spinal cord, peripheral and autonomic nervous systems through prosection, audiovisual resources and experimental procedures. The gross anatomy of the human brain and spinal cord will be visualized using prosections of human specimens, models, and slides. The second half of the laboratory will focus on the Neurological Evaluation including evaluation of reflex function, assessment of sensory and cerebellar mechanisms, and testing cranial nerve function in typical and simulated atypical subjects. Motor learning activities and Cognitive Testing will be performed. To help synthesize the course content each student will present a neuropathology case study.

**DPTH.6210 Musculoskeletal Physical Therapy II Lecture (3 cr)**

This course is the second of a three-course series that focuses on physical therapy management, and summarizes medical and surgical management of musculoskeletal dysfunction. The evaluation, treatment and prevention of pathological conditions affecting the upper extremity will be emphasized. Normal function will be included as a basis for recognizing and therapeutically resolving dysfunction of skeletal and joint structures, muscular and soft tissue. A problem-solving approach to resolve impairments, which contribute to activity limitations and participation restrictions, will be stressed.

**DPTH.6230 Musculoskeletal Physical Therapy II Laboratory (1 cr)**

This laboratory course develops the psychomotor skills to allow clinical application of didactic knowledge gained in Musculoskeletal Physical Therapy II Lecture. The safe and effective performance of examination and treatment procedures are taught using demonstrations, peer practice, and case studies as they pertain to the shoulder, elbow/forearm, and wrist/hand regions of the body. Examination procedure are organized by body regions and include interview questions, observation, palpation, anthropometric measurements, goniometry, joint play mobility, muscle strength testing, and special tests. Treatment procedures focus on integrating bandaging/taping, joint mobilization/manipulation, passive and active stretching techniques, and progressive strengthening exercises with principles taught.

**DPTH .6120 Cardiopulmonary Physical Therapy Lecture (3 cr)**

In Cardiopulmonary Physical Therapy students will learn the essentials of physical therapy examination, evaluation and intervention for patients with pathological cardiopulmonary conditions. The course emphasizes a problem solving, clinical decision-making approach. Successful completion of the course requires the ability to integrate and synthesize information from this course with prerequisite and other related courses in a variety of cardiopulmonary case based problem-solving experiences.

**DPTH.6140 Cardiopulmonary Physical Therapy Laboratory (1 cr)**

Cardiopulmonary Physical Therapy laboratory is taken concurrently with Cardiopulmonary Physical Therapy DPTH.6120. The Laboratory experiences are designed to provide an opportunity to practice examination, evaluation, and interventions discussed in lecture and demonstrate psychomotor proficiency in each procedure. The course emphasizes procedures employed by the physical therapist in dealing with cardiopulmonary conditions. In addition, students will be expected to integrate and synthesize information from related courses in a variety of cardiopulmonary problem solving experiences.

**DPTH.6150 Clinical Education Seminar I (1 cr)**

This course is the first in a series of two one-credit seminars. This first installment will provide an overview of the clinical education experience portion of the Doctor of Physical Therapy program. Topics include; the roles of clinical educators, the process of obtaining and assigning clinical sites, the clinical performance instrument (CPI), appropriate communication in the clinical setting, ethical practice, psychosocial aspects, and generic abilities.

***Year 2 Summer***

**DPTH .6500 Clinical Education Experience I (3 cr)**

A ten week full time clinical experience designed to integrate basic physical therapy evaluative and treatment procedures with an emphasis on the musculoskeletal and cardiopulmonary systems. Students are directly supervised by licensed physical therapists in acute care and outpatient settings.

***Year 2 Fall Semester***

**DPTH.6170 Neurological Physical Therapy I Lecture (3 cr)**

This course is the first of two courses dealing with the physical therapy management of adult patients/clients with neurological dysfunction. Concepts, practical applications, and strategies based on theories of motor skill development, motor control, and motor learning will be discussed. A variety of neurological conditions with different levels of impairments, activity limitations, and participation restrictions will be examined. Emphasis is on the development of clinical decision making skills using a problem solving approach. Practice is fostered in the development of appropriate plans of care. Concurrent laboratory classes emphasize the development of specific assessment and intervention skills

**DPTH.6190 Neurological Physical Therapy I Laboratory (1 cr)**

This laboratory course must be taken concurrently with Neurological Physical Therapy I, DPTH.6170

Emphasis is on the development of problem solving and psychomotor skills necessary for successful management of the patient/client with neurological dysfunction. Videos and patient demonstrations are used to develop skills in examination, evaluation, and clinical decision making. Peer practice is used to promote the development of psychomotor skills in advanced therapeutic exercise and functional training. Problem solving in the application of interventions for different levels of impairments, activity limitations, and participation is stressed.

**DPTH.6250 Physical Therapy Interventions II Lecture (3 cr)**

This course is a study of advanced physical therapy procedures which utilize electrophysics and electrophysiology in evaluating and treating a variety of physical impairments. The course will emphasize theories and techniques used in electrodiagnosis, electromyography, functional electrical stimulation, iontophoresis, transcutaneous electrical stimulation, biofeedback, laser and therapeutic electrical currents, including light and radar waves.

**DPTH.6270 Physical Therapy Interventions II Laboratory (1 cr)**

This course is a practical application of theories and principles presented in DPTH.6250, Physical Therapy Interventions II Lecture.

**DPTH.6160 Research Methods in Physical Therapy (3 cr)**

This course presents the role of research in the development and critical analysis of physical therapy clinical practice. Students are guided through the process of clinical scientific research including the following content areas: philosophy of science & causation, problem and hypothesis identification, review and analysis of scientific literature, methods of hypothesis testing, data analysis and interpretation and critique of research results.

**DPTH.6310 Pediatric Physical Therapy Lecture (3 cr)**

This course focuses on the development of the individual from the prenatal period through adolescence within the context of the individual's family and cultural background. Emphasis will be on the examination, evaluation, diagnosis and formulation of a physical therapy plan of care for infants, children and adolescents with physical therapy related issues including wellness and prevention of disability. The framework for the course will be based upon principles of development, neural plasticity, motor control, motor learning, pediatric clinical decision making, the WHO ICF, and evidence directed care including clinical practice guidelines. Throughout the course the student will have the opportunity to integrate the course material and synthesize appropriate plans of care using cases.

**DPTH.6330 Pediatric Physical Therapy: Laboratory/Clinic (1 cr)**

Through classroom and clinical laboratory experiences, the student will gain introductory level skill in the examination, evaluation, intervention, and development of a physical therapy plan of care for infants, children, and adolescents who have or are at risk for developing disabling problems requiring physical therapy intervention. Preventive and wellness strategies will also be developed and discussed. Problem solving and evidence directed practice including Clinical Practice Guidelines will be emphasized.

***Year 2 Spring Semester***

**DPTH.6200 Neurological Physical Therapy II Lecture (3 cr)**

This course is the second of two courses dealing with the physical therapy management of adult patients/clients with neurological dysfunction. Concepts, practical applications, and strategies based on theories of motor skill development, motor control, and motor learning will be discussed. A variety of neurological conditions with different levels of impairments, activity limitations, and participation restrictions will be examined. Emphasis is on the development of clinical decision making skills using a problem solving approach. Practice is fostered in the development of appropriate plans of care. Concurrent laboratory classes emphasize the development of specific assessment and intervention skills.



DPTH .6220 Neurological Physical Therapy II Laboratory (1 cr)

This laboratory course must be taken concurrently with Neurological Physical Therapy II, DPTH.6200. Emphasis is on the development of problem solving and psychomotor skills necessary for successful management of the patient/client with neurological dysfunction. Videos and patient demonstrations are used to develop skills in examination, evaluation, and clinical decision making. Peer practice is used to promote the development of psychomotor skills in advanced therapeutic exercise and functional training. Problem solving using case studies in the application of interventions for different levels of impairments, activity restrictions and participation limitations is stressed.

DPTH.6260 Geriatric Physical Therapy Lecture (3 cr)

This course will focus on the special needs of the elderly and on the physical therapy management of the geriatric client. The physical changes associated with normal aging as well as pathological changes will be discussed and analyzed. Program planning will stress holistic consideration of the rehabilitative, cognitive/behavioral, and psychosocial needs of the elderly. (Re)Evaluation including functional evaluation, treatment planning (and treatment plan evaluation), treatment cost effectiveness, documentation, and reimbursement issues will be analyzed as they relate to the physical therapy management of the geriatric client.

DPTH.6280 Musculoskeletal Physical Therapy III Lecture (3 cr)

This course provides the second-year physical therapy student with an introduction to physical therapy evaluation and management of dysfunction of the cervical, thoracic and lumbar spine, ribcage, and pelvis. The development of evaluation strategies, documentation skills, organized clinical decision making, and effective patient management techniques will be emphasized. Discussions and exercises will focus on developing patient diagnoses, functional problems lists, long and short term goals, and treatment strategies. Critical thinking/problem solving strategies will be incorporated into all aspects of patient management. Emphasis will be on creating a climate that encourages learning.

DPTH.6300 Musculoskeletal Physical Therapy III Laboratory (1 cr)

This laboratory course provides students an opportunity to apply the didactic knowledge gained in Musculoskeletal Physical Therapy III Lecture through a systematic clinical reasoning approach which focuses on the concept of “regional interdependence”. Additionally, specific evidence-based evaluation and functional management techniques for the spine and pelvis will be demonstrated by instructors and practiced by students.

DPTH.6450 PT Interventions III Lecture (3 cr)

This course introduces the second year physical therapy student to various topics related to specialized physical therapy management of patients. Topics include, but are not restricted to: lower extremity prosthetic and orthotic management, hand orthotic fabrication, inhibitive casting techniques, introduction to ergonomic principles, ergonomic design of seating systems and workstations, wheelchair seating systems, cumulative trauma disorders, work site analysis, functional capacity evaluation, lumbar stabilization exercises, the acute care environment, burn care management, post-mastectomy management, and infection control and standard precaution policies.

DPTH 6470 PT Interventions III Laboratory (1 cr)

This course introduces the second year physical therapy student to various topics related to specialized physical therapy management of patients. Topics include, but are not restricted to: lower extremity prosthetic and orthotic management, hand orthotic fabrication, inhibitive casting techniques, introduction to ergonomic principles, ergonomic design of seating systems and workstations, wheelchair seating systems, cumulative trauma disorders, work site analysis, functional capacity evaluation, lumbar stabilization exercises, the acute care environment, burn care management, post-mastectomy management, and infection control and standard precaution policies.

**DPTH.6350 Clinical Education Seminar II (1 cr)**

This course is the second, in a series of two, one credit weekly seminars. The class will continue to explore professional issues and application of didactic material in the clinical setting. Clinical education will be examined from the perspective of career development and physical therapy board preparation.

***Year 3 Summer***

**DPTH .6520 Clinical Education Experience II (3 cr)**

A twelve-week full time experience which promotes the development of an autonomous professional through the synthesis and utilization of advanced academic theory in evaluation and treatment. Students are expected to use sound scientific rationale and a problem solving approach in all aspects of patient care. Students are allowed to explore areas of interest in a variety of settings.

***Year 3 Fall Semester***

**DPTH.6370 Integrating Clinical Issues (3 cr)**

This course will focus on integrating clinical reasoning skills in physical therapy with an emphasis on application of evidence-based research and current concepts of disablement. Students will share clinical experiences focusing on utilization of “best practices” and “Clinical Practice Guidelines”.

**DPTH.6430 Evidence Directed Care (3 cr)**

This course presents the role of evidence in the development and critical analysis of physical therapy clinical practice guidelines and practice recommendations. Students are guided through the process of analyzing, weighting, comparing and integrating sources of evidence. Methods of integrating various forms of evidence that will be specifically covered include literature reviews, meta-analyses, systematic reviews, clinical predictive rules and clinical practice guidelines.

**DPTH. 6420 Health Policy & Administration in PT (3cr)**

This course explores the social, political, and economic policies that impact the delivery of physical therapy services and health. The course underscores the issues of professionalism, leadership, management, and the advocacy to foster excellence in autonomous practice for the benefit of members and society. The course emphasizes leadership in promoting cultural competence, global health initiatives, social responsibility, effective application of technology, and health services research.

**DPTH.6480 Service Learning in Physical Therapy (3 cr)**

This three-credit course is designed to serve as a service learning experience in the final year for doctoral physical therapy students. The course is designed to provide relevant and meaningful service opportunities for culturally competent physical therapy services with a focus on prevention, health promotion, fitness, and wellness to individuals, groups, and communities. The service learning experience will prepare students for active civic participation in a diverse society. Through the use of readings, discussion, reflection and presentations students will gain an understanding “what it means to “build the capacity of a community” and develop the competency skills of an entry level physical therapy practitioner.

***Year 3 Spring Semester***

**DPTH.6530 Clinical Education Experience III (3 cr)**

This terminal, twelve-week clinical education experience is designed as the final promotion of complete socialization and transition into the profession of physical therapy. Students are expected to function as independently as possible using problem solving processes as a basis for all clinical decision making. Communication, coordination, and consultation with other members of the health care team and responsibility for complete patient management are emphasized.

**DPTH.6400 Professional Preparation in PT (3 cr)**

This course will focus on facilitating the students’ transition into the Physical Therapy Profession including

successful completion of the professional licensure examination, the National Physical Therapy Exam. Student groups will outline and present review materials for the exam to each other including a list of sources for further study. The faculty facilitator will oversee the development and content of the presentations and supervise practice examinations. Students are guided through reflection in practice, development of a personal professional development plan, a Vision and Mission Statement including continuing education, pro bono and community service and participation in the American Physical Therapy Association. Other topics will include strategies for successful interviewing and negotiating techniques.

#### DPTH.6460 Complex Cases in PT (3 cr)

This course, which runs concurrently with Clinical Education Experience III (DPTH 6530), is designed to promote evidenced-based practice, intra-professional correspondence, and further socialization into the profession of physical therapy. Students are expected to incorporate evidenced based practice in real-time clinical practice whenever possible and speak to the implementation, progress, and outcome(s) via on-line posting of related case studies. Furthermore, students are expected to critically evaluate the degree to which the current evidence supports or conflicts with the common practice intervention. Additionally, students will critically evaluate their classmate's cases study postings offering feedback and/or treatment suggestions based upon their experience(s) and the evidence.

## F. CURRICULUM: Doctor in Physical Therapy (DPT)

### Doctor of Physical Therapy (DPT) Curriculum

#### Year 1:

##### Summer Session

DPTH.6010 Clinical Anatomy	3
DPTH.6030 Clinical Anatomy Lab	1
DPTH.6090 Pathology	<u>3</u>
	<b>7</b>

##### Fall Semester

DPTH.6080 Musculoskeletal PT I Lec	3
DPTH.6100 Musculoskeletal PT I Lab	1
DPTH.6050 PT Interventions I Lec	3
DPTH.6070 PT Interventions I Lab	1
DPTH.6390 Med/Surg Orthopedics	3
DPTH.6110 Prof. Issues & Clin. Practice	<u>3</u>
	<b>14</b>

##### Spring Semester

DPTH.6020 Neuroscience: Anatomy	3
DPTH.6040 Neuroscience: Physiology/Neuro	3
DPTH.6060 Neuroscience: Lab	1
DPTH.6210 Musculoskeletal PT II Lec	3
DPTH.6230 Musculoskeletal PT II Lab	1
DPTH.6150 Clinical Ed. Seminar I	1
DPTH.6120 Cardiopulmonary PT Lec	3
DPTH.6140 Cardiopulmonary PT Lab	<u>1</u>
	<b>16</b>

**Second Summer:** DPTH. 6500 Clinical Education Experience I (10 weeks, 3 credits)

#### Year 2:

##### Fall Semester

DPTH.6170 Neurological PT I Lec	3
DPTH.6190 Neurological PT I Lab	1
DPTH.6250 PT Interventions II Lec	3
DPTH.6270 PT Interventions II Lab	1
DPTH.6160 Research Methods	3
DPTH.6310 Pediatric PT Lec	3
DPTH.6330 Pediatric PT Lab	<u>1</u>
	<b>15</b>

##### Spring Semester

DPTH.6200 Neurological PT II Lec	3
DPTH.6220 Neurological PT II Lab	1
DPTH.6450 PT Interventions III Lec	3
DPTH.6470 PT Interventions III Lab	1
DPTH.6350 Clinical Ed. Seminar II	1
DPTH.6260 Geriatric PT	3
DPTH.6280 Musculoskeletal PT III Lec	3
DPTH.6300 Musculoskeletal PT III Lab	<u>1</u>
	<b>16</b>

**Third Summer:** DPTH.6520 Clinical Education Experience II (12 weeks, 3 credits)

#### Year 3:

##### Fall Semester

DPTH.6370 Integrating Clinical Practice	3
DPTH.6430 Evidence Directed Care	3
DPTH.6480 Service Learning in PT	3
DPTH.6420 Health Policy & Admin in	<u>3</u>
	<b>12</b>

##### Spring Semester

DPTH.6460 Complex Cases	3
DPTH.6400 Professional Prep in PT	3
DPTH.6530 Clinical Ed. Experience III (12 weeks)	<u>3</u>
	<b>9</b>

Total credits: 95 (34 weeks of Clinical Education)

## II. Academic Policies

### A. Advising

One faculty member is assigned as the advisor for all DPT students. The responsibilities of the advisor are as follows: (1) to be accessible to students seeking academic and/or professional guidance; (2) to respond to requests from students when personal or academic problems arise. The responsibilities of the student are to seek out their advisor for such meetings. Faculty office hours are posted outside of offices.

### B. Attendance

**Attendance is mandatory for all classes.** Unexcused absences or unprofessional behavior may result in course grade reduction. Individual faculty requirements are outlined in their course syllabus. Students are encouraged to notify the instructor about any potential conflicts between their religious observance and course due dates/examinations. Students should inform the course instructor in writing of the day(s) when they will be absent. This should be done as early as possible in the semester and always prior to the day(s) the student will be absent for religious reasons. Students who are observing a religious holiday are excused from class that day, but will be responsible for the work missed. Students must speak with the instructor before the scheduled class.

### C. Grading Policy

Students will be informed in each course of the methods to be used to evaluate their performances.

The following scale is used in all physical therapy courses:

97-100	A+
93-96.9	A
90-92.9	A-
87-89.9	B+
83-86.9	B
80-82.9	B-
77-79.9	C+
73-76.9	C
< 73	F

## **D. Make-up Policy**

If a student is unable to attend an examination, the student must provide the instructor with a valid reason for the absence PRIOR to the examination. Students must take the responsibility for arranging a make-up exam with the instructor within 1 week following a missed examination.

If a grade of F is received on any practical examination, a student must take a reexamination. Only one reexamination (per failed practical examination) will be given. The maximum grade on the reexamination will be a C or 73. Prior to the reexamination, the student should make an appointment with the instructor to identify deficiencies and when possible to identify strategies to correct the situation. The importance of practical examinations is such that failure of a practical examination after two attempts will result in failure of the respective course.

## **E. Academic Standing**

Each student is subject to two sets of academic regulations; the University Graduate School (see the online Graduate School Catalog <http://www.uml.edu/catalog/graduate/policies/default.htm>) and the academic rules of the Zuckerberg College of Health Sciences and Physical Therapy program. In registering for courses, each student assumes full responsibility for knowledge of and compliance with the definitions, regulations, and procedures of the University, as set forth in the University Online Graduate School Catalog. Moreover, in accepting admission to the University, each student assumes responsibility for knowledge of and compliance with the definitions, regulations, and procedures of the University pertaining to his or her student status as set forth in the appropriate UML publications. The Academic Critical Incident Report **Appendix C** may be used by faculty to provide written notification of unprofessional behavior in an academic setting.

The academic rules for the Department of Physical Therapy & Kinesiology are presented below.

### **1. Academic Warning and Dismissal**

Continuation in the DPT program necessitates achieving an overall average of B (3.0 GPA) or better. Grades below B must be offset with higher grades in other courses. Grades below C (2.0) are not acceptable. No more than 9 credits below 3.0 may be counted toward the DPT degree (grades of B-, C+, or C). At the end of the semester, letters of notification are emailed to students with an academic standing of either warning or dismissal. Students must maintain current addresses in SiS. The Department Professional Review Committee is made up of members of the physical therapy faculty and meets to decide whether to recommend loss of degree candidacy (dismissal from the program) or continuance in the program on probation with a plan to correct deficiencies.

a. **Academic Warning**

Any student whose semester grade point average (GPA) falls below 3.0 or receives nine (9) credits of grades of B-, C+, or C will automatically receive a warning notice. The student is required to meet with the DPT faculty advisor within 30 days of receipt of the warning notice and develop an academic plan to correct deficiencies.

b. **Dismissal**

A student will be dismissed from the program if s/he receives (1) more than nine credits of grades below 3.0 (B-, C+, or C), (2) a grade below C in a professional course, or (3) an Unsatisfactory grade (U) on a Clinical Education Experience. All grades less than C are recorded as F according to the UMass Graduate Grading Scheme. Any student whose semester GPA is below 3.0 for a third time and whose cumulative GPA is below 3.0 or who fails to meet conditions of probation will automatically be dismissed from the graduate program and the University.

**2. Appeals Process**

The student has the right to appeal for reinstatement in the form of a written petition to the Department Professional Review Committee. The formal appeal will be submitted in writing to the Chairperson of the Department no later than the date specified in the letter of notification. The Department Professional Review Committee shall convene and discuss the appeal. Reinstatement will be considered if the student provides detailed justification and an academic plan describing how s/he will meet program requirements.

The Department Professional Review Committee, by a majority vote, shall render a decision and notify the appropriate parties in writing including a rationale for the decision and summary of the facts which the committee considered in reaching a decision. If reinstatement is recommended, the student will be placed on probation. Terms of the probation will be specified in a letter to the student. The student must satisfy these requirements in order to continue in the program. Students who are dismissed from the program after having been reinstated and placed on probation may not petition for reinstatement.

**3. Academic Probation**

Any student whose semester GPA falls below 3.0 for a second time or who has been readmitted following a successful appeal for dismissal from the program will be placed on probation. The Professional Review Committee will meet to determine the terms of the probation specified in a letter to the student. The student must satisfy all probation requirements to continue in the program. Students may be asked to repeat courses with unsatisfactory grades, maintain grades of B or better, and audit professional courses prior to being allowed on Clinical Education Experiences. Graduate Students can

petition to have one grade replaced <https://www.uml.edu/catalog/graduate/policies/grading-policies.aspx>  
Students may be placed on probation only once. Failure to meet the terms of probation will result in dismissal from the program without appeal.

#### **4. Non-Academic Dismissals and Appeals**

All students in the Zuckerberg College of Health Sciences must demonstrate a level of professionalism and a state of emotional and physical health that will enable them to provide safe, competent practice. Students may be dismissed for non-academic reasons including:

- a. Improper conduct or criminal behavior; failed CORI check; failed drug screening if required by clinical agency
- b. Failure to meet Professional Behaviors **Appendix B** or Technical Standards **Appendix D**.
- c. Honor Code violation: academic dishonesty, cheating, plagiarism
- d. Issues of emotional and/or physical health that cannot be reasonably accommodated and would impact the safety of patients in a clinical setting

An individual dismissed for non-academic reasons may be required to present statements of physical and/or mental health from appropriate physicians or psychiatrists who are fully licensed. On the basis of a review of such statements, the Department Professional Review Committee will determine if the individual will be reinstated or denied continuance in the program.

If the decision of the Department Professional Review Committee is not satisfactory to the student, the student may forward the appeal to the college dean within two weeks of the decision of the Department Professional Review Committee. A College Committee will be convened to discuss and render a decision of the appeal in accordance with the University Appeals Process Regarding Academic (Non-Misconduct) Issues <http://www.uml.edu/Catalog/Graduate/Policies/Graduate-Grade-Appeal-Process.aspx>

#### **5. Unsatisfactory Clinical Education Experience**

A student will receive a warning if there are issues or concerns about the student's developing Professional Behaviors or if performance is unsafe or unacceptable in any one area on the Clinical Performance Instrument. Grades for full-time Clinical Education Experiences (10 & 12 week experiences) are given as Satisfactory (S)/ pass or Unsatisfactory (U)/ fail. If a student receives an Unsatisfactory grade, s/he will be dismissed from the program. The student has the right to appeal for reinstatement in the form of a written petition to the Professional Review Committee. See the Appeals Process described above.



## **6. Social Media Policy and other Zuckerberg College of Health Sciences policies**

All students must adhere to the Zuckerberg College of Health Sciences Policies including: National Criminal Background Check, Clinical Affiliate Random Drug Screening and Social Media Policy which can be found at: <http://www.uml.edu/Catalog/Undergraduate/Health-Sciences/Policy/Special-College-Requirements.aspx>

## **7. Incomplete Grades**

If, because of unusual circumstances, a student is unable to meet all the requirements of the course by the end of a semester, the grade of Incomplete (INC) may be given. Responsibility for making arrangements with an instructor to complete all outstanding coursework rests entirely with the student, who must complete all outstanding coursework by the date listed on the [Graduate Academic Calendar](http://www.uml.edu/Registrar/Calendars/default.aspx) ([www.uml.edu/Registrar/Calendars/default.aspx](http://www.uml.edu/Registrar/Calendars/default.aspx)). Under no circumstances will a student be allowed to graduate with incomplete(s) on his or her transcript.

Prior to completion of the missing work, the incomplete will not be computed into the grade point average (GPA). If the student completes the missing work within the specified period, the instructor must evaluate the work and turn in a grade change form to the Registrar's Office before the deadline for instructors to submit final grades for incomplete courses as specified on the Graduate Academic Calendar ([www.uml.edu/Registrar/Calendars/default.aspx](http://www.uml.edu/Registrar/Calendars/default.aspx)). However, if the student does not complete the missing work by the specified date and no grade change form is submitted by the instructor, the student's grade will automatically change to a grade of "F" and be computed into the GPA.

If the incomplete grade is received in a professional course that is a prerequisite to the following semester's course, the incomplete grade must be cleared prior to the commencement of the following course. Students may not proceed to their Clinical Education Experience until the incomplete grade is cleared.

## **8. Academic Dishonesty and Prohibited Academic Practice and Behavior**

The following definitions are provided for the information of all students and constitute official notice of prohibited academic practice and behavior as taken from the online Graduate School Catalog at: <http://www.uml.edu/Catalog/Graduate/Policies/Academic-Integrity.aspx>

Academic dishonesty includes but is not limited to:

- a) *Cheating* - use, or attempted use, of trickery, artifice, deception, breach of confidence, fraud, or misrepresentation of one's academic work. Submission of the same work in its entirety for

credit in two courses without obtaining the permission of the instructors constitutes cheating.

Further defined *cheating* is:

- Misrepresenting academic work which has been done by another as one's own efforts – whether such misrepresentation has been accomplished with or without the permission of the other individual;
  - Utilization of prohibited assistance (whether in the nature of a person or a resource) in the performance of assignments and examinations;
  - Copying of another person's work or the giving or receiving of information or answers by any means of communication during an examination;
  - Utilization of the services of a commercial term paper company;
  - The unauthorized or fraudulent acquisition and/or use of another's academic property.
- b) *Fabrication* - falsification or invention of any information or citation in any academic exercise.
- c) *Plagiarism* - representing the words or ideas of another as one's own work in any academic exercise. Further defined *plagiarism* is:
- Direct quotation or word-for-word copying of all or part of the work of another without identification or acknowledgment of the quoted work;
  - Extensive use of acknowledged quotation from the work of others which is joined together by a few words or lines of one's own text;
  - An unacknowledged abbreviated restatement of someone else's analysis or conclusion, however skillfully paraphrased.
- d) *Facilitating dishonesty* - helping or attempting to help another commit an act of academic dishonesty, including substituting for another in an examination, misrepresenting oneself, or allowing others to represent as their own one's papers, reports, or academic works.

## **9. Non-Academic Misconduct**

Improper conduct or behavior of graduate students is subject to the University of Massachusetts Lowell Student Conduct Code and Judicial Process. Copies of this document may be obtained from the Dean of Students Office.

## **10. Department of Physical Therapy & Kinesiology Honor Code**

All students are expected to adhere to the department Honor Code **Appendix A** which states: *I agree to adhere to the honor code of the Department of Physical Therapy & Kinesiology throughout my tenure in the Physical Therapy program. I understand I am responsible for complying with professional standards of behavior. I understand prohibited practice and behaviors to be defined as cheating, lying, or plagiarizing. The preservation of integrity in the academic process is an exercise of professional*

*judgment. The Honor Code requires I will not only adhere to all ethical practices, but I shall report to the Department observable behaviors in other students that violate the Honor Code.* The policy for academic integrity can be found at <https://www.uml.edu/catalog/graduate/policies/academic-integrity.aspx>.

#### **F. Program Feedback:**

Students are encouraged to work to resolve a conflict in an appropriate fashion by first discussing the matter with the specific with the faculty member. If the matter cannot be resolved, the student should seek the consultation of the Program Director. If the matter remains unresolved, consultation with the Department Chairperson will be considered if deemed appropriate.

To file a formal complaint with the Commission on Accreditation of Physical Therapy Education (CAPTE), please follow the link provided: <https://www.uml.edu/Health-Sciences/PT/Graduate/>

To provide general, anonymous, feedback or offer suggestions to Department of Physical Therapy and Kinesiology, please follow the link provided: <https://www.uml.edu/Health-Sciences/PT/Contact-Us.aspx>.

#### **G. Leave of Absence**

In extenuating circumstances, the student can petition the Department Professional Review Committee for a one year leave of absence. The leave of absence request must be submitted in writing within 2 weeks of withdrawing from classes and must include the reason for the request. If a leave of absence is approved, return to the program is on a space-available basis and contingent upon terms specified by the Department Professional Review Committee. Leave of absences will only be granted one time throughout the program.

#### **H. Honors and Awards**

At graduation, the following awards are bestowed:

##### **1. Physical Therapy Award of Excellence**

This award is given annually to the student(s) of the graduating class who demonstrated superior academic and clinical achievement. The decision is based on:

- a. Cumulative GPA and
- b. Combined recommendations of the clinical and academic faculty who have been familiar with the student's clinical performance.

##### **2. Dean's Award**

The Dean's Award of the Zuckerberg College of Health Sciences are given annually to the student who distinguishes himself or herself academically and demonstrates qualities of leadership.

### **3. Award for Clinical Excellence in Physical Therapy**

Clinical Excellence Awards are given annually to students who have demonstrated outstanding clinical achievement throughout clinical education experiences. Decisions are based on performance as defined by Clinical Performance Instruments, recommendations of the students' clinical instructors (CIs), Site Coordinators (SCCEs), the Director of Clinical Education (DCE), the Associate Director of Clinical Education (ADCE) and other faculty members who may have been in contact with the student and clinical site during clinical experiences.

#### **I. Right of Access to Student Records**

The Family Rights and Privacy Act of 1974 grants any student currently in attendance, or to any former student, the right of access to inspect or review his or her educational files, records, or data. Students who wish to inspect their records must file a Right of Access form with the office or department in which the desired record is kept. Right of Access forms are available in the Registrar's Office. Within ten days of receipt of the Right of Access form, the office or department will notify the student as to the date, time, and location when the desired record will be available for inspection.

The file of each student must contain a record of all non-University affiliated individuals or organizations requesting access to it, plus statements, which specify the legitimate educational purposes, for which access was requested. The record of access may be released only to University personnel or to state or federal officials as a means of auditing the reporting of access to student records.

Information or records concerning individual students may not be released to any individual or agency without written permission of the student. Any request for such information received without such written notice will not be honored and will be returned with a request for a written release by the student.

Educational records may be released without permission to the following individuals or agencies under the following specific conditions:

1. personnel of the University, i.e., faculty, administrators, or staff for legitimate educational purposes only;
2. officials of other institutions in which the student is enrolled, provided that the student is notified of the release;
3. federal or state officials in connection with the audit and evaluation of programs funded by the federal or state governments or in connection with the enforcement of legal requirements which relate to such programs or in connection with the student's application for or receipt of financial aid;

4. state and local officials pursuant to any state statute adopted prior to November 19, 1974;
5. organizations conducting studies for the purpose of developing predictive tests, administering student aid programs, and improving instruction;
6. accrediting organizations in order to carry out their accrediting functions;
7. parents who claim the student as a dependent on their IRS statement; and
8. when necessary in an emergency, to protect the health, safety or welfare of the student or others, to persons who are in a position to deal with the emergency.

The following data is considered informational in nature and may be released, without permission of the student, at the discretion of the University: name, city/town of residence, University mail box #, date of birth, previous educational institution(s) attended, major field of study, dates of attendance, awards & honors received, degrees conferred, past and present participation in officially recognized sports & activities and height & weight of athletic team members.

The University maintains the following general records on students:

**Admission File**

Admissions Office  
University Crossing

**Permanent Academic Records**

Office of the Registrar  
University Crossing

**Financial Aid Records**

Financial Aid Office  
University Crossing

**Account and Payment Records**

Business Office  
University Crossing

**Health Records**

Health Services Office  
University Crossing

In addition, the Department of Physical Therapy & Kinesiology maintains Clinical Education files in the DCE's office in Weed Hall. Any student who believes that his or her records are inaccurate or misleading may request a hearing with the Dean of Students to discuss the contents of such records. Additional information on procedures or policies relating to University compliance with the Family Rights and Privacy Act can be obtained from the Office of Student Affairs or the Registrar's Office.

**J. The University of Massachusetts Lowell is an Equal Opportunity/Affirmative Action University.**

<https://www.uml.edu/HR/Equal/EO-Guidelines.aspx>

### III. General Information

#### A. Faculty / Staff Offices

To contact, either e-mail or leave a voicemail. Faculty office hours are posted each semester.

Faculty office locations are subject to change, consult the PTK department web site

<https://www.uml.edu/Health-Sciences/PT/faculty/default.aspx>

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## **B. General Information re: professionalism, communication and contact information**

Students and faculty are expected to maintain unconditional positive regard for each other in all interactions. Students will make appointments with faculty and DCE to discuss any issues confidentially. Students will be prompt and on time for class in appropriate attire. The use of Cell phones is not permitted during class or clinical education experiences. Students are expected to notify faculty and DCE of absences in a timely fashion.

Students must use their UMass Lowell email accounts and address for communication with faculty and DCE. Students are expected to check email regularly for information and updates.

Students are required to maintain current contact information within the university's Student Information System (SiS) including current postal address, phone number, and the name of a contact individual in case of an emergency. SiS can be found at: <http://www.uml.edu/it/isis/default.html>

## **C. P.T. Bulletin Boards; Blackboard; Facebook**

Bulletin boards are located throughout Weed Hall for announcements and items of interest. Physical Therapy Clinical information is sent to students electronically but may also be posted on bulletin boards. Individual program courses using Blackboard may include email, discussion boards and real-time chat

capabilities to facilitate communication between the faculty member and students enrolled in the course.

Additional announcements can also be found on the department's Facebook account at <https://www.facebook.com/UMassPTK/>.

#### **D. Use of P.T. Facilities**

Laboratory access by students outside of scheduled class time is a privilege. To facilitate practice of manual skills and peer teaching, students may access classrooms and laboratories (Weed Hall 304, 306, 310, 312, & 316) during unscheduled time by obtaining a key from the Program Administrator (Weed 210) and signing in/out using a time log. Semester lab schedules are posted outside each lab. Students must comply with lab guidelines at all times and return lab to good condition prior to leaving.

#### **E. Laboratory Guidelines**

Students should be appropriately dressed for lab activity: for men, gym shorts and for women, gym shorts and sports bra are required. Cover-ups such as shirts and sweat suits may be worn over the required attire for comfort. Low heeled rubber soled shoes are required. Long hair must be pulled back. No hats/caps are allowed. Jewelry, which poses a safety hazard, must be removed (i.e. dangling earrings, multiple bracelets, rings, & necklaces). Fingernails should be sufficiently trimmed so as not to cause discomfort to a simulated patient during lab sessions. A professional atmosphere should be maintained in the lab. Subjects should be properly draped and positioned. Dignity of subjects should be respected, and comfort and safety always provided. Students are required to purchase equipment prior to PT Interventions I in the first semester of the physical therapy program. The equipment listed below will be utilized in subsequent laboratories and throughout their clinical education experiences. The equipment can be purchased at any medical supply company. The required list includes:

#### **Equipment Description**

- 12" Goniometer
- 6" Goniometer
- 36 inch Retractable Tape Measure
- Gait Belt
- Stethoscope and sphygmomanometer



## **PT Laboratory Guidelines**

Students are expected to:

1. Take personal responsibility for the care and maintenance of labs and all equipment.
2. Leave sinks and surrounding areas clean.
3. All equipment should be cleaned prior to and after use.
4. Return equipment and furniture to appropriate location after each use.
5. Procure a written permission form from department administrator to remove any equipment or supplies from the building.
6. Tape a “Do Not Use” note on any equipment that appears broken or is not functioning properly and submit written statement to department administrator.
7. Linen should be placed in the appropriate container when soiled.
8. Shoes should not be worn on any equipment, which contacts human skin i.e. plinths, exercise mats

## **Laboratory Safety Procedures**

1. Hands should be washed prior to and at the completion of laboratory work.
2. Room is to be occupied by a minimum of two students at all times.
3. Students are required to obtain prior authorization and instruction in safe use by a faculty member before using equipment.
4. Do not leave treatment area while equipment is in use.
5. All equipment should be unplugged when not in use.
6. Recheck all gauges before using equipment.
7. Check the wiring and the plug of all electrical equipment before use.
8. Dry hands before any contact with electrical equipment.

## **Cadaver Laboratories**

Students should be appropriately dressed for lab activity: long pants and close-toe shoes are required.

Long hair must be pulled back. No hats/caps are allowed. Jewelry, which poses a safety hazard, must be removed (i.e. dangling earrings, multiple bracelets, rings, & necklaces). Cadavers are to be treated with the same professional respect and courtesy as any living patient: students will be mindful that the

cadavers were once living individuals and have families who care deeply for them. Jokes or comments at the expense of the cadavers will not be tolerated.

### **Cadaver Laboratory Guidelines**

Students are expected to:

1. Take personal responsibility for the care and maintenance of labs and all equipment.
2. Leave sinks and surrounding areas clean.
3. All dissection tools are to be cleaned and dried after use.

### **Cadaver Laboratory Safety Procedures**

1. Hands should be washed prior to and at the completion of laboratory work.
2. Room is to be occupied by a minimum of two students at all times.
3. Students are not to use equipment without prior authorization and instruction of a faculty member.
4. Students are to maintain the integrity of the cadavers by keeping them covered and closed when not in use.
5. Accumulated waste is to be disposed of in appropriate containers after each dissection session.
6. Scalpel blades must be safely disposed of in sharps disposal container prior to cleaning the tools.
7. In case of injury, student must immediately remove gloves, wash hands with soap and hot water for 15 minutes, and report the accident to the instructor or TA.
8. Full laboratory safety training will be provided to students on the first day of class.
9. Formaldehyde is used to preserve the cadavers. Any students who are pregnant or suspect they may be pregnant must inform the instructor prior to entering the laboratory.

### **Palpation Laboratories**

Students should be appropriately dressed for lab activity: for men, gym shorts and, for women, gym shorts and a sports bra are required. Cover-ups such as shirts and sweat suits may be worn over the required attire for comfort. Low heeled rubber soled shoes are required. Long hair must be tied or pinned back. No hats/caps are allowed. Jewelry, which poses a safety hazard, must be removed (i.e. dangling earrings, multiple bracelets, rings, & necklaces). Fingernails should be sufficiently trimmed so as not to

cause discomfort to a simulated patient during lab sessions. A professional atmosphere should be maintained in the lab. Dignity of subjects should be respected, and comfort and safety always provided. During this lab course, you will be required to practice palpation methods on others within the lab and outside of the lab. You will be encouraged to practice on friends and family to successfully palpate people of a variety of body shapes and genders. By the end of the course, you will have practice in making a patient feel comfortable with your touch, being able to use your fingers, palms, and thumbs to enhance your sense of touch to feel bony structures and soft tissues, and recognizing these landmarks on a variety of people. You will learn the landmarks early on in lab and be expected to continue practicing the skills outside of lab to be ready for the one-on-one practical to be scheduled later in the semester.

1. Students will not be used as models during the initial teaching session – instead, a prepared video of the material will be shown using a patient with full consent.
2. Extra practice sessions will not be given. Students can review the video and practice with other students or friends and family.
3. Emphasis will be put on professionalism and on obtaining consent from others.
4. Students will be taught clinical relevance – how to make the patient feel comfortable, why practice is so important, how to use the whole hand to feel structures, how to manipulate the patient, hand-washing procedures, etc.
5. An inclusive culture will be achieved by stressing the importance of learning techniques for the clinic and being accepting of all patients, and therefore, each other.
6. The instructor will only touch the students for instructional purposes and with consent of the students.
7. Students will be informed that if at any time they feel uncomfortable, they should inform the person palpating them, the instructor, or the department chair. Discomfort should always be avoided in the classroom and in the clinic.

## **F. Financial Aid/Teaching Assistantships**

### **Scholarships and Financial Aid**

The Financial Aid Office is responsible for administering and coordinating funds from federal, state, private, and University sources (see <http://www.uml.edu/financialaid/>)

The office is located in University Crossing (978-934-4220).

### **Teaching Assistantships**

A limited number of teaching assistantships may become available for qualified full-time students. The department chair notifies students if there are any openings.

## **G. Counseling Center and Career Services**

### **1. Counseling Center**

This Center offers individual and group counseling to assist students who have concerns in vocational, personal, and educational areas. Counseling services are available **free of charge** and with the complete assurance that any concern discussed will be held in **strictest confidence**. The center is located in University Crossing (978-934-4331).

### **2. Career & Co-op Center**

The Career Services & Cooperative Education Center supports all graduate students at UMass Lowell as they navigate their career decision making. Our career counseling staff is available to work with graduate students in all aspects of their career development including internship and job searches. We offer individual appointments as well as drop-in hours, workshops, a job and internship listing resource, CareerLINK, multiple career fairs per year and numerous web resources. Additionally, the Career & Co-op Center provides graduate students with opportunities to network with industry representatives, many of whom are alumni, through employer career panels, on-campus interviewing, information sessions and the UMass Lowell Alumni – Student Career Connections group on LinkedIn.

Students are encouraged to avail themselves of these services early on in their graduate school

career. These services are also available to alumni. They are located in University Crossing and have a satellite office in O'Leary Library and on the web at <https://www.uml.edu/student-services/Career-Services/students/>

## **H. Disability Services**

If you have a documented disability that will require classroom accommodations, please notify the instructor within the first week to make appropriate arrangements. Please speak to the instructor either during office hours or privately to protect your privacy. For additional information, please visit the Student Disability Services webpage: <http://www.uml.edu/student-services/disability/default.aspx> For detailed information contact: Disability Services, The Wellness Center, University Crossing, Suite #300, phone 978-934-6800

## **I. O'Leary Library (South Campus)**

The O'Leary Library is located on Wilder Street, opposite Weed Hall on the quadrangle. Students should consult with the library staff for operating hours each semester. O'Leary Library has instructions, brochures, and orientation sessions concerning the use of the library. University Library Services are described on their website: <http://libweb.uml.edu/>

## **J. University Bookstore**

The university bookstore is located in the University Crossing building. Students may purchase books with cash, check, credit card, or book vouchers from the financial aid office. A list of required texts for Physical Therapy courses is distributed at orientation and can be found at <https://www.uml.edu/Health-Sciences/PT/Graduate/Current-PT-Students.aspx>.

## **K. Transportation Services**

A shuttle bus operates between campuses. You can use the UMass Lowell transportation GPS system at <http://www.uml.edu/routes/>. For additional information about schedules, routes, etc. see [http://www.uml.edu/student-services/Transportation\\_Services/](http://www.uml.edu/student-services/Transportation_Services/)

## **L. Parking**

Parking stickers are mandatory and are available in the UCard, Access and Parking Services (UCAPS) at University Crossing. Students may park in the parking lots designated to them. Additional information is available at <http://www.uml.edu/access-services/parking.html>

## **M. Miscellaneous**

Other general information about the University of Massachusetts Lowell (associations, programming, other curricula, etc.) may be found on the University Website. <http://www.uml.edu/>

## **IV. Professional Activities**

Membership in the American Physical Therapy Association (APTA) and Massachusetts APTA chapter is highly recommended. Students are eligible to attend all national and state meetings at a discount with APTA membership. Students are also eligible for scholarship assistance from the APTA.

On campus, students may become involved in the Physical Therapy Club and/or the Graduate Student Organization. Announcements are made at the beginning of the year regarding each of these groups.

## V. Clinical Education

"Clinical Education in physical therapy is the process by which the student is given the opportunity to learn to apply knowledge, develop attitudes, and practice skills in a clinical setting." (Dickinson, R., Dervitz, HL, Meida, HM. Handbook for Physical Therapy Teachers, New York, APTA, 1967)

The Clinical Education component of the DPT in PT curriculum is composed of:

- a. A ten week clinical throughout the summer following the first year of academic preparation.
- b. A twelve week clinical throughout the summer following the second year of academic courses.
- c. A final, twelve week clinical during the spring semester of the third year.

### A. General Policies

1. The Director of Clinical Education (DCE) directs the clinical education component of the Physical Therapy curriculum. In addition to identifying and developing new clinical sites, coordinating and implementing the matching process of students to clinical facilities, it is the DCE's responsibility to act as the liaison between the Department of Physical Therapy & Kinesiology and all affiliated Clinical Education Centers. The Site Coordinator of Clinical Education (SCCE) is responsible for managing the clinical education program within each facility and for monitoring those persons directly responsible for student supervision i.e., the Clinical Instructors (CIs).
2. All Clinical Education Centers sign a Clinical Education Contractual Agreement with UMass Lowell, **Appendix E**. This Agreement describes the rights and the responsibilities of each party in the clinical education process. Agreements must be in place prior to a student beginning an affiliation at the facility. The contractual agreement is a legal and binding document.
3. Students may take an active role in the identification of potential Clinical Education Sites. This is especially true for out-of-state placements. An appointment should be made with the DCE or Associate DCE to discuss the possibility of establishing a clinical education relationship with the facility and to determine a course of action. Students should not contact a facility to establish a clinical education placement. The DCE will contact the facility. Finalization of a Clinical Education agreement with a new facility is a legal matter, which can be a time consuming process. For this reason, it is required the student identification of a potential clinical



education site, as described above, be initiated during the fall semester prior to the year of anticipated attendance, i.e. approximately 1-year in advance

4. **All costs** related to clinical education are the student's responsibility, e.g. housing, transportation, meals, and other living expenses. Some clinical education sites offer free or subsidized housing, while other sites provide a list of available community housing. However, many clinical sites assume no responsibility or assistance with regard to student housing. It is required that you have your own method of reliable transportation. It is expected students be willing to drive up to 90 minutes, to/from their place of residence, for local clinical experiences. **Note: Full-time clinical education experiences i.e., DPTH 6500, DPTH 6520, and DPTH 6530 are considered courses for which you will receive credit. Students must register through and pay tuition to the Graduate, Online & Professional Studies: <https://gps.uml.edu/> for Clinical Education DPTH 6500 and DPTH 6520 since these courses occur during the summer intersession periods. Students will register through and pay as part of their regular tuition/fees for the semester to the Graduate School for DPTH.6530. Malpractice insurance and credit will not be given for the clinical experience if you are not registered prior to the affiliation.**

Costs of Clinical Education Experiences are based on the number of credits through the Division of Online and Continuing Education. The current tuition costs can be found at <http://continuinged.uml.edu/general/tuition.cfm> Continuing Education will charge a late fee for students who register after the deadline established in the catalogue. Fees usually increase at the end of the Spring semester. Registration can be done by mail, telephone, fax, or walk-in registration during the times listed in the catalogue.

5. Clinical placements are determined irrespective of a student's personal commitments, e.g. employment, family responsibilities, etc. Furthermore, limiting your clinical education experiences based upon geography may greatly impact the quality of the clinical experience. The above criteria are considered **only** after all high priority placements have been made and **only if** you have not been placed in any of your selected facilities (see J. Site Selection).

6. ALL students are expected to travel, out of the area, to complete the clinical education component of the DPT program. Whenever possible, students will be matched to one of their preferred clinical sites. However, it is important to remember, the commitments of the

University of Massachusetts Lowell, Department of Physical Therapy & Kinesiology supersede any individual student agenda.

7. Over the course of the three, 10-12 week clinical education experiences, students are compelled to complete clinical experiences in both the outpatient and inpatient settings. This requirement is consistent with the program's goal of graduating clinicians who are considered generalists of physical therapy practice. Students will be exposed to a variety of patients throughout the clinical education component including orthopedic, neuromuscular, cardiopulmonary and integumentary diagnoses as well as patients from across the life span. The diversified experience will expose students to the continuum of care as well as serve as an opportunity for direction and supervision of physical therapist assistants and other personnel and to be involved with interprofessional practice. Additionally, it will serve as a valuable resource in preparing for the licensure examinations.

8. It is the department's policy to visit every clinical site during each clinical education experience. However, when a personal site visit is not logistically possible, a phone (conference call) visit will be conducted. Clinical site visits usually occur sometime around the midterm evaluation and involve discussions with the student, the Clinical Instructor, and/or the SCCE. The DCE, ADCE, and other faculty members conduct the clinical site visits. Students are encouraged to contact the DCE if they identify problems or concerns that should be addressed immediately.

All students are required to contact the DCE during the first week of **all** clinical education experiences and provide the following information.

*Student Name:* \_\_\_\_\_

*Facility Name:* \_\_\_\_\_

*Clinical Instructor (CI):* \_\_\_\_\_ *CI 2:* \_\_\_\_\_

*Location of clinical rotation (complete street address, satellite, floor, etc.)*

\_\_\_\_\_  
*CI email address (required for CPI):* \_\_\_\_\_

*CI telephone:* \_\_\_\_\_

*Work schedule (Hours):* \_\_\_\_\_

*First impressions?* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Prior to each full time clinical experience, a clinical packet is emailed to each Clinical Education Facility's Site Coordinator of Clinical Education (SCCE). Any/all student information shared with our clinical partners is in compliance with FERPA regulations.

The electronic file includes:

- i. Basic student information, e.g. name, address, phone number, email.
- ii. Additional student information, e.g. medical/ liability insurance information, prior clinical experience/exposure, self-perceived strengths/ weakness.
- iii. Attestation documents regarding each student's
  - CORI status
  - Health status\*
  - CPR certification
  - HIPAA training certification
  - OSHA training certification
- iv. Additional documents include:
  - Course Syllabus
  - Certificate of liability insurance
  - DPT curriculum
  - Clinical attendance policy
  - Emergency Policy
  - Drug screening results\*\*
  - Finger Printing\*\*

\*If/when a clinical facility requires physical hard-copies of a prospective student's health records the student is responsible for supplying the requested documents. The documents are stored on a patient portal via myRecordTracker- a UMass Lowell contracted medical documentation verification service (Certiphi Screening: <https://www.certiphi.com/>).

\*\* As requested/ required by individual clinical facility.

10. Upon completion of a clinical experience, other than a personal thank you, all student contact with the clinical education site should cease.

11. Additionally, at the completion of each clinical education experience students are required to complete the Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction. (Appendix K) Students should share their feedback with their clinical site, i.e. CI and SCCE. The document must be submitted to the DCE within 72 hours of the completion of the clinical experience.

## **B. Criminal Offender Record Information (CORI)**

In 1996 the Massachusetts House and Senate passed the Criminal Offender Record Information (CORI) act. According to the CORI Act, Massachusetts General Laws, chapter 6, sections 167-178, agencies have the right to require a criminal record check on any student affiliating at their institution. Many clinical education facilities require a CORI check prior to accepting prospective students.

At the time of orientation each UMass Lowell Doctor of DPT student is compelled to submit information to complete an initial CORI report. If/when a student is assigned to a facility which requires a CORI report, a department generated attestation letter will be provided on the prospective student's behalf. If the most recent CORI report is outside the normal time frame of acceptable reports for a given clinical facility, upon request, a new CORI report will be obtained and an updated attestation form will be generated accordingly.

All confidential information will be maintained by a University of Massachusetts Lowell, authorized CORI Agent. If a given student's CORI report is deemed unacceptable for clinical placement by the university's CORI board, the student and prospective clinical site will be notified. If a student fails the record check, they will be notified of their results. Failure to pass a CORI may jeopardize continued matriculation in the program, clinical education placements, and state licensure. The Zuckerberg College of Health Sciences' Professional Review Committee will make final determination of a failed CORI check. Several state licensing boards for physical therapy also require a CORI prior to granting licensure.

The following local and national indexes comprise our contracted criminal background screening:

- MA ICori
- Criminal County Search with past addresses
- FACIS Database
- Federal District Search with past addresses
- National Criminal Locator
- Sex Offender Registry
- Social Trace

## **C. Emergency Policy**

1. In the event of a medical emergency involving a UMass Lowell student, please follow this procedure:
  - a. Take necessary steps to deal with the immediate emergency at your facility.

- b. Notify the student's emergency contact, as denoted on their student data form.
- c. At your earliest opportunity please contact the program, specifically contact **Keith W. Hallbourg, 978-934-4402**

*Please have the following information available:*

- *Student name*
  - *Hospital name*
  - *Hospital phone number*
  - *Nature of the emergency*
  - *Contact person at the facility*
  - *Name and phone number of the person to notify in case of emergency*
2. Exposure to Bloodborne Pathogens while on Practicum, Bloodborne Pathogen Exposure Control and Policies can be found in **Appendix L**.
    - a. All students are expected to follow Universal Precautions. In the event of exposure to bloodborne pathogens, the student will follow these procedures.
    - b. Follow the specific agency policies for reporting, testing, treatment AND then report to:
      - UML Student Health Services, 978-934-4492 for reporting and referral for testing and treatment.
      - The Health Services will provide a confidential medical evaluation and follow-up. Students need not share the details of the incident with anyone except the Director of Student Health Services. It is the exposed student's option to participate in the testing and treatment.
  3. Responsibility for the cost of emergency services in off-campus educational experiences is that of the individual student.
  4. Should arrangements need to be made to withdraw the student from the affiliation and/or conclude the affiliation at a later date; each case will be handled on an individual basis. The University will make a written record of communication between parties and of any decisions made available to all parties.

#### **D. Clinical Education Attendance Policy**

All clinical education experiences are considered a **full-time** educational commitment. Students are expected to be in attendance during hours specified by the clinical education facility. Students are expected to comply with the facility's work schedule, not the University calendar.

Make up of 1-2 days missed due to illness will be at the discretion of the student's clinical supervisor. If

necessary, missed days can be made up at the end of the affiliation, on weekends, or as extra hours during a regular workday. This should not be interpreted to mean that students are given, or allowed, 1-2 days off per affiliation. The University does not allow students who are participating in full-time clinical experiences to request time off for interviews, university holidays, or to attend to personal business (excluding emergencies).

Religious holidays: students who are observing religious holidays shall be excused from clinical that day and be given the opportunity to make up those missed hours.

Campus Closures: irrespective of any weather related university campus closure(s) and/or observed on-campus holiday closure(s), the DPT student remains compelled to report to their clinical site as scheduled unless otherwise notified by their clinical supervisor.

Regardless of circumstances, in the event of an extended absence (3 or more days) the DPT student, SCCE, Clinical Instructor, and DCE will negotiate a remedial plan. Each case will be addressed on an individual basis. A written record of decisions will be distributed to all parties.

#### **E. Health Status Requirements**

The University of Massachusetts Lowell, Department of Physical is contractually obligated to provide each of our clinical partners with evidence that you are physically capable of full participation in the clinical education experience. In recent years, as a result of infection control requirements, this has come to include proof of your immunization. In 2011 new state immunization requirements for health professions students with patient contact were released. A summary of these requirements is listed in the table below.

#### **NOTE TO STUDENTS:**

*The following immunization requirements took effect with the beginning of the Fall 2011 semester. UML's University Health Services are able to provide MMR, Hepatitis B, and Tdap vaccines at Student Health Services by appointment for a small fee. However, varicella or meningococcal vaccines are not currently offered. Students should contact them directly for details regarding availability of any specific services <https://www.uml.edu/student-services/health/>*

**Summary of Changes to 105 CMR 220.000 Immunizations Required Before Admission to School**

Type of Change	Revised Content, effective in the Fall of 2011	Groups Impacted
Definitions	Revisions to “Certificate of Immunization” –see below	All students
	Revision to “Preschool” (indicating new name of regulating agency) –see below	
Immunization Requirements	2 doses MMR vaccine required	<ul style="list-style-type: none"> <li>• kindergarten</li> <li>• 7<sup>th</sup> Grade</li> <li>• full-time college freshman</li> <li>• <i>college health science students</i></li> </ul>
	2 doses varicella vaccine required	<ul style="list-style-type: none"> <li>• kindergarten</li> <li>• 7<sup>th</sup> Grade</li> <li>• full-time college freshman</li> <li>• <i>college health science students</i></li> </ul>
	1 dose Tdap vaccine required	<ul style="list-style-type: none"> <li>• 7<sup>th</sup> Grade</li> <li>• full-time college freshman</li> <li>• <i>college health science students</i></li> </ul>
Proof of Immunity	Birth in the US before 1957 sufficient proof of immunity to measles, mumps and rubella (does <b>not</b> apply to health science students)	<i>All college students (except health science students)</i>
	Birth in the US before 1980 is sufficient proof of immunity to chickenpox (does <b>not</b> apply to health science students)	All college students (except health science students)

- a) **MMR:** 2 doses of live measles, mumps and rubella vaccine are required for all postsecondary students. (these doses must be given at least four weeks apart beginning at or after 12 months of age).
  
- b) **Varicella:** 2 doses of live varicella vaccine are required for all postsecondary students. (these 2 doses must be given at least four weeks apart beginning at or after 12 months of age).
  
- c) **Tdap:** A single dose of Tdap within 10 years is required for all postsecondary students.
  
- d) **Proof of Immunity Satisfies Requirement:** New alternative proofs of immunization have been added to clarify that the requirements of 105 CMR 220.600 shall not apply where:
  - i. in the case of measles, mumps and rubella, the student presents laboratory evidence of immunity. Those born in the United States before 1957 can be considered immune to measles, mumps and rubella, *with the exception of all full- and part-time students in a health science program who may be in contact with patients.*
  - ii. in the case of varicella, the student presents laboratory evidence of immunity; or a statement signed by a physician, nurse practitioner, physician assistant, or designee that the student has a reliable history of chickenpox disease; a self- reported history of disease verified by a physician, nurse practitioner or physician assistant; or is born in the United States before 1980, *with the exception of all full- and part-time*

*students in a health science program who may be in contact with patients.*

**Important Note:** *Students may be required to obtain and submit additional medical/immunization requirements depending on the specific needs of individual clinical sites. For example, the Department of Physical Therapy & Kinesiology requires Physical examinations to be completed within 1 year. However, many clinical sites require more frequent updates, e.g. within 6 months. Furthermore, **all health documentation must remain current (up-to-date) throughout the entirety of each/every clinical education experience.***

1. **Physical examinations** are to be completed within 1 year of **each** clinical experience. A copy of the university's standard health (physical) form is available for student download via the PT Department's Clinical Education Resource page: <https://sites.uml.edu/cerp/> Or, your primary care physician's office may elect to utilize their own form.
2. **Mantoux tests** are to be administered within the minimum of 1 year of **each** clinical experience. Additionally, many facilities now require one TB test within the past year and a second within 3 months of the clinical placement. In such cases, the prospective student will be notified individually. **Note:** The Tine Test is not acceptable. A PPD is acceptable, and for some hospitals, required.
3. Current **CPR** certification. Must cover adult and pediatric CPR and AED training.
4. Students are required to obtain immunization for **Hepatitis B**. This is a series of three injections followed by a titer to give proof of immunity. Students are responsible for the cost of immunization. Some insurance carriers have covered the cost in the past due to the nature of students' exposure in the clinic. All enrolled students may obtain the series free of charge at the Student Health Services on South Campus. You must call for an appointment (978) 934-4491. Time frame for injections: Injection 2 one month after first injection; Injection 3 six months after first injection; Titre for proof on immunity 6 months after 3<sup>rd</sup> injection.
5. Some hospitals are now requiring proof of immunity to chicken pox (varicella). Please consult the hospital file to see if your affiliation requires this additional information. Students are responsible for the cost of a titer, which can be administered at Health Services.
6. Seasonal Influenza Vaccine – now required by most in-patient and many out-patient facilities. The waiving of this requirement may result in a student's inability to attend a particular facility for clinical education.
7. Some clinical sites require the student have a drug test prior to starting clinical. The University is capable, via a contracted local laboratory, of performing 5, 10, and 10+ panel drug screens for each prospective student. If your site requires a drug screening, contact the DCE/ADCE.
8. Health Documentation: Students are required to enroll in the UMass Lowell, Department of Physical Therapy & Kinesiology contracted health documentation verification services (<https://www.myrecordtracker.com/>) in preparation for all clinical education experiences.

Following bulk cohort entry by the department, you will be contacted via email by the  
*University of Massachusetts Lowell, Department of Physical Therapy & Kinesiology*



myRecordTracker system. The initial enrollment fee is \$30.00 followed by \$10.00 each of the two subsequent years while enrolled as a UMass Lowell DPT Student. Students are responsible for all fees associated with this medical record tracking/ verification service. Failure to comply with the myRecordTracker service, and/or submission of any/ all required health documents by their defined deadline(s) will result in indefinite suspension of, and/or participation in, clinical education.

## **F. HIPAA & OSHA**

All UMass Lowell DPT students are compelled to satisfactorily complete, and annually update, the following Collaborative Institute Training Initiative ([CITI](#)) training modules:

1. Basic Biosafety Training
2. OSHA Bloodborne Pathogens
3. Information Privacy and Security for Health Sciences

## **G. New England Consortium of Clinical Educators (NECCE ) <http://www.necacce.org/>**

A few of the documents contained in this Manual, specifically the *Student Data Form* and the *Student's Evaluation of a Clinical Experience* are products of the **New England Consortium**. Since you will likely hear references to the New England Consortium, it would be beneficial for you to have some background information i.e., what is it and what does it do?

The New England Consortium of Clinical Educators (originally the New England Consortium of Academic Coordinators of Clinical Education) has been in existence since late 1984. It is comprised of the Academic Coordinators from all of the entry-level physical therapy programs in New England.

Those programs are:

- American International College
- Boston University
- Franklin Pierce University
- Husson University
- Massachusetts College of Pharmacy & Health Sciences
- MGH Institute of Health Professions
- Northeastern University
- Quinnipiac University
- Sacred Heart University
- Simmons University
- Springfield College
- University of Connecticut

- University of Hartford
- University of Massachusetts Lowell
- University of New England
- University of Rhode Island
- University of Vermont

The primary goals of the Consortium are three-fold. First, it is interested in promoting clinical faculty development. This means training those clinicians who will be supervising you on your affiliations. Trained instructors from the New England Consortium instruct clinicians in workshops to credential them as certified clinical instructors. Once or twice a year the Consortium sponsors a free Clinical Faculty Institute to thank clinicians for their role in supervising students. Secondly, the Consortium is interested in promoting and conducting research efforts in clinical education. Third, we coordinate the use of common evaluation tools and uniform mailing dates for clinical education material. As a result, all schools in the Consortium now mail their requests for student slots on March 1 with a return date of April 15, for the following calendar year. In this way, the Site Coordinator can more easily plan how many students from which University they are able to accommodate. The Consortium also developed a common *Student Data Form* for Consortium schools to accompany the new APTA Clinical Performance Instrument.

## **H. Student Data Form (NECCE)**

The Student Data Form, **Appendix F**, serves three main purposes. First, it is a means of notifying the Clinical Education Center about emergency and medical/ liability insurance information. Second, it provides you with the opportunity to describe the way you like to learn and to assess your exposure to, and competence in, a variety of content areas. Third, it provides your Clinical Instructor(s) with a detailed account of your perceived strengths and weaknesses, prior to your arrival.

## **I. Full Time Clinical Education Experiences**

Three, full time (10-12 week) Clinical Education Experiences will occur as follows:

- Clinical Education Experience I: summer following the first academic year.
- Clinical Education Experience II: summer following the second academic year.
- Clinical Education Experience III: spring semester of third academic year

The specific dates of a given clinical experience may be altered, at the request of a prospective clinical site, in order to accommodate the experience. Students are required to complete an in-service/ case-study/ special project during each of their full-time (10-12 week) clinical education experiences,

**Appendix G.** Students may **not** attend a clinical site with which they have had any of the following relationships:

- Volunteered for extended periods of time.
- Currently or formerly employed.
- Have any type of financial/contractual/tuition reimbursement arrangement with facility or parent corporation. It is the student's responsibility to make these situations known prior to clinical placement. Failure to do so will be considered an ethical violation.

#### **J. Site Selection:**

1. A list of available clinical sites for the full-time clinical experiences will be distributed to students. In addition to the name and location, the list will indicate the anticipated setting, number of student slots, and potential housing.
2. Information is available on most of our currently active clinical facilities. In general, this includes a clinical site information form as well as evaluations of the facility submitted by previous students. You are strongly encouraged to take advantage of this information prior to submitting your final list of site preferences. Any/all clinical site information is available via the Clinical Education Resource Page: <https://sites.uml.edu/cerp/>
3. A Site Selection Form will be distributed to all students. Students are required to list their top five (5) choices, in order of preference, as well as provide a brief rationale for each selection. The deadline for submission of the Site Selection Forms will be announced. **Students who submit forms after the deadline will be considered last in the placement process.**
4. Matching of students to clinical sites is the responsibility of the DCE. Whenever possible, as many students as possible will be assigned one of their 5 choices. However, given the finite number of clinical sites and the need for each student to complete a clinical experience in each of the primary practice areas clinical placements are not guaranteed.
5. Upon completion of the matching process, a comprehensive list of clinical placements will be distributed to all class members. Additionally, each prospective clinical facility is notified of the match and provided pertinent student information, e.g. name, address, phone, etc. **Students are required to contact their prospective clinical facility at least one month prior to the start date of your clinical.**
6. Under certain circumstances, clinical placements may be finalized utilizing a process of randomization
7. Students **must** be registered for their clinical affiliation **prior** to the first day of the clinical experience. Failure to register for a clinical experience will result in suspension of the experience.

## **K. Evaluation of Clinical Performance**

As of January 1999, all New England Consortium schools have adopted the APTA Clinical Performance Instrument (CPI) for evaluation of all entry-level physical therapy students on affiliations. In the spring of 2009, the University of Massachusetts Lowell, Department of Physical Therapy & Kinesiology adopted the revised (18-item) CPI. The revised CPI is designed to be completed electronically/on-line via the internet: <https://cpi2.amsapps.com>.

The criteria contained within this document reflect standards of entry level competence in physical therapy. Your performance will be measured against these standards on each of your three full-time clinical education experiences. That is to say, this document will remain unchanged over your three clinical experiences. However, as you progress from Clinical Education I to Clinical Education III, and as your academic knowledge and clinical skill increase, so do our performance expectations. It may be helpful to view your clinical education experiences as being on a continuum, so that each clinical affiliation will demand a higher level of performance. Please note, that by grading performance against entry-level skill, it is not realistic to expect that a student will achieve scores of all **Entry-Level Performance** on their first clinical experience. Additionally, students who fail to achieve Entry-Level performance on any/all CPI criteria on their final clinical education experience may be subject to additional program assessment. The current Clinical Performance Instrument – Grading Rubric illustrates the performance criteria for each clinical education experience (**Appendix H**).

Criteria 1-4 & 7 are considered “Red Flag” items. Given their foundational and fundamental nature to being a competent Physical Therapist, in particular, and a professional in general students are expected to achieve scores that are nearer **Entry-Level Performance** for these items.

### GRADING OF CLINICAL EDUCATION EXPERIENCES:

The Clinical Performance Instrument grading rubric, **Appendix H** is similar to that used throughout the New England Consortium. The combination of all CPI performance indicators and qualitative comments are ultimately converted to either an "S" (Satisfactory) or "U" (Unsatisfactory) for grading purposes.

Determination of the "S" or "U" grade is made by the DCE and ADCE based on the recommendations of the Clinical Instructor, SCCE, and information gathered during the clinical site visit and contained in the objective scoring and subjective comments of the student's final evaluation (CPI).

Any student receiving a "U" for DPTH6500 -Clinical Education I, DPTH6520-Clinical Education II, or DPTH6530 Clinical Education III, will be dismissed from the program and must appeal for re-entry.

#### COMPLETION OF THE EVALUATION FORM (CPI Web):

This electronic document should be completed by your Clinical Instructor twice during each of your clinical experiences; once at midterm and again at the completion of the experience. In general, these summative evaluations are intended to formally document feedback that you have already received. Similarly, each student should also complete their self-assessment at the aforementioned intervals. Any major discrepancies in how you perceive your performance and how your supervisor (CI) perceives your performance should be discussed thoroughly.

#### HELPFUL HINTS FOR COMPLETING THIS DOCUMENT AS A SELF ASSESSMENT:

- Familiarize yourself with the *Clinical Performance Instrument* in general and specifically the Sample Behaviors.
- Base Performance Indicator on how you most frequently perform
- Each Performance Indicator should reflect your performance at that specific point in time i.e. midterm or final. In other words, avoid "averaging" how you have performed over the first half of the affiliation.

### **L. Resolving Problems in the Clinical Setting**

Sometimes disputes occur in the clinical setting, frequently arising from miscommunication. It is incumbent of the student to discuss their concerns with their CI first. If needed they can meet with the SCCE . Should the issue fail to be resolved quickly, the student should contact the DCE/ADCE. Two ways to resolve these issues are the Anecdotal Record, **Appendix I**, and the Critical Incident Report, **Appendix J**. These are usually used when informal discussions have not resolved the issue. Seeing the problem in writing often helps foster discussion and resolves the differences.

A Critical Incident Report may be submitted via the CPI Web and viewed by the DCE and may or may not be a part of the permanent evaluation. They are not meant to be punitive, but rather serve as a tool to help resolve differences.

In extreme cases, if the clinical instructor(s), SCCE and/or the DCE feel as though the student is not making progress, particularly on the "Red Flag" items of the CPI, the student may be removed from the clinical experience prior to completion. Students in danger of failing must take responsibility to contact the DCE to discuss their performance on their clinical experience.

If a student's clinical experience is terminated prematurely they will receive a grade of "U" for the course and be subsequently dismissed from the DPT program. Any student who is dismissed must petition the faculty in writing if they wish to continue in the program. After reviewing the petition, the faculty will establish the guidelines by which the student may continue. The faculty reserves the right to terminate the student's status in the program if they believe the situation warrants such action.

### **M. Evaluation of the Clinical Experience**

At the completion of each of your clinical affiliations you are required to submit a completed copy of the APTA's Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction, **Appendix K**. A copy of this document is available for student download via the PT Department's Clinical Education Resource Page: <https://sites.uml.edu/cerp/> It is expected that you will provide honest and constructive feedback to your clinical instructor and to the SCCE regarding your experience(s) within their facility.

Positive feedback is always nice to hear and your Clinical Instructor(s) deserve to know if they have done well designing the clinical affiliation for you. However, it is also important to provide the Clinical Instructors constructive feedback as well.

The completed document should be shared and discussed with your Clinical Instructor and/or SCCE and then returned to the DCE. It will be kept on file for subsequent students to use when selecting clinical sites.

Some of the information on the form is utilized by the physical therapy program for accreditation. Please be responsible in your duties to the profession and the program. A copy of this document is included in this manual.



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## Honor Code

I agree to adhere to the Honor Code of the Department of Physical Therapy & Kinesiology throughout my tenure in the Physical Therapy program. I understand I am responsible for complying with professional standards of behavior. I understand prohibited practice and behaviors to be defined as cheating, lying or plagiarizing. The preservation of integrity in the academic process is an exercise of professional judgment. The Honor Code requires that I will not only adhere to all ethical practices, but I shall report to the Department observable behaviors in other students that violate the Honor Code.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

## Professional Behaviors for the 21<sup>st</sup> Century

### Definitions of Behavioral Criteria Levels

Beginning Level – behaviors consistent with a learner in the beginning of the professional phase of physical therapy education and before the first significant internship

Intermediate Level – behaviors consistent with a learner after the first significant internship

Entry Level – behaviors consistent with a learner who has completed all didactic work and is able to independently manage a caseload with consultation as needed from clinical instructors, co-workers and other health care professionals

Post-Entry Level – behaviors consistent with an autonomous practitioner beyond entry level

### Background Information

In 1991 the faculty of the University of Wisconsin-Madison, Physical Therapy Educational Program identified the original Physical Therapy - Specific *Generic Abilities*. Since that time these abilities have been used by academic programs to facilitate the development, measurement and assessment of professional behaviors of students during both the didactic and clinical phases of the programs of study.

Since the initial study was conducted, the profession of Physical Therapy and the curricula of the educational programs have undergone significant changes that mirror the changes in healthcare and the academy. These changes include managed care, expansion in the scope of physical therapist practice, increased patient direct access to physical therapists, evidenced-based practice, clinical specialization in physical therapy and the American Physical Therapy Association's Vision 2020 supporting doctors of physical therapy.

Today's physical therapy practitioner functions on a more autonomous level in the delivery of patient care which places a higher demand for professional development on the new graduates of the physical therapy educational programs. Most recently (2008-2009), the research team of Warren May, PT, MPH, Laurie Kontney PT, DPT, MS and Z. Annette Iglarsh, PT, PhD, MBA completed a research project that built on the work of other researchers to analyze the PT-Specific *Generic Abilities* in relation to the changing landscape of physical therapist practice and in relation to generational differences of the "Millennial" or "Y" Generation (born 1980-2000). These are the graduates of the classes of 2004 and beyond who will shape clinical practice in the 21<sup>st</sup> century.

The research project was twofold and consisted of 1) a research survey which identified and rank ordered professional behaviors expected of the newly licensed physical therapist upon employment (2008); and 2) 10 small work groups that took the 10 identified behaviors (statistically determined) and wrote/revised behavior definitions, behavioral criteria and placement within developmental levels (Beginning, Intermediate, Entry Level and Post Entry Level) (2009). Interestingly the 10 statistically significant behaviors identified were identical to the original 10 *Generic Abilities*, however, the rank orders of the behaviors changed. Participants in the research survey included Center Coordinators of Clinical Education (CCCE's) and Clinical Instructors (CI's) from all regions of the United States. Participants in



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the small work groups included Directors of Clinical Education (DCE's), Academic Faculty, CCCE's and CI's from all regions of the United States.

This resulting document, *Professional Behaviors*, is the culmination of this research project. The definitions of each professional behavior have been revised along with the behavioral criteria for each developmental level. The 'developing level' was changed to the 'intermediate level' and the title of the document has been changed from *Generic Abilities* to *Professional Behaviors*. The title of this important document was changed to differentiate it from the original *Generic Abilities* and to better reflect the intent of assessing professional behaviors deemed critical for professional growth and development in physical therapy education and practice.

### Preamble

In addition to a core of cognitive knowledge and psychomotor skills, it has been recognized by educators and practicing professionals that a repertoire of behaviors is required for success in any given profession (Alverno College Faculty, Assessment at Alverno, 1979). The identified repertoire of behaviors that constitute professional behavior reflect the values of any given profession and, at the same time, cross disciplinary lines (May et. al., 1991). Visualizing cognitive knowledge, psychomotor skills and a repertoire of behaviors as the legs of a three-legged stool serves to emphasize the importance of each. Remove one leg and the stool loses its stability and makes it very difficult to support professional growth, development, and ultimately, professional success. (May et. al., Opportunity Favors the Prepared: A Guide to Facilitating the Development of Professional Behavior, 2002)

The intent of the *Professional Behaviors* Assessment Tool is to identify and describe the repertoire of professional behaviors deemed necessary for success in the practice of physical therapy. This *Professional Behaviors* Assessment Tool is intended to represent and be applied to student growth and development in the classroom and the clinic. It also contains behavioral criteria for the practicing clinician. Each *Professional Behavior* is defined and then broken down into developmental levels with each level containing behavioral criteria that describe behaviors that represent possession of the *Professional Behavior* they represent. Each developmental level builds on the previous level such that the tool represents growth over time in physical therapy education and practice.

It is critical that students, academic and clinical faculty utilize the *Professional Behaviors* Assessment Tool in the context of physical therapy and not life experiences. For example, a learner may possess strong communication skills in the context of student life and work situations, however, may be in the process of developing their physical therapy communication skills, those necessary to be successful as a professional in a greater health care context. One does not necessarily translate to the other, and thus must be used in the appropriate context to be effective.

Opportunities to reflect on each *Professional Behavior* through self assessment, and through peer and instructor assessment is critical for progress toward entry level performance in the classroom and clinic. A learner does not need to possess each behavioral criteria identified at each level within the tool, however, should demonstrate, and be able to provide examples of the majority in order to move from one level to the next. Likewise, the behavioral criteria are examples of behaviors one might demonstrate, however are not exhaustive. Academic and clinical facilities may decide to add or delete behavioral criteria based on the needs of their

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specific setting. Formal opportunities to reflect and discuss with an academic and/or clinical instructor is key to the tool's use, and ultimately professional growth of the learner. The ***Professional Behaviors*** Assessment Tool allows the learner to build and strengthen their third leg with skills in the affective domain to augment the cognitive and psychomotor domains.

### **Professional Behaviors**

1. **Critical Thinking** - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

#### ***Beginning Level:***

- ❖ Raises relevant questions
- ❖ Considers all available information
- ❖ Articulates ideas
- ❖ Understands the scientific method
- ❖ States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)
- ❖ Recognizes holes in knowledge base
- ❖ Demonstrates acceptance of limited knowledge and experience

#### ***Intermediate Level:***

- ❖ Feels challenged to examine ideas
- ❖ Critically analyzes the literature and applies it to patient management
- ❖ Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas
- ❖ Seeks alternative ideas
- ❖ Formulates alternative hypotheses
- ❖ Critiques hypotheses and ideas at a level consistent with knowledge base
- ❖ Acknowledges presence of contradictions

#### ***Entry Level:***

- ❖ Distinguishes relevant from irrelevant patient data
- ❖ Readily formulates and critiques alternative hypotheses and ideas
- ❖ Infers applicability of information across populations
- ❖ Exhibits openness to contradictory ideas
- ❖ Identifies appropriate measures and determines effectiveness of applied solutions efficiently
- ❖ Justifies solutions selected

#### ***Post-Entry Level:***

- ❖ Develops new knowledge through research, professional writing and/or professional presentations
- ❖ Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process
- ❖ Weighs information value based on source and level of evidence
- ❖ Identifies complex patterns of associations
- ❖ Distinguishes when to think intuitively vs. analytically

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- ❖ Recognizes own biases and suspends judgmental thinking
- ❖ Challenges others to think critically

2. **Communication** - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

### ***Beginning Level:***

- ❖ Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting
- ❖ Recognizes impact of non-verbal communication in self and others
- ❖ Recognizes the verbal and non-verbal characteristics that portray confidence
- ❖ Utilizes electronic communication appropriately

### ***Intermediate Level:***

- ❖ Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences
- ❖ Restates, reflects and clarifies message(s)
- ❖ Communicates collaboratively with both individuals and groups
- ❖ Collects necessary information from all pertinent individuals in the patient/client management process
- ❖ Provides effective education (verbal, non-verbal, written and electronic)

### ***Entry Level:***

- ❖ Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups
- ❖ Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing
- ❖ Maintains open and constructive communication
- ❖ Utilizes communication technology effectively and efficiently

### ***Post Entry Level:***

- ❖ Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning
- ❖ Effectively delivers messages capable of influencing patients, the community and society
- ❖ Provides education locally, regionally and/or nationally
- ❖ Mediates conflict

3. **Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

### ***Beginning Level:***

- ❖ Recognizes problems
- ❖ States problems clearly
- ❖ Describes known solutions to problems
- ❖ Identifies resources needed to develop solutions
- ❖ Uses technology to search for and locate resources
- ❖ Identifies possible solutions and probable outcomes

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### ***Intermediate Level:***

- ❖ Prioritizes problems
- ❖ Identifies contributors to problems
- ❖ Consults with others to clarify problems
- ❖ Appropriately seeks input or guidance
- ❖ Prioritizes resources (analysis and critique of resources)
- ❖ Considers consequences of possible solutions

### ***Entry Level:***

- ❖ Independently locates, prioritizes and uses resources to solve problems
- ❖ Accepts responsibility for implementing solutions
- ❖ Implements solutions
- ❖ Reassesses solutions
- ❖ Evaluates outcomes
- ❖ Modifies solutions based on the outcome and current evidence
- ❖ Evaluates generalizability of current evidence to a particular problem

### ***Post Entry Level:***

- ❖ Weighs advantages and disadvantages of a solution to a problem
- ❖ Participates in outcome studies
- ❖ Participates in formal quality assessment in work environment
- ❖ Seeks solutions to community health-related problems
- ❖ Considers second and third order effects of solutions chosen

4. **Interpersonal Skills** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

### ***Beginning Level:***

- ❖ Maintains professional demeanor in all interactions
- ❖ Demonstrates interest in patients as individuals
- ❖ Communicates with others in a respectful and confident manner
- ❖ Respects differences in personality, lifestyle and learning styles during interactions with all persons
- ❖ Maintains confidentiality in all interactions
- ❖ Recognizes the emotions and bias that one brings to all professional interactions

### ***Intermediate Level:***

- ❖ Recognizes the non-verbal communication and emotions that others bring to professional interactions
- ❖ Establishes trust
- ❖ Seeks to gain input from others
- ❖ Respects role of others
- ❖ Accommodates differences in learning styles as appropriate

### ***Entry Level:***

- ❖ Demonstrates active listening skills and reflects back to original concern to determine course of action
- ❖ Responds effectively to unexpected situations
- ❖ Demonstrates ability to build partnerships

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- ❖ Applies conflict management strategies when dealing with challenging interactions
- ❖ Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them

### ***Post Entry Level:***

- ❖ Establishes mentor relationships
- ❖ Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction

5. **Responsibility** – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

### ***Beginning Level:***

- ❖ Demonstrates punctuality
- ❖ Provides a safe and secure environment for patients
- ❖ Assumes responsibility for actions
- ❖ Follows through on commitments
- ❖ Articulates limitations and readiness to learn
- ❖ Abides by all policies of academic program and clinical facility

### ***Intermediate Level:***

- ❖ Displays awareness of and sensitivity to diverse populations
- ❖ Completes projects without prompting
- ❖ Delegates tasks as needed
- ❖ Collaborates with team members, patients and families
- ❖ Provides evidence-based patient care

### ***Entry Level:***

- ❖ Educates patients as consumers of health care services
- ❖ Encourages patient accountability
- ❖ Directs patients to other health care professionals as needed
- ❖ Acts as a patient advocate
- ❖ Promotes evidence-based practice in health care settings
- ❖ Accepts responsibility for implementing solutions
- ❖ Demonstrates accountability for all decisions and behaviors in academic and clinical settings

### ***Post Entry Level:***

- ❖ Recognizes role as a leader
- ❖ Encourages and displays leadership
- ❖ Facilitates program development and modification
- ❖ Promotes clinical training for students and coworkers
- ❖ Monitors and adapts to changes in the health care system
- ❖ Promotes service to the community

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6. **Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

### ***Beginning Level:***

- ❖ Abides by all aspects of the academic program honor code and the APTA Code of Ethics
- ❖ Demonstrates awareness of state licensure regulations
- ❖ Projects professional image
- ❖ Attends professional meetings
- ❖ Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers

### ***Intermediate Level:***

- ❖ Identifies positive professional role models within the academic and clinical settings
- ❖ Acts on moral commitment during all academic and clinical activities
- ❖ Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making
- ❖ Discusses societal expectations of the profession

### ***Entry Level:***

- ❖ Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary
- ❖ Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity
- ❖ Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development
- ❖ Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices
- ❖ Discusses role of physical therapy within the healthcare system and in population health
- ❖ Demonstrates leadership in collaboration with both individuals and groups

### ***Post Entry Level:***

- ❖ Actively promotes and advocates for the profession
- ❖ Pursues leadership roles
- ❖ Supports research
- ❖ Participates in program development
- ❖ Participates in education of the community
- ❖ Demonstrates the ability to practice effectively in multiple settings
- ❖ Acts as a clinical instructor
- ❖ Advocates for the patient, the community and society

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7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

### ***Beginning Level:***

- ❖ Demonstrates active listening skills
- ❖ Assesses own performance
- ❖ Actively seeks feedback from appropriate sources
- ❖ Demonstrates receptive behavior and positive attitude toward feedback
- ❖ Incorporates specific feedback into behaviors
- ❖ Maintains two-way communication without defensiveness

### ***Intermediate Level:***

- ❖ Critiques own performance accurately
- ❖ Responds effectively to constructive feedback
- ❖ Utilizes feedback when establishing professional and patient related goals
- ❖ Develops and implements a plan of action in response to feedback
- ❖ Provides constructive and timely feedback

### ***Entry Level:***

- ❖ Independently engages in a continual process of self evaluation of skills, knowledge and abilities
- ❖ Seeks feedback from patients/clients and peers/mentors
- ❖ Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities
- ❖ Uses multiple approaches when responding to feedback
- ❖ Reconciles differences with sensitivity
- ❖ Modifies feedback given to patients/clients according to their learning styles

### ***Post Entry Level:***

- ❖ Engages in non-judgmental, constructive problem-solving discussions
- ❖ Acts as conduit for feedback between multiple sources
- ❖ Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients
- ❖ Utilizes feedback when analyzing and updating professional goals

8. **Effective Use of Time and Resources** – The ability to manage time and resources effectively to obtain the maximum possible benefit.

### ***Beginning Level:***

- ❖ Comes prepared for the day's activities/responsibilities
- ❖ Identifies resource limitations (i.e. information, time, experience)
- ❖ Determines when and how much help/assistance is needed
- ❖ Accesses current evidence in a timely manner
- ❖ Verbalizes productivity standards and identifies barriers to meeting productivity standards
- ❖ Self-identifies and initiates learning opportunities during unscheduled time

### ***Intermediate Level:***

- ❖ Utilizes effective methods of searching for evidence for practice decisions
- ❖ Recognizes own resource contributions

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- ❖ Shares knowledge and collaborates with staff to utilize best current evidence
- ❖ Discusses and implements strategies for meeting productivity standards
- ❖ Identifies need for and seeks referrals to other disciplines

### ***Entry Level:***

- ❖ Uses current best evidence
- ❖ Collaborates with members of the team to maximize the impact of treatment available
- ❖ Has the ability to set boundaries, negotiate, compromise, and set realistic expectations
- ❖ Gathers data and effectively interprets and assimilates the data to determine plan of care
- ❖ Utilizes community resources in discharge planning
- ❖ Adjusts plans, schedule etc. as patient needs and circumstances dictate
- ❖ Meets productivity standards of facility while providing quality care and completing non-productive work activities

### ***Post Entry Level:***

- ❖ Advances profession by contributing to the body of knowledge (outcomes, case studies, etc.)
- ❖ Applies best evidence considering available resources and constraints
- ❖ Organizes and prioritizes effectively
- ❖ Prioritizes multiple demands and situations that arise on a given day
- ❖ Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care

9. **Stress Management** – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

### ***Beginning Level:***

- ❖ Recognizes own stressors
- ❖ Recognizes distress or problems in others
- ❖ Seeks assistance as needed
- ❖ Maintains professional demeanor in all situations

### ***Intermediate Level:***

- ❖ Actively employs stress management techniques
- ❖ Reconciles inconsistencies in the educational process
- ❖ Maintains balance between professional and personal life
- ❖ Accepts constructive feedback and clarifies expectations
- ❖ Establishes outlets to cope with stressors

### ***Entry Level:***

- ❖ Demonstrates appropriate affective responses in all situations
- ❖ Responds calmly to urgent situations with reflection and debriefing as needed
- ❖ Prioritizes multiple commitments
- ❖ Reconciles inconsistencies within professional, personal and work/life environments
- ❖ Demonstrates ability to defuse potential stressors with self and others



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### ***Post Entry Level:***

- ❖ Recognizes when problems are unsolvable
- ❖ Assists others in recognizing and managing stressors
- ❖ Demonstrates preventative approach to stress management
- ❖ Establishes support networks for self and others
- ❖ Offers solutions to the reduction of stress
- ❖ Models work/life balance through health/wellness behaviors in professional and personal life

**10. Commitment to Learning** – The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

### ***Beginning Level:***

- ❖ Prioritizes information needs
- ❖ Analyzes and subdivides large questions into components
- ❖ Identifies own learning needs based on previous experiences
- ❖ Welcomes and/or seeks new learning opportunities
- ❖ Seeks out professional literature
- ❖ Plans and presents an in-service, research or cases studies

### ***Intermediate Level:***

- ❖ Researches and studies areas where own knowledge base is lacking in order to augment learning and practice
- ❖ Applies new information and re-evaluates performance
- ❖ Accepts that there may be more than one answer to a problem
- ❖ Recognizes the need to and is able to verify solutions to problems
- ❖ Reads articles critically and understands limits of application to professional practice

### ***Entry Level:***

- ❖ Respectfully questions conventional wisdom
- ❖ Formulates and re-evaluates position based on available evidence
- ❖ Demonstrates confidence in sharing new knowledge with all staff levels
- ❖ Modifies programs and treatments based on newly-learned skills and considerations
- ❖ Consults with other health professionals and physical therapists for treatment ideas

### ***Post Entry Level:***

- ❖ Acts as a mentor not only to other PT's, but to other health professionals
- ❖ Utilizes mentors who have knowledge available to them
- ❖ Continues to seek and review relevant literature
- ❖ Works towards clinical specialty certifications
- ❖ Seeks specialty training
- ❖ Is committed to understanding the PT's role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)
- ❖ Pursues participation in clinical education as an educational opportunity



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ACADEMIC CRITICAL INCIDENT REPORT

Student's Name:

Evaluator/Observer:

Date:

Description & Date of Incident:

Professional Behavior:

Actions & Strategies Taken:

Student Comments:

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_

cc: Department Chair  
Academic Folder  
Student  
Advisor



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## **Technical Standards**

The goal of the University of Massachusetts Lowell, Physical Therapy & Kinesiology Department is to prepare entry level clinicians for practice in physical therapy. This preparation specifically requires that the accumulation of scientific and medical knowledge include essential skills which are necessary to accurately and safely work with patients in a variety of clinical settings.

The faculty of the Department of Physical Therapy & Kinesiology has the responsibility to graduate students who are well educated and possess the qualities of critical thinking, sound judgment, emotional stability, maturity, mental stamina, and empathy. In order to fulfill this responsibility, the faculty of the department maintains certain minimal technical standards must be met in a timely manner by every applicant to the doctor of physical therapy program with or without reasonable accommodations or academic adjustments consistent with the Americans with Disabilities Act. These standards include the following skills: observational, motor, critical thinking, behavioral/social and communication. Students must have the ability to complete reading assignments and search and evaluate the literature.

## Appendix D

The Department of Physical Therapy & Kinesiology has established the following Technical Standards.

### **1. Observational Skills**

Students must be able to:

- a. Observe demonstrations and participate in laboratory experiences.
- b. Obtain an appropriate medical history directly from the patient including vital signs, vision, hearing, speech, functional capacities of strength, flexibility, sensory and motor deficits.
- c. Demonstrate visual and auditory perception which includes depth and acuity.
- d. Reliably inspect and observe with acuity, the skin facial expression, anatomical structures, posture and movement, and breathing patterns of others.
- e. Assess blood pressure, lung and heart sounds, breath sounds, breathing patterns, speech patterns, and nonverbal communication, both auditory and non-auditory, with and without stethoscopes or other equipment used in the field of physical therapy.
- f. Reliably read equipment dials and monitors.

### **2. Communication Skills**

Students in the Department of Physical Therapy & Kinesiology must:

- a. Be able to communicate in English effectively and sensitively with faculty, staff, allied health personnel, peers and patients in the classroom, laboratory, and clinical settings. Such communication skills include reading, writing, and speaking English.
- b. Be able to complete written assignments and maintain written records.
- c. Have the ability to complete assessment exercises.

## Appendix D

- d. Students must demonstrate the use of therapeutic communication, such as attending, clarifying, coaching, facilitating, and touching. These skills must be performed in clinical settings, as well as the didactic and laboratory environments.

### **3. Motor Skills**

Students must be able to:

- a. Tactilely assess with acuity, pulses, skin condition, muscle and tendon activity, joint and limb movement.
- b. Manipulate with precision, dials, knobs, electrodes and other small to large pieces of equipment.
- c. Negotiate level surfaces, ramps and stairs to assist patients appropriately.
- d. Conduct a variety of examinations and treatments, which require sitting, standing, squatting and kneeling movements between a variety of surface levels, with facility.
- e. Maintain one's balance while administering to patients in a variety of positions.
- f. Respond quickly and effectively to sudden or unexpected movements of patients.
- g. Perform basic life support (C.P.R.).
- h. Work in a clinical setting for 8 to 10 hours and be able to handle in excess of 100 lbs. in order to move or assist dependent patients.

### **4. Critical Thinking**

Students must be able to:

- a. Thoroughly, efficiently and reliably recall, interpret, analyze, synthesize, evaluate and then apply the information they are obtaining from reading, lecture and discussion materials.
- b. Problem solve with the materials being collected and to conclude a reasonable physical therapy diagnosis and treatment plan.

## **5. Behavioral/Social Skills**

Students must:

- a. Demonstrate attributes of empathy, integrity, concern for others, interpersonal skills, interest and motivation, as such qualities are assessed during the admissions process, and also throughout physical therapy education.
- b. Possess the emotional well-being required for use of their intellectual abilities, the exercise of sound judgment, the prompt completion of all professional responsibilities and the development of mature, sensitive, and effective professional relationships.
- c. Be able to adapt to ever-changing environments, display flexibility, and learn to function in the face of uncertainties and stresses which are inherent in the educational process, as well as clinical settings.
- d. Demonstrate the ability to be assertive, delegate responsibilities appropriately, and function as part of a physical therapy team. Such abilities require organizational skills necessary to meet deadlines and manage time.

**AFFILIATION AGREEMENT**  
**BETWEEN**  
**UNIVERSITY OF MASSACHUSETTS, LOWELL**  
**ZUCKERBERG COLLEGE OF HEALTH SCIENCES**  
**AND**  
**INSERT NAME OF FACILITY HERE**

This agreement (“Agreement”) is made and entered into this Choose Day day of Choose Month, Choose Year by and between the University of Massachusetts Lowell through its Zuckerberg College of Health Sciences with a principal place of business at 883 Broadway St., Lowell, MA (the “College”) and Insert Name of Clinical Placement with its principal place of business Insert Full Address of Clinical Placement, (the “Clinical Placement/Practicum”), individually (the “Party”), collectively (the “Parties”).

*Whereas*, the Parties wish to cooperate in establishing a continuing educational relationship to provide coordinated educational and/or clinical programs for the education and training of students (“Students”) of College (the “College”) enrolled at College’s health related programs (the “Program”);

*Whereas*, a clinical experience is a required and integral component of the curriculum of the College; and the College desires to utilize the Clinical Placement/Practicum for the purpose of providing practical learning and/or clinical experiences for its Students to further their professional education (the “Practicum”);

*Whereas*, the Clinical Placement/Practicum has the necessary facilities, equipment, and personnel to provide the necessary practical learning and/or clinical experience and desires to provide such practical learning and/or clinical experience in a supervised setting; and

*Whereas*, the College desires the cooperation of the Clinical Placement/Practicum in the implementation of the clinical experience component of its curriculum for its Students.

*Now therefore*, in consideration of the mutual promises contained herein the Parties hereto agree as follows:

**I. RESPONSIBILITIES OF THE COLLEGE**

- A. College will assume and maintain sole and full responsibility for the planning, development and execution of the educational component of the Program, including administration, College faculty appointments, curriculum planning, development, and revision, and the requirements for matriculation, promotion and graduation. College will provide Clinical Placement/Practicum with the objectives and goals of the Program. The Parties will cooperate to ensure the Practicum is conducted in a manner to achieve the Program goals and objects and in accordance with the Clinical Placement/Practicum’s procedures for clinical practice.



- B. College shall designate a College Coordinator who shall coordinate with the Clinical Placement/Practicum Coordinator to accomplish the mutual goals of this Agreement.
- C. The College shall maintain both general liability insurance and professional malpractice liability insurance each in the amount of \$1,000,000 per occurrence and \$3,000,000 in the aggregate. The College shall maintain such insurance in full force and effect during the term of this Agreement. The College shall name Clinical Placement/Practicum as an additional insured on its general liability and professional liability insurance. Written evidence satisfactory to Clinical Placement/Practicum of such insurance policies shall be presented to Clinical Placement/Practicum prior to the students commencing any patient care activity at Clinical Placement/Practicum.
- D. College or its designee within thirty (30) days after receipt of notice of cancellation of the insurance policies referenced from the applicable insurers, will send a copy of such notice to Clinical Placement/Practicum as indicated on the certificate of insurance. Such notice is not a right or obligation within the policies, it does not alter or amend any coverage, it will not extend any policy cancellation date and it will not negate any cancellation of the policy. Failure to provide a copy of such notice to Clinical Placement/Practicum shall impose no obligation or liability of any kind upon the College, insurer or its agents or representatives.
- E. To the extent College faculty participate in the Practicum at Clinical Placement/Practicum, College shall provide licensed faculty to participate in the training of Students pursuant to this Agreement and shall ensure that the didactic and/or clinical training is appropriate for the level of education and instruction of each such Student.
- F. College agrees that it and its College faculty participating in the Practicum and assigned on-site at the Clinical Placement/Practicum, currently have in effect and will continue to have in effect during the term of this Agreement, all applicable licenses, certifications, permits and approvals necessary to operate as an educational facility and to provide the type of instruction or education for which the College offers degrees.
- G. College will require its Students and College faculty participating in the Practicum and assigned on-site at the Clinical Placement/Practicum to observe all Clinical Placement/Practicum policies, procedures, rules, and regulations as the Clinical Placement/Practicum may from time to time adopt. However, College reserves the right to structure student attendance at Clinical Placement/Practicum in a manner consistent with University of Massachusetts Lowell policies relative to the academic calendar, holidays and weather related or other school cancellations.
- H. The College will coordinate with a representative of Clinical Placement/Practicum the review of a Student's progress. The Parties shall provide for adequate and reasonable evaluation of Students upon such terms and conditions as the Parties



may agree. The Clinical Placement/Practicum may withdraw any Student or College faculty participating in the Practicum and assigned on-site at the Clinical Placement/Practicum from the program if such Student or College faculty is unacceptable to the Clinical Placement/Practicum for reasons of health, performance or other reasonable causes. College and Clinical Placement/Practicum will, when possible, make an effort to discuss any withdrawal and make said withdrawal after joint consultation with the subject Student or College faculty, the College Coordinator and the Clinical Placement/Practicum.

- I. College will direct its Students and College faculty participating in the Practicum and assigned on-site to the Clinical Placement/Practicum to maintain as strictly confidential all patient identifying information, records and other Clinical Placement/Practicum data to which they may have access, and such Students and College faculty shall not disclose to or copy the same for any person. College will further direct all Students and College faculty participating in the Practicum and assigned on-site to the Clinical Placement/Practicum to comply with policies and procedures of Clinical Placement/Practicum concerning the confidentiality and security of patient information, including without limitation, the Clinical Placement/Practicum's policy as it relates to the privacy, and security provisions of the Health Insurance Portability and Accountability Act (HIPAA). Neither the College, its Students, nor College faculty participating in the Practicum and assigned on-site to the Clinical Placement/Practicum will conduct or make any formal or informal survey, research, inquiry or other study relating in any way to the Clinical Placement/Practicum, its patients, staff or the Practicum without first obtaining the express written approval of the Clinical Placement/Practicum. The College shall require its Students and College faculty participating in the Practicum and assigned on-site to the Clinical Placement/Practicum to return to the Clinical Placement/Practicum all Clinical Placement/Practicum records and other Clinical Placement/Practicum property which may be in their possession promptly at the termination of their participation in the Practicum or upon request of the Clinical Placement/Practicum.
- J. The College shall require its Students and College faculty participating in the Practicum and assigned on-site to the Clinical Placement/Practicum to be enrolled in a health insurance plan.
- K. College acknowledges that Clinical Placement/Practicum requires Criminal Offender Records Information ("CORI") checks for all Students and College faculty members participating in the Practicum on-site at Clinical Placement/Practicum prior to their assignment to the Clinical Placement/Practicum. College shall perform a national CORI background check before any Student or College faculty member participating in the Practicum on-site at the Clinical Placement/Practicum can begin a placement at the Clinical Placement/Practicum.
- L. College may use the name of the Clinical Placement/Practicum in publications which list health care institutions and other entities which provide clinical experiences for Students of the College. College agrees not to use the name of the Clinical Placement/Practicum or any member of its staff in sales promotion work



or advertising or in any other form of publicity other than as cited herein without the prior written consent of the Clinical Placement/Practicum. Clinical Placement/Practicum may list the College in literature that lists its program affiliations. Clinical Placement/Practicum agrees that it shall not use the name of College, College faculty, or Students assigned to the Clinical Placement/Practicum in sales promotion work or advertising or in any other form of publicity other than as cited herein without the prior written consent of College.

## **II. RESPONSIBILITIES OF THE CLINICAL PLACEMENT/PRACTICUM**

- A. Clinical Placement/Practicum shall provide a supervised practical learning and/or clinical experience by qualified Clinical Placement/Practicum staff to Students; and shall ensure that the didactic and/or clinical training is appropriate for the level of education and instruction of each such Student. Clinical Placement/Practicum shall make appropriate facilities available and provide qualified licensed staff for the supervision of Students during the Practicum. The facilities shall include an environment which is conducive to the learning process of the Students and which conforms to the Clinical Placement/Practicum's customary policies and procedures.
- B. Clinical Placement/Practicum shall appoint a Clinical Placement/Practicum Coordinator who will coordinate with the College Coordinator to accomplish the mutual goals of this Agreement.
- C. The Clinical Placement/Practicum agrees and represents that it and its staff participating in the Practicum currently have in effect and will continue to have in effect during the term of this Agreement, all applicable licenses, certifications, permits and approvals necessary to operate as a Clinical Placement/Practicum.
- D. Students while engaged in the Practicum shall be under the supervision and control of Clinical Placement/Practicum and shall be governed by the Clinical Placement/Practicum's policies relating to health care delivery and the Student's role in it.
- E. Prior to or upon Students arrival at the Clinical Placement/Practicum, the Clinical Placement/Practicum shall inform the College, in writing, of the Clinical Placement/Practicum's policies, procedures, rules and regulations, including health status requirements, pertaining to participation in the Practicum. Clinical Placement/Practicum shall either prior to arrival or upon arrival at the Clinical Placement/Practicum inform Students and College faculty participating in the Practicum and assigned on-site to the Clinical Placement/Practicum of the Clinical Placement/Practicum's policies, procedures, rules and regulations, including health status requirements, pertaining to their participation in the Practicum. The Clinical Placement/Practicum will regularly inform the Students, College faculty assigned on-site, and the College of any updates or changes to said policies, procedures, rules



understands and agrees that it must comply with the changed requirements if the affiliation between the Parties is to continue.

- F. Clinical Placement/Practicum shall retain full responsibility for patient/client care and welfare in the organization, administration, staffing operation and financing of its services and the maintenance of standards.
- G. The Clinical Placement/Practicum will permit the College, upon a mutually satisfactory basis, to inspect clinical facilities and services available for clinical experience, and other such items pertaining to the Practicum.
- H. Clinical Placement/Practicum shall maintain records and reports on each Student's performance as required by College.
- I. Clinical Placement/Practicum acknowledges the College is subject to the Family Educational Rights and Privacy Act ("FERPA") and that personally identifiable information of a student ("Student Information") disclosed by College to Clinical Placement/Practicum is (1) confidential and subject to FERPA; (2) not to be disclosed without the prior written consent of the student; and (3) to be viewed only by individuals who have a legitimate need to view the information to verify or audit the qualifications of the student to participate in the clinical, practicum or internship program at Clinical Placement/Practicum. Absent the foregoing, Clinical Placement/Practicum may not disclose Student Information without the prior written consent of student.
- J. Clinical Placement/Practicum agrees to provide immediate emergency medical care to Students participating in the Practicum at the Student's own expense, in the event of injury or illness. The Parties acknowledge and agree that such medical care or services provided by Clinical Placement/Practicum shall be the financial responsibility of the Students receiving such care and/or services.
- K. The Clinical Placement/Practicum shall comply with all applicable laws and generally accepted professional guidelines and standards pertinent to the subject matter of this Agreement, including, but not necessarily limited to, those relating to occupational health and safety and quality of patient care.
- L. During the term of this Agreement, Clinical Placement/Practicum agrees to maintain and keep in effect general liability and professional liability insurance coverage for the Clinical Placement/Practicum and all its employees involved in the Practicum. The Clinical Placement/Practicum shall notify the College immediately upon any cancellation or notice of termination of such insurance.

### **III. MUTUAL RESPONSIBILITIES**

- A. The Parties will cooperate in developing the didactic and/or clinical objectives of the Practicum, the design of which will take into consideration but not be limited to, each Student's previous clinical and academic experience, course and Program outlines and objectives, dates of clinical rotations and number of Students on assignment at the Clinical Placement/Practicum.



- B. The Parties shall mutually agree upon the number of Students placed during each semester or other College instructional period.
- C. The College Coordinator and the Clinical Placement/Practicum Coordinator shall meet, as needed, during the term hereof, in order to evaluate the Practicum.
- D. It is mutually agreed that at no time shall the matter of race, religion, color, national origin, sex, age, disability, Veteran status, sexual orientation, gender identity, or any other impermissible criterion be considered for the purpose of unlawful discrimination.

#### IV. TERM AND TERMINATION

- A. The initial term of this Agreement shall be for one (1) year, commencing on the date first set forth above. This Agreement shall automatically renew for periods of one (1) year unless otherwise terminated in writing as provided herein. Notwithstanding a termination, those Students of the College currently in a Practicum at the Clinical Placement/Practicum may complete the Practicum, subject to the terms of this Agreement including, but not limited to, the College's continued provision of insurance as required herein.
- B. Either Party may terminate this Agreement upon thirty (30) days prior written notice to the other Party.
- C. Upon breach by either Party of its obligations under this Agreement the non-breaching Party may terminate the Agreement if the breach remains uncured for more than fifteen (15) days after a Party receives notice of the breach.
- D. This Agreement shall terminate automatically in the event either the College's or the Clinical Placement/Practicum's insurance, as required in this Agreement is cancelled or otherwise terminated.
- E. It is agreed and understood by and between the Parties that the Clinical Placement/Practicum has the right to terminate the participation of any Student or College faculty member from the Practicum, if, in the opinion of the Clinical Placement/Practicum, the behavior of such Student or College faculty member is determined to be detrimental to the operation of the Clinical Placement/Practicum, and/or to patient care within the Clinical Placement/Practicum. It is further agreed that if in the College's reasonable judgment, the quality of Students' learning experiences would be jeopardized as a result of changes in personnel or services at the Clinical Placement/Practicum, the College may withdraw Students from the Practicum.

#### V. ADDITIONAL TERMS

- A. Health Insurance Portability and Accountability Act. Students participating in the Practicum at Clinical Placement/Practicum pursuant to this Agreement are members of the Clinical Placement/Practicum's workforce for purposes of the Health Insurance Portability and Accountability Act (HIPAA) within the definition of "health care operations" and therefore may have access to patient medical



information as provided for in the Privacy Rule of HIPAA. Therefore, additional agreements are not necessary for HIPAA compliance purposes. This paragraph applies solely to HIPAA privacy and security regulations applicable to the Clinical Placement/Practicum and, does not establish an employment relationship.

- B. Governmental Immunity. It is understood by the Parties that College is an agency of the Commonwealth of Massachusetts and; therefore, entitled to protections of governmental immunity under applicable law, it is specifically understood and agreed that nothing contained in this Agreement will be construed as: an express or implied waiver by the College of its governmental immunity or of its state governmental immunity; an express or implied acceptance by College of liabilities arising as a result of actions which lie in tort or could lie in tort in excess of the liabilities allowable under the applicable governmental immunity laws; or, a pledge of the full faith and credit of a debtor contract; or, as the assumption by the College of a debt, contract, or liability of the Clinical Placement/Practicum.

## **VI. STATUS OF THE PARTIES**

It is expressly understood and agreed that the Clinical Placement/Practicum and the College shall at all times during the term of this Agreement act as independent contractors. Students, College faculty, and other personnel of the College shall not be deemed to be employees or agents of the Clinical Placement/Practicum. Neither the College nor any of its Students, College faculty or other personnel shall have any claim under this Agreement or otherwise against the Clinical Placement/Practicum for vacation pay, sick leave, retirement benefits, social security, workers compensation, health, or unemployment benefits of any kind, and no funds shall be paid or withheld by the Clinical Placement/Practicum on behalf of the College, its Students, College faculty or other personnel for satisfying such claims. Further, nothing contained herein shall be construed to create a joint venture, partnership, association or other affiliation between the Clinical Placement/Practicum and the College.

## **VII. MISCELLANEOUS**

- A. This Agreement represents the entire understanding of the Parties with respect to the subject matter contained herein and supersedes and cancels all previous agreements between the parties concerning such subject matter.
- B. This Agreement may be amended only by a writing signed by authorized representatives of the Parties.

- C. All notices required hereunder shall be given by regular mail, or prepaid, registered mail, return receipt requested, to the following addresses:

If to the Clinical Placement/Practicum:

Company/Facility Name  
Direct Contact  
Address Line 1  
Address Line 2  
City, State, Zip Code

If to the College:

University of Massachusetts Lowell  
Attn: Deirdra Murphy, Associate Dean  
Zuckerberg College of Health Sciences  
883 Broadway St.  
Lowell, MA 01854-5124

- D. This Agreement shall be governed by and construed under the laws of the Commonwealth of Massachusetts.
- E. Neither this Agreement nor any rights hereunder shall be assigned by either Party without the prior written consent of the other Party.
- F. A waiver of the breach of any term or condition of this Agreement shall not constitute a waiver of any subsequent breach or breaches.
- G. A copy, fax, PDF or scan of this document will have the same force and effect as the original document.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed as of the day and year first written above.

**UNIVERSITY OF MASSACHUSETTS, LOWELL  
ZUCKERBERG COLLEGE OF HEALTH SCIENCES**

By: Deirdra Murphy, Associate Dean

Date: Click or tap to enter a date.

CLICK HERE TO ENTER CLINICAL FACILITY NAME

By: Click here to enter Name

Date: Click or tap to enter a date.



**Zuckerberg College of Health Sciences**  
Department of Physical Therapy & Kinesiology  
3 Solomont Way, Suite 5  
Lowell, Massachusetts 01854-5124  
tel.: 978.934.4517  
fax : 978.934.1069  
web site: [www.uml.edu/college/she/pt/](http://www.uml.edu/college/she/pt/)

## *Student Data Form*

### **I. Student's Personal Data:**

Name \_\_\_\_\_ College or University \_\_\_\_\_ Clinical Exp: I  II  III

Preferred Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Please print

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Liability Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

In Case of Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Previous Clinical Experiences ( list most recent first)**

	Facility	Full time/Part time?	Length of Experience	Type of Experience (eg. OP ortho, acute)

**Housing Information**

I would:  like to take advantage of the housing you offer                      I have housing available at  
 like to review any housing information you may have available    I have a car     I will rely on public transportation

**II. LEARNING STYLE PROFILE**

A. Please comment on how you prefer to learn.

B. Please comment on the amount and type of feedback you prefer while learning in a clinical setting.



## Appendix F

### III. STUDENT SELF-ASSESSMENT

**Overview:** The 18 items of the *Clinical Performance Instrument (CPI)* are grouped into two main categories of **Professional Practice** and **Patient Management**. The left hand column lists the subcategories in each and provides sample behaviors to consider when assessing your performance.

**Directions:**

1. In the second column, using the following key, indicate your level of exposure in each of the subcategories:

**For first full-time experiences use the following choices:**

- 4 = integrated clinic, classroom and lab
- 3 = integrated (or part-time) clinic only
- 2 = classroom and lab
- 1 = classroom only
- 0 = no exposure

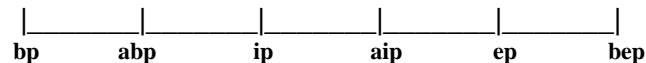
**For subsequent experiences add the following options:**

- 6 = full time clinic, classroom and lab
- 5 = full time clinic only

2. Complete the third column **ONLY** if you have completed at least one full-time clinical experience. For your second clinical experience through your final clinical experience, *using the anchor definitions described below and considering the performance dimensions provided*, indicate your level of performance for each of the items listed by placing a vertical mark ( | ) on the rating scale. Note: You must meet **ALL** of the conditions of the anchor to place a mark directly on the anchor.
3. In the last column, using the anchor definitions and performance dimensions as a framework, provide a general statement of your performance for the entire category of items listed.

NOTE: Steps 1 and 2 provide a visual representation of your perceived level of performance. Step 3 provides a general overview of your exposure and competence in narrative form, and complements the information previously given to insure a well-rounded picture of your capabilities.

**Anchor Definitions: (As read from left to right on the rating scale)**



***Beginning performance (bp):***

- A student who requires close supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions
- At this level, performance is inconsistent and clinical reasoning is performed in an inefficient manner.
- Performance reflects little or no experience
- The student does not carry a caseload.

***Advanced beginner performance (abp):***

- A student who requires clinical supervision 75 – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.
- At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.
- The student may begin to share a caseload with the clinical instructor.

***Intermediate performance (ip):***

- A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.
- At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.
- The student is **capable of** maintaining 50% of a full-time physical therapist's caseload.

## Appendix F

### ***Advance intermediate performance (aip):***

- A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.
- At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.
- The student is **capable of** maintaining 75% of a full-time physical therapist's caseload.

### ***Entry-level performance (ep):***

- A student who is **capable of** functioning without guidance or clinical supervision managing patients with simple or complex conditions.
- At this level the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions and clinical reasoning.
- Consults with others and resolves unfamiliar or ambiguous situations.
- The student is **capable of** maintaining 100% of a full-time physical therapists caseload in a cost effective manner.

### ***Beyond entry-level performance (bep):***

- A student who is **capable of** functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.
- At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others.
- The student is **capable of** maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed.
- The student is capable of supervising others.
- The student willingly assumes a leadership role for managing patients with more difficult or complex conditions.
- Actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession

## **Performance Dimensions:**

**Quality** = the degree of skill or competence demonstrated (eg, limited skill, high skill), the relative effectiveness of the performance (eg, ineffective, highly effective), and the extent to which outcomes meet the desired goals. A continuum of quality might range from demonstration of limited skill and effectiveness to a highly skilled and highly effective performance.

**Supervision/guidance required** = level and extent of assistance required by the student to achieve clinical performance at entry-level. As a student progresses through clinical education experiences, the degree of monitoring needed is expected to progress from full-time monitoring/direct supervision or cueing for assistance to initiate, to independent performance with consultation. The degree of supervision and guidance may vary with the complexity of the patient or the environment.

**Consistency** = the frequency of occurrences of desired behaviors related to the performance criterion (eg, infrequently, occasionally, routinely). As the student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

**Complexity of tasks/environment** = Multiple requirements of the patient or environment (eg, simple, complex). The complexity of the environment can be altered by controlling the number and types of elements to be considered in the performance, including patients, equipment, issues, etc. As a student progresses through clinical education experiences, the complexity of tasks/environment should increase, with fewer elements controlled by the CI.

**Efficiency** = the ability to perform in a cost-effective and timely manner (eg, inefficient/slow, efficient/timely). As a student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely.

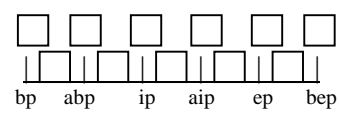
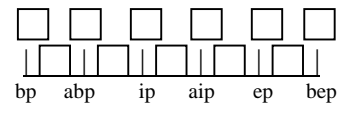
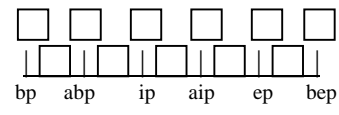
Appendix F

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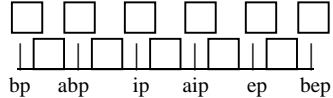
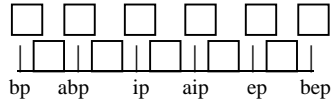
# Professional Practice

<i>Performance Item</i>	<i>Exposure</i>	<i>Competence</i>	<i>Narrative Comments</i>
<p><b>1. SAFETY: Practices in a safe manner that minimizes risk to patient’s self, and others</b> (Establishes and maintains safe working environment; recognizes physiological and psychological changes in patients and adjusts patient intervention accordingly; demonstrates awareness of contraindications and precautions of patient intervention; ensures the safety of self, patient and others throughout the clinical interaction (eg, universal precautions, responding and reporting emergency situations, etc.); requests assistance when necessary; uses acceptable techniques for safe handling of patients (eg, body mechanics, guarding, level of assistance etc.); demonstrates knowledge of facility safety policies and procedures.</p>	<p>5 6 4 3 2 1 0</p> <hr style="width: 50%; margin: 0 auto;"/>		
<p><b>2. PROFESSIONAL BEHAVIOR: Demonstrates professional behavior in all situations</b> ( Demonstrates initiative (eg, arrives well prepared, offers assistance, seeks learning opportunities; is punctual and dependable; wears attire consistent with expectations of the practice setting; demonstrates integrity in all interactions; exhibits caring compassion, and empathy in providing services to patients; maintains productive working relationships with patients, families, CI and others; demonstrates behaviors that contribute to a positive work environment; accepts feedback without defensiveness; manages conflict in constructive ways; maintains patient privacy and modesty (eg, draping, confidentiality); values the dignity of patients as individuals; seeks feedback from clinical instructor related to clinical performance; provides effective feedback to CI related to clinical/teaching mentoring.</p>	<p>5 6 4 3 2 1 0</p> <hr style="width: 50%; margin: 0 auto;"/>		
<p><b>3. ACCOUNTABILITY: Practices in a manner consistent with established legal and professional standards and ethical guidelines.</b> ( Places patient’s needs above self interests; identifies, acknowledges, and accepts responsibility for actions and reports efforts; takes steps to remedy errors in a timely manner; abides by policies and procedures o the practice setting (eg, OSHA, HIPAA, PIPEDA [Canada] etc.); maintains patient confidentiality; adheres to legal practice standards including all federal, state/province, and institutional regulations related to patient care and fiscal management; identifies ethical or legal concerns and initiates action to address the concerns; displays generosity as evidenced in the use of time and effort to meet patient needs; recognize the need for physical therapy services to underserved and underrepresented populations; strive to provide patient/client services that go beyond expected standards of practice.</p>	<p>5 6 4 3 2 1 0</p> <hr style="width: 50%; margin: 0 auto;"/>		

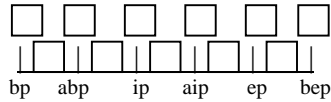
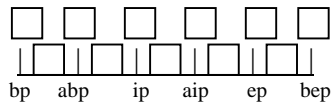
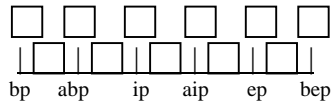
Appendix F

<p><b>4. COMMUNICATION: Communicates in ways that are congruent with situational needs.</b>          (Communicates, verbally and nonverbally, in a professional and timely manner; initiates communication in difficult situations; selects the most appropriate person(s) with whom to communicate; communicates respect for the roles and contributions of all participants in patient care; listens actively and attentively to understand what is being communicated by others; demonstrates professionally and technically correct written and verbal communication without jargon; communicates using nonverbal messages that are consistent with intended message; engages in ongoing dialogue with professional peers or team members; interprets and responds to the nonverbal communication of others; evaluates effectiveness of his/her own communication and modifies communication accordingly; seeks and responds to feedback from multiple sources in providing patient care; adjusts style of communication based on target audience; communicates with the patient using language the patient can understand (eg, translator, sign language, level of education, cognitive impairment, etc.).</p>	<p style="text-align: center;">5 6 4 3 2 1 0</p> <hr style="width: 50%; margin: auto;"/>		
<p><b>5. CULTURAL COMPETENCE: Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.</b>          (Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of physical therapy services; communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability or health status; provides care in a nonjudgmental manner when the patients' beliefs and values conflict with the individual's belief system; discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures; values the socio-cultural, psychological, and economic influences on patients and clients and responds accordingly; is aware of and suspends own social and cultural biases).</p>	<p style="text-align: center;">5 6 4 3 2 1 0</p> <hr style="width: 50%; margin: auto;"/>		
<p><b>6. PROFESSIONAL DEVELOPMENT: Participates in self-assessment to improve clinical and professional performance:</b> (Identifies strengths and limitations in clinical performance; seeks guidance as necessary to address limitations; uses self-evaluation ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice and professional development; acknowledges and accepts responsibility for and consequences of his or her actions; establishes realistic short and long-term goals in a plan for professional development; seeks out additional learning experiences to enhance clinical and professional performance; discusses progress of clinical and professional growth; accepts responsibility for continuous professional learning; discusses professional issues related to physical therapy practice; participated in professional activities beyond the practice environment; provides to and receives feedback from peers regarding performance, behaviors, and goals; provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc.) to achieve optimal patient care.</p>	<p style="text-align: center;">5 6 4 3 2 1 0</p> <hr style="width: 50%; margin: auto;"/>		

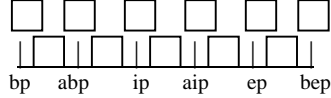
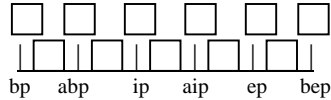
# Patient Management

Performance Item	Exposure	Competence	Narrative Comments
<p><b>7. CLINICAL REASONING: Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.</b> (Presents a logical rationale (cogent and concise arguments ) for clinical decisions; makes clinical decisions within the context of ethical practice; utilizes information from multiple data sources to make clinical decisions (eg, patient and caregivers, health care professionals, hooked on evidence, databases, medical records); seeks disconfirming evidence in the process of making clinical decisions; recognizes when plan of care and interventions are ineffective, identifies areas needing modification, and implements changes accordingly; critically evaluates published articles relevant to physical therapy and applies them to clinical practice; demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict; selects interventions based on the best available evidence, clinical expertise, and patient preferences; assesses patient response to interventions using credible measures; integrates patient needs and values in making decisions in developing the plan of care; clinical decisions focus on the whole person rather than the disease; recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.)</p>	<p>5 6 4 3 2 1 0</p> <hr/>		
<p><b>8. SCREENING: Determines with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional.</b> (Utilizes tests and measures sensitive to indications for physical therapy intervention; advises practitioner about indications for intervention; reviews medical history from patients and other sources (eg, medical records, family, others health care staff; performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies; selects the appropriate screening tests and measurements; conducts tests and measurements appropriately; interprets tests and measurements accurately; analyzes and interprets the results and determines whether there is a need for further examination or referral to other services; chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary; conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.)</p>	<p>5 6 4 3 2 1 0</p> <hr/>		

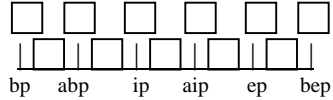
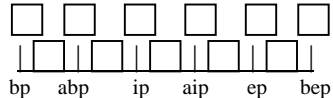
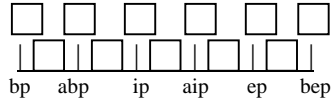
Appendix F

<p><b>9. EXAMINATION: Performs a physical therapy patient examination using evidence-based tests and measures.</b> (Obtains a history from patients and other sources as part of the examination; utilizes information from history and other data (eg, laboratory, diagnostic and pharmacological information) to formulate initial hypothesis and prioritize selection of tests and measures; performs systems review; selects evidence-based tests and measures that are relevant to the history, chief complaint and screening; conducts tests and measures accurately and proficiently; sequences tests and measures in a logical manner to optimize efficiency; adjusts tests and measures according to patient's response; performs regular reexaminations of patient status; performs an examination using evidence-based tests and measures.).  <b>NOTE: See appendix for list of tests and measures and items to consider during history taking (from the CPI and the Guide to Clinical Practice).</b></p>	<p style="text-align: center;">5 6 4 3 2 1 0</p> <hr style="width: 50%; margin: auto;"/>		
<p><b>10. EVALUATION: Evaluates data from the patient examination (history, systems review, and tests and measurements) to make clinical judgments.</b> (Synthesizes examination data and identifies pertinent impairments, functional limitations and quality of life [ WHO – ICF Model for Canada]; makes clinical judgments based on data from examination (history, system review, tests and measurements; reaches clinical decisions efficiently; cites the evidence to support a clinical decision).</p>	<p style="text-align: center;">5 6 4 3 2 1 0</p> <hr style="width: 50%; margin: auto;"/>		
<p><b>11. DIAGNOSIS AND PROGNOSIS: Determines a diagnosis and prognosis that guides future patient management.</b> (Establishes a diagnosis for physical therapy intervention and list for differential diagnosis; determines a diagnosis that is congruent with pathology, impairment, functional limitation and disability; integrates data and arrives at an accurate prognosis with regard to intensity and duration of interventions and discharge status; estimates the contribution of factors (eg, preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions; utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc) that help predict patient outcomes).</p>	<p style="text-align: center;">5 6 4 3 2 1 0</p> <hr style="width: 50%; margin: auto;"/>		

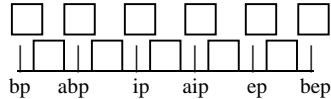
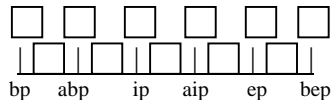
Appendix F

<p><b>12. PLAN OF CARE: Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.</b> (Establishes goals and desired functional outcomes that specify expected time durations; establishes a physical therapy plan of care in collaboration with the patient, family, caregiver, and others involved in the delivery of health care services; establishes a plan of care consistent with the examination and evaluation; selects interventions based on the best available evidence and patient preferences; follows established guidelines (eg, best practice, clinical pathways, and protocol) when designing the plan of care; progresses and modifies plan of care and discharge planning based on patient responses; identifies the resources needed to achieve the goals included in the patient care; implements, monitors, adjusts, and periodically re-evaluates a plan of care and discharge planning; discusses the risks and benefits of the use of alternative interventions with the patient; identifies patients who would benefit from further follow-up; advocates for the patients' access to services).</p>	<p style="text-align: center;">5 6 4 3 2 1 0</p> <hr style="width: 50%; margin-left: auto; margin-right: auto;"/>		
<p><b>13. PROCEDURAL INTERVENTIONS: Performs physical therapy interventions in a competent manner.</b> (**Performs interventions safely, effectively, efficiently, fluidly and in a coordinated and technically competent manner; performs interventions consistent with the plan of care; utilizes alternative strategies to accomplish functional goals; follows established guidelines when implementing an existing plan of care; provides rationale for intervention selected for patients presenting with various diagnoses; adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions etc.; assesses patient response to interventions and adjusts accordingly; discusses strategies for caregivers to minimize risk of injury and to enhance function; considers prevention, health, wellness and fitness in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems; incorporates the concept of self-efficacy in wellness and health promotion).</p> <p><b>**Note: See Appendix for list of interventions(from the CPI and Guide to Clinical Practice).</b></p>	<p style="text-align: center;">5 6 4 3 2 1 0</p> <hr style="width: 50%; margin-left: auto; margin-right: auto;"/>		

Appendix F

<p><b>14. EDUCATIONAL INTERVENTIONS: Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.</b> (Identifies and establishes priorities for educational needs in collaboration with the learner; identifies patient learning style (eg, demonstration, verbal, written); identifies barriers to learning (eg, literacy, language, cognition); modifies interaction based on patient learning style; instructs patient, family members and other caregivers regarding the patient's condition, intervention and transition to his or her role at home, work, school or community; ensures understanding and effectiveness of recommended ongoing program; tailors interventions with consideration for patient family situation and resources; provides patients with the necessary tools and education to manage their problem; determines need for consultative services; applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (eg, ergonomic evaluations, school system assessments, corporate environmental assessments); provides education and promotion of health, wellness and fitness).</p>	<p style="text-align: center;">5 6 4 3 2 1 0</p> <hr style="width: 50%; margin: auto;"/>		
<p><b>15. DOCUMENTATION: Produces documentation in a timely manner to support the delivery of physical therapy services.</b> (Selects relevant information to document the delivery of physical therapy patient care; documents all aspects of physical therapy care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication with others involved in delivery of patient care; produces documentation (eg, electronic, dictation, chart) that follows guidelines and format required by the practice setting; documents patient care consistent with guidelines and requirements of regulatory agencies and third-party payers; documents all necessary information in an organized manner that demonstrates sound clinical decision-making; produces documentation that is accurate concise, timely and legible; utilizes terminology that is professionally and technically correct; documentation accurately describes care delivery that justifies physical therapy services; participates in quality improvement review of documentation (chart audit, peer review, goals achievement).</p>	<p style="text-align: center;">5 6 4 3 2 1 0</p> <hr style="width: 50%; margin: auto;"/>		
<p><b>16. OUTCOMES ASSESSMENT: Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual and group outcomes.</b> (Applies, interprets, and reports results of standardized assessments throughout a patient's episode of care; assesses and responds to patient and family satisfaction with delivery of physical therapy care; seeks information regarding quality of care rendered by self and others under clinical supervision; evaluates and uses published studies related to outcomes effectiveness; selects, administers, and evaluates valid and reliable outcomes measures for patient groups; assesses the patient's response to intervention in practice terms; evaluates whether functional goals from the plan of care have been met; participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).</p>	<p style="text-align: center;">5 6 4 3 2 1 0</p> <hr style="width: 50%; margin: auto;"/>		



<p><b>17. FINANCIAL RESOURCES: Participates in the financial management *budgeting, billing, and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.</b> (Schedules patients, equipment and space;. coordinates physical therapy with other services to facilitate efficient and effective patient care; sets priorities for the use of resources to maximize patient and facility outcomes; uses time effectively; adheres to or accommodawt4s unexpected changes in the patient's schedule and facility's requirements; provides recommendations for equipment and supply needs; submits billing charges on time; adheres to reimbursement guidelines established by regulatory agencies, payers, and the family; requests and obtains authorization for clinically necessary reimbursable visits; utilizes accurate documentation, coding, and billing to support request for reimbursement; negotiates with reimbursement entities for changes in individual patient services; utilizes the facility's information technology effectively; functions within the organizational structure of the practice setting; implements risk-management strategies (ie, prevention of injury, infection control, etc.); markets services to customers (eg, physicians, corporate clients, general public; promotes the profession of physical therapy; participates in special events organized in the practice setting related to patients and care delivery; develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).</p>	<p style="text-align: center;">5 6 4 3 2 1 0 _____</p>		
<p><b>18. DIRECTION AND SUPERVISION OF PERSONNEL: Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.</b> (Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies; applies time-management principles to supervision and direct patient care; informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (eg, secretary, volunteers, PT Aides, PTAs); determines the amount of instruction necessary for personnel to perform directed tasks; provides instruction to personnel in the performance of directed tasks; supervises those physical therapy services directed to PTAs and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies; monitors the outcomes of patients receiving physical therapy services delivered by other support personnel; demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel; demonstrates respect for the contributions of other support personnel; directs documentation to PTAs that is based on the plan of care that is within the PTAs ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics and facility policies; reviews, in conjunction with the clinical instructor, the PTA documentation for clarity and accuracy.</p>	<p style="text-align: center;">5 6 4 3 2 1 0 _____</p>		

**Student Name:** \_\_\_\_\_ **College or University** \_\_\_\_\_

**Clinical Experience:** I, II, III \_\_\_\_\_ **Clinical Education Site** \_\_\_\_\_

**Length of Experience:** \_\_\_\_\_ **Type of Experience(eg, acute, ortho, rehab)** \_\_\_\_\_

**Goals for the Experience:**

- 1.
- 2.
- 3.
- 4.
- 5.

<b>Areas of Strength</b>	<b>Areas to Strengthen</b>

**Student Signature:** \_\_\_\_\_ **Date completed** \_\_\_\_\_

## Appendix F

### Tests and Measures

- a. aerobic capacity
- b. anthropomorphic characteristics
- c. arousal, mentation, and cognition
- d. assistive and adaptive devices
- e. community and work reintegration
- f. cranial nerve integrity
- g. environmental, home and work barriers
- h. ergonomics and body mechanics
- i. gait, assisted locomotion and balance
- j. integumentary integrity
- k. joint integrity and mobility
- l. motor function
- m. muscle performance (strength, power, endurance)
- n. neuromotor development and sensory integration
- o. orthotic, protective and supportive devices
- p. pain
- q. posture
- r. prosthetic requirements
- s. range of motion
- t. reflex integrity
- u. self-care and home management (includes ADL's, IADL's)
- v. sensory integration (including kinesthesia and proprioception)
- w. ventilation, respiration and circulation

### Interventions

- a. airway clearance techniques
- b. debridement and wound care
- c. electrotherapeutic modalities
- d. functional training in community and work reintegration (including IADL's, work hardening and work conditioning)
- e. functional training in self-care and home management (including ADL's and IADL's)
- f. manual therapy techniques
- g. patient-related instruction
- h. physical agents and mechanical modalities
- i. prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment
- j. therapeutic exercise (including aerobic conditioning)

### Preferred Practice Patterns: Cardiopulmonary

- a. Primary Prevention/risk factor reduction for Cardiopulmonary disorders
- b. Impaired aerobic capacity and endurance secondary to Deconditioning associated with Systemic disorders
- c. Impaired ventilation, respiration (gas exchange), and aerobic capacity associated with airway clearance dysfunction
- d. Impaired aerobic capacity and endurance associated with cardiovascular pump dysfunction
- e. Impaired aerobic capacity and endurance associated with cardiovascular pump failure
- f. Impaired ventilation, respiration (gas exchange), aerobic capacity, and endurance associated with ventilatory pump dysfunction
- g. Impaired ventilation with mechanical ventilation secondary to ventilatory pump dysfunction
- h. Impaired ventilation and respiration (gas exchange) with potential for respiratory failure
- i. Impaired ventilation and respiration (gas exchange) with mechanical ventilation secondary to respiratory failure
- j. Impaired ventilation, respiration (gas exchange), aerobic capacity, and endurance secondary to respiratory failure in the neonate

### Preferred Practice Patterns: Neuromuscular

- a. Impaired Motor Function and Sensory Integrity Associated with Congenital or Acquired disorders of the Central Nervous System in Infancy, Childhood and Adolescence
- b. Impaired motor function and sensory integrity associated with Acquired Nonprogressive disorders of the Central Nervous System in Adulthood
- c. Impaired motor function and sensory integrity associated with Progressive disorders of the CNS in adulthood
- d. Impaired motor function and sensory integrity associated with Peripheral Nerve Injury
- e. Impaired motor function and sensory integrity associated with Acute and chronic polyneuropathies
- f. Impaired motor function and sensory integrity associated with nonprogressive disorders of the spinal cord
- g. Impaired arousal, ROM, Sensory Integrity and motor control associated with coma or vegetative state.

### Preferred Practice Patterns: Musculoskeletal

- a. Primary prevention/risk factor reduction for Skeletal Demineralization
- b. Impaired Posture
- c. Impaired Muscle Performance
- d. Impaired Joint Mobility, Motor Function, Muscle Performance, and ROM associated with Capsular Restriction
- e. Impaired Joint Mobility, Motor Function, Muscle Performance, and ROM associated with Ligament or other Connective Tissue Disorders
- f. Impaired Joint Mobility, Motor Function, Muscle Performance, and ROM associated with Localized Inflammation
- g. Impaired Joint Mobility, Motor Function, Muscle Performance, ROM or Reflex Integrity Secondary to Spinal Disorders
- h. Impaired Joint Mobility, Muscle Performance, and ROM associated with Fracture
- i. Impaired Joint Mobility, Motor Function, Muscle Performance, and ROM associated with Joint Arthroplasty
- j. Impaired Joint Mobility, Motor Function, Muscle Performance, and ROM associated with Bony or Soft Tissue Surgical Procedures
- k. Impaired gait, locomotion, and Balance and Impaired motor function secondary to Lower Extremity Amputation

### Preferred Practice Patterns: Integumentary

- a. Primary prevention/risk factor reduction for integumentary disorders
- b. Impaired Integumentary Integrity secondary to superficial skin involvement
- c. Impaired integumentary integrity secondary to partial-thickness skin involvement and scar formation
- d. Impaired integumentary integrity secondary to full-thickness skin involvement and scar formation
- e. Impaired integumentary integrity secondary to skin involvement extending into fascia, muscle or bone
- f. Impaired anthropomorphic dimensions secondary to lymphatic system disorders



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## In-service/Case Presentation

Student's Name: \_\_\_\_\_

Topic: \_\_\_\_\_

Format:      In-service \_\_\_\_\_      Case Presentation \_\_\_\_\_  
                    Special Project \_\_\_\_\_      Research Project \_\_\_\_\_

### Demonstrates teaching skills:

One

Please Circle

14.1	Topic selected is appropriate.	Yes	No
14.2	Relates clear, appropriate objectives.	Yes	No
14.3	Selects appropriate style of presentation.	Yes	No
14.4	Selects media which enhances presentation.	Yes	No
14.5	Speaks clearly and succinctly	Yes	No
14.6	Presentation is appropriate to level of audience	Yes	No
14.7	Information presented is correct	Yes	No
14.8	Non-verbal presentation and/or demonstrations are appropriate.	Yes	No
14.9	Responds to and interacts with audience	Yes	No

### Comments

Mid-term:

Final:



### Clinical Performance Instrument - Grading Rubric

<b>Clinical Performance Criteria</b>			
<i>Items 1 - 4 &amp; 7 are considered red flag items and are considered foundational elements in clinical practice.</i>	<b>Clin Ed Exp I</b>	<b>Clin Ed Exp II</b>	<b>Clin Ed Exp III</b>
<b>1. Practices in a safe manner that minimizes the risk to patient, self, and others.</b>	≥ Intermediate	≥ Advanced Intermediate	≥ Entry level
<b>2. Demonstrates professional behavior in all situations.</b>	≥ Intermediate	≥ Advanced Intermediate	≥ Entry level
<b>3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.</b>	≥ Intermediate	≥ Advanced Intermediate	≥ Entry level
<b>4. Communicates in ways that are congruent with situational needs.</b>	≥ Intermediate	≥ Advanced Intermediate	≥ Entry level
<b>5. Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.</b>	≥ Advanced Beginner	≥ Intermediate	≥ Entry level
<b>6. Participates in self-assessment to improve clinical and professional performance.</b>	≥ Advanced Beginner	≥ Intermediate	≥ Entry level
<b>7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.</b>	≥ Intermediate	≥ Advanced Intermediate	≥ Entry level
<b>8. Determines with each patient encounter the patient's need for further examination or consultation* by a physical therapist* or referral to another health care professional.</b>	≥ Advanced Beginner	≥ Intermediate	≥ Entry level
<b>9. Performs a physical therapy patient examination using evidenced-based* tests and measures.</b>	≥ Advanced Beginner	≥ Intermediate	≥ Entry level
<b>10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.</b>	≥ Advanced Beginner	≥ Intermediate	≥ Entry level
<b>11. Determines a diagnosis* and prognosis* that guides future patient management.</b>	≥ Advanced Beginner	≥ Intermediate	≥ Entry level
<b>12. Establishes a physical therapy plan of care* that is safe, effective, patient-centered, and evidence-based.</b>	≥ Advanced Beginner	≥ Intermediate	≥ Entry level
<b>13. Performs physical therapy interventions* in a competent manner.</b>	≥ Advanced Beginner	≥ Intermediate	≥ Entry level
<b>14. Educates* others (patients, caregivers, staff, students, other health care providers*, business and industry representatives, school systems) using relevant and effective teaching methods.</b>	≥ Advanced Beginner	≥ Intermediate	≥ Entry level
<b>15. Produces quality documentation* in a timely manner to support the delivery of physical therapy services.</b>	≥ Advanced Beginner	≥ Intermediate	≥ Entry level
<b>16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.*</b>	≥ Advanced Beginner	≥ Intermediate	≥ Entry level
<b>17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.</b>	≥ Advanced Beginner	≥ Intermediate	≥ Entry level
<b>18. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.</b>	≥ Advanced Beginner	≥ Intermediate	≥ Entry level

\* As defined by the Physical Therapist Clinical Performance Instrument, 2006, American Physical Therapy Association.



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## THE ANECDOTAL RECORD

The Clinical instructor records the facts of “what happened”, offering no judgment. For example:

**Student’s Name:** \_\_\_\_\_

**Evaluator/ Observer:** \_\_\_\_\_

Setting: (Place, persons involved, atmosphere, etc.) The student has made an appointment with the patient, who frequently was uncooperative. When the student returned, the patient was still on the phone and made no move to end the conversation.

Student Action or Behavior: The student demonstrated appropriate and assertive intervention to set limits on the patient’s behavior. Assertiveness has been a challenge for this student, and this is a good example of an appropriate application of the skill.

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

\_\_\_\_\_  
**Evaluator’s Signature**

Student Comments: *It is difficult to feel like I am being rude, but I can see the importance of setting limits on the patient’s behavior.*



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web site: [www.uml.edu/college/she/pt/](http://www.uml.edu/college/she/pt/)

## THE CRITICAL INCIDENT REPORT

This differs from the anecdotal record in that no interpretation of the incident is involved, however, the consequence of the behavior is clearly stated, and is initiated by the student. For example:

**Student's Name:** \_\_\_\_\_  
**Evaluator/Observer:** \_\_\_\_\_

---

Date	Antecedents	Behaviors	Consequences
3/25	Student is on Cardiopulmonary rotation. Knows appropriate rationale, but has repeatedly failed to review chart carefully for all pertinent information regarding this patient's medical history which could endanger the patient.	Student fails to record appropriate information	Could result in failure to observe proper

---

**Student's Signature:** \_\_\_\_\_

**Evaluator's Signature:** \_\_\_\_\_

**PHYSICAL THERAPIST STUDENT  
EVALUATION:  
  
CLINICAL EXPERIENCE  
AND  
CLINICAL INSTRUCTION**

June 12, 2003



**American Physical Therapy Association  
Department of Physical Therapy Education  
1111 North Fairfax Street  
Alexandria, Virginia 22314**



## PREAMBLE

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

### Key Assumptions

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

### Acknowledgement

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

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

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*University of Massachusetts Lowell, Department of Physical Therapy & Kinesiology*

**GENERAL INFORMATION AND SIGNATURES**

General Information

Student Name \_\_\_\_\_

Academic Institution \_\_\_\_\_

Name of Clinical Education Site \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Clinical Experience Number \_\_\_\_\_ Clinical Experience Dates \_\_\_\_\_

Signatures

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

---

\_\_\_\_\_  
Student Name (Provide signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Clinical Instructor Name (Print name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Clinical Instructor Name (Provide signature)

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

\_\_\_\_\_  
Additional Clinical Instructor Name (Print name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Clinical Instructor Name (Provide signature)

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

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Professional organization memberships  APTA  Other \_\_\_\_\_

**SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE**

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

1. Name of Clinical Education Site \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
2. Clinical Experience Number \_\_\_\_\_
3. Specify the number of weeks for each applicable clinical experience/rotation.  
 \_\_\_\_\_ Acute Care/Inpatient Hospital Facility      \_\_\_\_\_ Private Practice  
 \_\_\_\_\_ Ambulatory Care/Outpatient                      \_\_\_\_\_ Rehabilitation/Sub-acute Rehabilitation  
 \_\_\_\_\_ ECF/Nursing Home/SNF                              \_\_\_\_\_ School/Preschool Program  
 \_\_\_\_\_ Federal/State/County Health                      \_\_\_\_\_ Wellness/Prevention/Fitness Program  
 \_\_\_\_\_ Industrial/Occupational Health Facility      \_\_\_\_\_ Other \_\_\_\_\_

Orientation

4. Did you receive information from the clinical facility prior to your arrival?       Yes       No
5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience?       Yes       No
6. What else could have been provided during the orientation? \_\_\_\_\_

Patient/Client Management and the Practice Environment

**For questions 7, 8, and 9, use the following 4-point rating scale:**  
 1 = Never      2 = Rarely      3 = Occasionally      4 = Often

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

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

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

Components Of Care	Rating	Components Of Care	Rating
Examination		Diagnosis	0
• Screening	0	Prognosis	0
• History taking	0	Plan of Care	0
• Systems review	0	Interventions	0
• Tests and measures	0	Outcomes Assessment	0

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Evaluation	0
------------	---

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

Environment	Rating
Providing a helpful and supportive attitude for your role as a PT student.	0
Providing effective role models for problem solving, communication, and teamwork.	0
Demonstrating high morale and harmonious working relationships.	0
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).	0
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	0
Using evidence to support clinical practice.	0
Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).	0
Being involved in district, state, regional, and/or national professional activities.	0

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

Clinical Experience

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

- Physical therapist students
- Physical therapist assistant students
- from other disciplines or service departments (Please specify \_\_\_\_\_)

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

- 1 student to 1 CI
- 1 student to greater than 1 CI
- 1 CI to greater than 1 student; Describe \_\_\_\_\_

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

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

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

## Appendix K

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

### Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)
- Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
  - Time well spent; would recommend this clinical education site to another student.
  - Some good learning experiences; student program needs further development.
  - Student clinical education program is not adequately developed at this time.
17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site? \_\_\_\_\_
18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed. \_\_\_\_\_
19. What suggestions would you offer to future physical therapist students to improve this clinical education experience? \_\_\_\_\_
20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*? \_\_\_\_\_
21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*? \_\_\_\_\_

## SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

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

### Assessment of Clinical Instruction

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

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

Provision of Clinical Instruction	Midterm	Final
The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.	0	0
The clinical education site had written objectives for this learning experience.	0	0
The clinical education site's objectives for this learning experience were clearly communicated.	0	0
There was an opportunity for student input into the objectives for this learning experience.	0	0
The CI provided constructive feedback on student performance.	0	0
The CI provided timely feedback on student performance.	0	0
The CI demonstrated skill in active listening.	0	0
The CI provided clear and concise communication.	0	0
The CI communicated in an open and non-threatening manner.	0	0
The CI taught in an interactive manner that encouraged problem solving.	0	0
There was a clear understanding to whom you were directly responsible and accountable.	0	0
The supervising CI was accessible when needed.	0	0
The CI clearly explained your student responsibilities.	0	0
The CI provided responsibilities that were within your scope of knowledge and skills.	0	0
The CI facilitated patient-therapist and therapist-student relationships.	0	0
Time was available with the CI to discuss patient/client management.	0	0
The CI served as a positive role model in physical therapy practice.	0	0
The CI skillfully used the clinical environment for planned and unplanned learning experiences.	0	0
The CI integrated knowledge of various learning styles into student clinical teaching.	0	0
The CI made the formal evaluation process constructive.	0	0
The CI encouraged the student to self-assess.	0	0

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

Midterm Evaluation     Yes  No    Final Evaluation     Yes  No

## Appendix K

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

Midterm Evaluation \_\_\_\_\_

Final Evaluation \_\_\_\_\_

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

Midterm Comments \_\_\_\_\_

Final Comments \_\_\_\_\_

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

Midterm Comments \_\_\_\_\_

Final Comments \_\_\_\_\_

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



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**Bloodborne Pathogen  
Exposure Control Policies**

**University of Massachusetts Lowell  
Zuckerberg College of Health Sciences**

College Safety Committee

J. Douglass, Chair

Accepted December, 1993

Reviewed by Committee October, 2005



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Appendices:

NLN AIDS guidelines for schools of nursing

OSHA's Bloodborne Pathogen Standard (29CFR Part 1910-1030)

American Association of Colleges of Nursing Policy and Guidelines for Addressing Human Immunodeficiency Virus and Hepatitis B Virus Infection in the Nursing Education Community

University Incident Report

University Declination of Hepatitis B vaccine form

AIDS Policy of the Massachusetts Commission Against Discrimination

Mass. Dept. of Public Health Recommendations and Action Plan to Prevent the Transmission of HIV and HBV in the Delivery of Health Care Services

*University of Massachusetts Lowell, Department of Physical Therapy & Kinesiology*

## INTRODUCTION

Occupational exposure to Bloodborne Pathogens, including HIV and Hepatitis B, is a risk for many health care workers. Standards for protection against infection have been legislated at the federal level by the Occupational Health and Safety Administration. Guidelines for developing policy to protect students, faculty, and staff of schools of health professions have been published by professional associations such as the American Associations of Colleges of Nursing, the National League for Nursing and the American Medical Association's Committee on Allied Health Education. In addition, affiliating clinical agencies are operating under guidelines issued by the Joint Commission on Accreditation of Healthcare Organizations.

These policy guidelines stress both the protection of faculty, students and staff of the school from infection, and the need to respect individual rights to confidentiality. In addition to protecting against infection, guidelines set forth by the American Association of Colleges of Nursing in 1991 state that a school policy must also incorporate procedures for "receiving, managing and counseling those who may have been exposed to HIV". School policy should also be in compliance with policies within its parent organization, and those followed by clinical agencies with which it affiliates.

### Conformity with University Policy

University policies to which the proposed CHP policy must conform include:

- 1) the AIDS policy of the Massachusetts Commission Against Discrimination;
- 2) an administrative policy re: Hepatitis B immunization provision, including a requirement for waiver of vaccination by those declining immunization put forth by Dr. Susan Goodwin's office in September of 1992. Both of these policies are incorporated into the University of Massachusetts Lowell College of Health Sciences policy.

### Conformity with Affiliated Agencies and Clinical Site Requirements

Occupational Safety and Health Administration (OSHA) guidelines require that an Exposure Control Plan be developed by each health care agency falling under federal jurisdiction. OSHA requires that a plan be written and followed by these agencies which include the following:

- 1) Exposure determinant/assignment of categories to employees
- 2) Use of Universal Precautions
- 3) Engineering/work practices
- 4) Hepatitis B vaccination
- 5) Post-exposure evaluation protocols and recordkeeping
- 6) Training

Methods of compliance for each component must be documented.

The attached Zuckerberg College of Health Sciences policy is presented in the context of the information presented above.

EXPOSURE DETERMINATION/ASSIGNMENT OF CATEGORIES TO  
STUDENTS/FACULTY AND STAFF OF THE  
ZUCKERBERG COLLEGE OF HEALTH SCIENCES (ZCHS)

**Purpose:** To ensure identification of risk status of each SHE faculty, staff and student.

**Policy:** The risk status for potential infection with Blood borne Pathogens for faculty, staff and students occupying each "job classification" within the ZCHS shall be clearly identified.

**Procedure:** Each student, faculty and staff "job classification" shall be reviewed by the Department under which it exists and categorized, using the following guidelines.

**CATEGORY I:**

Job classifications that involve exposure to blood, body fluids or tissues. All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body-fluids, or tissues, or a potential for spills or splashes of them, are Category I tasks. Use of appropriate protective measures should be required for every individual engaged in Category I tasks.

**CATEGORY II:**

Job classifications that involve no exposure to blood, body fluids or tissues, but exposure or potential exposure may be required as a condition of employment. Appropriate protective measures should be readily available to every employee engaged in Category II tasks.

**CATEGORY III:**

Job classifications that involve no exposure to blood, body fluids or tissues and, Category I tasks are not a condition of employment. The normal work routine involves no exposure to blood, body fluids or tissues (although situations can be imagined or hypothesized under which anyone, anywhere might encounter potential exposure to body fluids). Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care or first aid or to be potentially exposed in some other way. Tasks that involve handling of implements or utensils, use of public or shared bathroom facilities or telephones and personal contacts such as handshaking are Category III tasks.

Appendix L

EXPOSURE DETERMINATION/ASSIGNMENT OF CATEGORIES (SAMPLE)  
DEPARTMENT OF NURSING

---

<b>CATEGORY I</b>	<b>CATEGORY II</b>	<b>CATEGORY III</b>
Faculty with clinical assignments	Faculty without current clinical assignments	Secretaries
Nursing Laboratory Professional Tech.		
Undergraduate students from Sophomore Semester II through graduation.		

## UNIVERSAL PRECAUTIONS

**Purpose:** Medical history and examination cannot reliably identify all individuals infected with HIV or other Bloodborne Pathogens. The Centers for Disease Control, therefore, recommend that blood and body-fluid precautions be consistently used in all contacts, regardless of known infection status.

**Policy:** Faculty and staff of the Zuckerberg College of Health Sciences receive instruction in Universal Precautions upon hire. Students are taught these principles prior to their first potential exposure to bloodborne pathogens (for example, nursing students before the Second Semester Sophomore Skills Laboratory).

**Procedure:** The following general guidelines shall be taught to and utilized by all students, faculty and staff of the Zuckerberg College of Health Sciences.

Care to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Used needles are not recapped by hand, used needles are not removed from disposable syringes by hand, and used needles are not bent, broken or otherwise manipulated by hand. Used disposable syringes and needles, scalpel blades, and other sharp items are placed in puncture-resistant containers for disposal; these containers are disposed of appropriately.

Protective barriers can prevent the contamination of skin and mucous membranes with infectious body fluids. Type of barrier used must be appropriate for the anticipated exposure.

## Appendix L

<b>Precaution</b>	<b>When Implemented</b>
Hand washing	Before and after contact. Immediately after procedures requiring aseptic techniques.  Immediately after gloves are removed.
Personal Protective Equipment (PPE)	
Gloves	Shall be worn where there is reasonable anticipation of hand contact with blood, other potentially infectious materials, mucous membranes, or non-intact skin, when performing vascular procedures or when handling or touching contaminated surfaces or items.
Plastic Apron or Laboratory Coat	When clothing is likely to become soiled with blood or body fluids.
Waterproof Gown	When extensive exposure to blood or body fluids is likely.
Mask	When having direct contact with an individual who is coughing extensively; when performing a procedure which body fluids are likely to splash on to exposed mucous membranes of the nose and mouth.
Protective Goggles	When performing procedures where blood or body fluids are likely to come into contact with eyes.
CPR Microshield Pocket Mask	For use in mouth-to-mouth resuscitation.
Sharps Disposal Containers	All areas where sharps are likely to be used will be equipped with either a stationary wall mounted puncture proof sharps container, or disposable transportable puncture proof sharps containers will be made available. This container is red in color and labeled, "BIOHAZARD".

## INFECTION CONTROL PRACTICES

**Purpose:** The infection control program is designed to protect faculty, staff and students against infectious disease hazards. A policy on practices carried out in laboratories, classrooms and clinical practice within affiliated agencies is necessary to ensure that students, faculty and staff consistently follow Standards of Care which apply to housekeeping, linen, bagging of contaminated articles and the cleaning and decontamination of spills of blood and other body fluids.

**Policy:** All faculty, students and staff shall be oriented to the complete infection control plan, which includes practices, as part of the orientation process to each course in which potential exposure to infection exists.

**Procedure:** This orientation may occur within the classroom/ laboratory or within an agency clinically affiliated with the School. Records indicating completion of the orientation process will be kept by the appropriate CHP department. In addition to the initial orientation, each faculty member, student and staff member shall review infection control practice materials annually.

### 1. Housekeeping

Environmental surfaces such as walls, floors and other surfaces are not associated with the transmission of infections. Therefore, extraordinary attempts to disinfect or sterilize these environmental surfaces are not necessary. However, cleaning and removal of soil should be done routinely. Horizontal surfaces (e.g., laboratory counters and hard-surfaced flooring) should be cleaned on a regular basis and after each use if potentially infectious materials are used in the area.

### 2. Laundry

Clothing and linens soiled with body fluids shall be laundered commercially at the expense of the CHP or, if used in a clinical agency, by that agency. Disposable clothing and linens shall be utilized whenever exposure is anticipated.

## HEPATITIS B VACCINATION PROGRAM

**Purpose:** Hepatitis B vaccine is indicated for vaccination against all known subtypes of Hepatitis B Virus.

**Policy:** Faculty, staff and students with Category I or II exposure status, after being informed of their risk status and the benefits of vaccination, must provide proof of immunity, be vaccinated or sign a waiver form prior to exposure.

**Procedure:** Faculty and staff will be offered Hepatitis B vaccination at the University's expense. Faculty and staff with Category I or II exposure status who chose to decline vaccination will sign a waiver form. Individuals who have signed a waiver form may, at any time, chose to obtain vaccination at University expense.

Students with Category I or II exposure status are required to present evidence of having received the required series of 3 Hepatitis B vaccine injections, present evidence of a satisfactory HBV titer, or sign a waiver declining immunization prior to the first clinical or laboratory course in which potential exposure to Bloodborne Pathogens may occur. Students are urged strongly to accomplish immunization, and advised that students who decline immunization must be aware that their decision may affect their opportunities for clinical placement in facilities that require immunization as a condition for clinical affiliation.



## INFORMATION AND TRAINING

**Purpose:** Education about Bloodborne Pathogens and information about specific precautions to prevent infection are critical for health care professionals at risk. It is also important to inform faculty, staff and students of CHP as to the specific protection available to them through the School policy on Bloodborne Pathogens and their responsibilities related to conformity with this policy.

**Policy:** All CHP faculty and staff in Category I and II shall participate in training on Bloodborne Pathogens within their respective departments upon assignment to job classifications where occupational exposure may take place and at least annually thereafter.

**Procedure:** All CHP students in programs where student status is at Exposure Categories I or II will participate in training on Bloodborne Pathogens within their respective departments prior to taking part in tasks or procedures where exposure is possible and at least annually. Annual training for students may take place at the University or in approved agencies where they are participating in clinical practica.

Training shall include the following:

- Accessibility of copy of OSHA Standard on Occupational Exposure To Bloodborne Pathogens
- Bloodborne diseases/ pathogens
- Methods to prevent or reduce exposure:
  - Hand washing
  - Universal Precautions
  - Personal Protective Equipment
  - Instructions for use of Sharps Disposal Containers
  - Disinfection and disposal of contaminated materials
- Hepatitis B vaccine information
- Hepatitis B vaccine program
- Exemption/Declination Statement
- Procedure to follow if there is an exposure incident
- Post-Exposure evaluation and follow up

At the end of each training session, the faculty / staff / student will sign an acknowledgment of attendance at a training session, review of policies / procedures and compliance with Universal Precautions. These signatures will be collected and maintained by the appropriate departments within CHP as documentation that the mandatory training has been completed.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

**Purpose:** To provide a plan of treatment for students, faculty and staff in the event of an accidental exposure to Bloodborne Pathogens.

**Policy:** The School (CHP) shall immediately make available a confidential medical evaluation and follow-up to a student, faculty or staff member reporting an exposure incident. It is the exposed individual's option to participate in the follow-up program.

**Procedure:** When an exposure occurs:

- 1) The individual will immediately inform the source patient (if possible) that the exposure has occurred.
- 2) In cases where the exposure has occurred within the University boundaries (not in an affiliating clinical agency) the individual will immediately inform the Student Health Services Director (Tel. No. 934-4920), in the case of students, or the University Personnel officer (Tel. No. 934-3560) in the case of faculty or staff. If the exposure occurs in an affiliating clinical agency, the student/ faculty/ staff member should also follow that agency's guidelines for reporting and treatment. Employees are not obliged to share the details of the incident with anyone except the Personnel Officer; students need not share the details of the incident with anyone except the Director of Student Health Services. An "Incident Report" form should be completed by the exposed individual and filed by the Student Health Services Director or Personnel Officer in a manner that ensures confidentiality of the report. (The exposed individual's signed written consent is required to release the information to any third party).
3. In cases where exposure occurs within an affiliating clinical agency, agency policy should guide initiation of an immediate post evaluation and follow-up procedure.\* In cases where exposure has occurred within the University boundaries, the University shall immediately make available a confidential medical evaluation and follow-up to the exposed employee or student including at least the following elements:
  - Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
  - Identification and documentation of the source individual, unless it is determined that identification is not feasible.
  - The source individual's blood shall be tested as soon as feasible after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the University Personnel Officer or Student Health Services Director shall establish that legally obtained consent cannot be obtained.

## **Post Exposure Evaluation and Follow Up**

**Purpose:** To provide a plan of treatment for students, faculty and staff in the event of an accidental exposure to Bloodborne Pathogens.

**Policy:** The school (CHP) shall immediately make available a confidential medical evaluation and follow-up to a student, faculty or staff member reporting an exposure incident. It is the exposed individual's option to participate in the follow-up program.

**Procedure:** When an exposure occurs:

- 1) The individual will immediately inform the source patient (if possible) that the exposure has occurred.
  - 2) In cases where the exposure has occurred within the University boundaries (not in an affiliating clinical agency) the individual will immediately inform the Student Health Services Director (Tel. No. 934-4920) in the case of faculty or staff. If the exposure occurs in an affiliating clinical agency, the student/faculty/staff member should also follow that agency's guidelines for reporting and treatment. Employees are not obliged to share the details of the incident with anyone except the Personnel Officer; students need not share the details of the incident with anyone except the Director of Student Health Services. An "Incident Report" form should be completed by the exposed individual and filed by the Student Health Services Director or Personnel Officer in a manner which ensures confidentiality of the report. (The exposed individual's signed written consent is required to release the information to any third party.)
  - 3) In cases where exposure occurs within an affiliating clinical agency, agency policy should guide initiation of an immediate post evaluation and follow-up procedure.\* In cases where exposure has occurred within the University boundaries, the University shall immediately make available a confidential medical evaluation and follow-up to the exposed employee or student, including at least the following elements:
    - Documentation of the route(s) of the exposure and the circumstances under which the exposure incident occurred.
    - Identification and documentation of the source individual, unless it is determined that identification is not feasible.
    - The source individual's blood shall be tested as soon as feasible after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the University Personnel Officer or Student Health Services Director shall establish that legally obtained consent cannot be obtained.
- 1) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

## Appendix L

- 2) Results of the source individual's testing shall be made available to the exposed individual and the individual shall the source individual.
- 3) Collection and testing of blood for HBV and HIV serological status shall be accomplished as soon as feasible after consent has been obtained. If consent for HIV serological testing has not been given, the blood sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the individual elects to have the baseline sample tested, such testing shall be done as soon as possible.
- 4) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service, including counseling and evaluation of reported illnesses shall be offered to the individual.

\*When exposure occurs in an affiliating clinical agency, that agency's policies and procedures for reporting and testing of the source patient will be followed in addition to the completion and submission of an Incidence Report to the appropriate University official. CHP policy will determine additional post exposure follow-up procedures for the faculty, staff, or student exposed

GENERAL GUIDELINES FOR ADMISSION OF STUDENTS OR EMPLOYMENT OF FACULTY AND STAFF WHO MAY BE INFECTED WITH HIV

Inquiry into HIV status should not be part of student, faculty or staff application processes.

The CHP shall inform students of potential infectious hazards inherent in health professions education programs including those which might pose additional risks to the personal health of HIV positive persons.

Qualified individuals shall not be denied admission or employment into CHP programs on the basis of HIV status.

HIV Testing

A student, faculty or staff member who believes him/herself to be at risk has an ethical responsibility to know his or her HIV status. Practitioners who perform “exposure prone” procedures should know their HIV antibody status. Recommendations for the management of suspected provider infection with Bloodborne Pathogens have been published by the Massachusetts Department of Public Health (October, 1992). These recommendations provide for an Expert Panel, convened under the Department of Public Health, to be utilized in a situation which requires determination of the possibility of risk to the public from an infected health care worker. These recommendations provide guidance for the following procedures to be followed by CHP students, faculty and staff:

1. Individuals who believe they may be at risk to HIV or HBV have an obligation to be tested. While the testing decision should be voluntary for the individual, should the Expert Panel rule, under special circumstances, there may be instances in which testing could be required. Education, training and confidentiality safeguards can be used to encourage those who believe they might be at risk to be tested.
2. For students, faculty or staff, testing and pre and post-testing counseling should be available and should be confidential.
3. Testing records should be kept separately from academic or employment files, and should be accessible only on a need-to-know basis with the individual’s written consent.