



Zuckerberg College of Health Sciences
Department of Physical Therapy and Kinesiology

Doctor of Physical Therapy Program

Clinical Faculty Manual

Dear Clinical Instructors and Site Coordinators of Clinical Education,

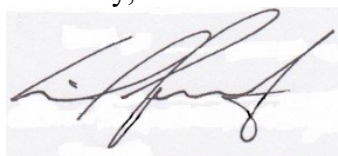
On behalf of the Department of Physical Therapy and Kinesiology at UMass Lowell, I would like to extend my deepest appreciation for your critical contribution to the clinical education of our doctoral physical therapy students. The clinical education you provide is essential for the physical therapy profession and vital for our collective future, including providing the best possible health care for future generations of patients.

Providing clinical education can be both challenging and rewarding. We hope this Clinical Faculty Manual will support you in your essential role in the education process. Please know that myself, Keith Hallbourg, and Michele Fox are all willing and eager to assist you however we can to having a successful experience with our students. After reviewing this manual, if you have suggestions regarding it, or our clinical education program in general, please do not hesitate to contact me.

We are dedicated to maintaining strong relations with our Clinical Education Faculty. We also know how valuable your time is. As a way to express our gratitude, and support you in your own professional advancement, please consider taking advantage of our Adjunct Clinical Education Faculty Program. By virtue of taking a UML DPT student(s), this program entitles you to: 1) access to UML's electronic library, 2) Sponsorship to attend a regionally offered APTA Credentialed Clinical Instructor Program (CCIP), and 3) a Dean's voucher for use towards continuing education offerings from UML's Office of Continuing Education.

Once again, whether you've been taking our students for years, decades, or for the first time, know how grateful we are for your involvement, and please do not hesitate to reach out to me at any time.

Sincerely,



Professor and Chair
Department of Physical Therapy and Kinesiology
UMass Lowell
Erik_Swartz@uml.edu
Twitter: @UMLPTK_Chair

Table of Contents

- I. Program Overview
 - A. [History](#)
 - B. [Program Mission](#)
 - C. [Program Philosophy](#)
 - D. [Program Goals](#)
 - E. [Expected Student Outcomes](#)
 - F. [Faculty Biographies](#)
 - G. [Curriculum](#)
 - H. [Course Descriptions](#)
 - I. [Professional Behaviors](#)
 - J. [Academic Dishonesty](#)
 - K. [Zuckerberg College of Health Policies](#)
 - L. [Honor Code](#)
 - M. [Feedback](#)

- II. Clinical Education Information and Forms
 - A. [Roles and Responsibilities](#)
 - B. [Clinical Education Dates](#)
 - C. [Clinical Agreement Template](#)
 - D. [Student Information](#)
 - E. [Attendance Policy](#)
 - F. [Emergency Policy](#)
 - G. [Health Documentation](#)
 - H. [HIPAA & OSHA](#)
 - I. [Clinical Education Syllabi](#)
 - 1. Clinical Education Experience I (DPTH 6500)
 - 2. Clinical Education Experience II (DPTH 6520)
 - 3. Clinical Education Experience III (DPTH 6530)
 - J. [Program Expectations](#)
 - K. [Student Data Form](#)
 - L. [Resolving Problems in the Clinical Setting](#)
 - 1. The Anecdotal Record
 - 2. The Critical Incident Report
 - M. [Evaluation of Clinical Performance](#)
 - 1. Completion of the Evaluation Form
 - 2. Problem Identification
 - 3. [Grading Rubric](#)
 - N. [Course Voucher Policy](#)
 - O. [CORI Policy](#)
 - P. [Drug Policy](#)
 - Q. [New England Consortium of Clinical Educators](#)

1. Program Overview

A. History

The University of Lowell originated in 1975 from the union of two state colleges, the Lowell State Teachers College and the Lowell Technological Institute. In 1991, the Legislature of the Commonwealth of Massachusetts created the five campus system which incorporated the University of Lowell into the University of Massachusetts Lowell.

The physical therapy program at UMASS Lowell is the only state-funded program in Massachusetts. The first students were admitted to the baccalaureate program in 1977. The program received its accreditation and graduated its first undergraduate class of 22 students in 1981. As the program began to increase its faculty base, facilities, equipment and clinical affiliations, it also began planning for transitioning the program to the post-baccalaureate level. The program entered its first entry-level master's students in 1990 and graduated 24 students in 1992. Full accreditation of the program was received in 1991 and again in 1993. The entry-level Doctor of Physical Therapy program was approved in 2002 and is fully accredited. The first class of sixteen students graduated with the DPT degree in June 2003. Our most recent re-accreditation occurred in 2010. UMASS Lowell graduates continue to be very successful on the National Physical Therapy Licensure Examination and are highly sought after by employers in the clinical setting.

The Department of Physical Therapy and Kinesiology also offers an undergraduate degree in Exercise Science. The Exercise Science major, which has a clinical or a fitness management option, provides students with necessary prerequisite coursework to qualify for admission into our, as well as most regional, entry-level Doctor of Physical Therapy programs.

B. Program Mission

The mission of the program is written and compatible with the mission of the institution, with the unit(s) in which the program resides, and with contemporary preparation of physical therapists.

The University of Massachusetts System's mission is to provide an affordable and accessible education of high quality and to conduct programs of research and public service that advance knowledge and improve the lives of the people of the Commonwealth, the nation and the world.

In accord with the UMass System's mission, the University of Massachusetts Lowell is a public research university committed to excellence in teaching, research and community engagement. The university is dedicated to transformational education that fosters student success, lifelong learning and global awareness. UMass Lowell offers affordable, experience-based undergraduate and graduate academic programs taught by internationally recognized faculty who conduct research to expand the horizons of knowledge. The programs span and interconnect the disciplines of business, education, engineering, fine arts, health, humanities, sciences and social sciences. The university continues to build on its founding tradition of innovation, entrepreneurship and partnerships with industry and the community to address challenges facing the region and the world.

The mission of the Zuckerberg College of Health Sciences is to promote health of individuals, families and populations in a diverse global society through excellence in teaching, research, scholarship and service. Community and health care industry partnerships enable experiential learning activities to enhance the education of health care professionals and scientists

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

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

The department's mission aligns with the mission University of Massachusetts Lowell and the Zuckerberg College of Health Science. Through sustained, as well as continually developing, community partnerships

the department strives to enrich student learning and professional development, expand faculty scholarly inquiry, and promote multi-faceted service to our surrounding communities. The department's mission has been framed by the APTA's recommendations regarding the evolution of professional responsibilities of contemporary physical therapy practice, e.g. direct access, health promotion and wellness, and collaborative practice, etc.

C. 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.

D. Program Goals

The Department of Physical Therapy & Kinesiology's goals reflect our mission, providing specific measurable objectives related to teaching, provision of compassionate care regardless of clinical practice setting. Our goals encompass the promotion of faculty research development, and long-lasting meaningful collaborative community partnerships which support all stake-holders; students, patients, faculty, community partner, and the general population.

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 and health.
3. Promote, develop, and maintain effective community partnerships cultivating proficiency in collaborative practice through modeling and experience in inter-professional education.

E. 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.

F. Faculty Biographies

To view the biographies of our diverse faculty please visit the our department webpage:
<https://www.uml.edu/Health-Sciences/PT/faculty/>

G. Curriculum

Year 1:

First Summer

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

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>
		14

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>
		16

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>
		15

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>
		16

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>
		12

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>
		9

Total credits: 95 (34 weeks of Clinical Education)

H. 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.

I. Professional Behaviors**

Professional Behaviors for the 21st Century (2009-2010)

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 21st 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/revise 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 Site Coordinators of Clinical Education (SCCE's) and Clinical Instructors (CI's) from all regions of the United States. Participants in the small work groups included Directors of Clinical Education (DCE's), Academic Faculty, SCCE'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 criterion 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 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. Generic abilities are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. Ten generic abilities were identified through a study conducted at UW-Madison in 1991-92.

The ten professional behaviors and definitions are:

<u>Professional Behavior</u>	<u>Definition</u>
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.
2. Communication	The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.
3. Problem Solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
4. Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.
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.
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.
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.
8. Effective use of Time and Resources	The ability to manage time and resources effectively to obtain the maximum possible benefit.
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.
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.

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

**Professional Behaviors were developed by Warren May, Laurie Kontney and Annette Iglarsh (2010) as an update to the Generic Abilities.

J. Academic Dishonesty - [UMass Lowell - Academic Integrity Policy](#)

1. [Administrative Dismissal from the University](#)

Administrative dismissal may be invoked when a student fails to comply, after due notice, with an administrative regulation of the University. Examples of some conditions which justify administrative dismissal are listed in the Undergraduate Catalog and apply to all students, undergraduate and graduate:

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:
 - i. 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;
 - ii. utilization of prohibited assistance (whether in the nature of a person or a resource) in the performance of assignments and examinations;
 - iii. copying of another person's work or the giving or receiving of information or answers by any means of communication during an examination;
 - iv. utilization of the services of a commercial term paper company;
 - v. 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:
 - i. direct quotation or word-for-word copying of all or part of the work of another without identification or acknowledgment of the quoted work;
 - ii. 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;
 - iii. 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.

K. Zuckerberg College of Health Sciences Policies & Special Requirements

All Zuckerberg College of Health Science students must adhere to various additional policies, e.g. minimal standard health requirements, national criminal background check (CORI), clinical affiliate random drug screening, and social media. A detailed explanation of each policy may be found on the [Zuckerberg College of Health Sciences webpage](#).

L. Honor Code

All Doctor of Physical Therapy Students are required to attest to adhere to the department Honor Code:

“I agree to adhere to the Honor Code of the Department of Physical Therapy and Kinesiology throughout my tenure in the Doctor of 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.”

M. Faculty/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: <http://www.capteonline.org/Complaints/>

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

II. Clinical Education

A. Roles and Responsibilities

- 1. Director of Clinical Education (DCE) and Associate Director of Clinical Education (ADCE)**
 - a. Primary liaison(s) between academic institution and clinical facility.
 - b. Clinical education program planning, implementation, and assessment.
 - c. Clinical Education Site development.
 - d. Clinical faculty development.
- 2. Site Coordinator of Clinical Education (SCCE)**
 - a. Liaison between clinical facility and academic institution.
 - b. Manage clinical facility's comprehensive clinical education program.
 - c. Supervise clinical educational environment, experiences, and performance of CI and student.
 - d. Prepare and provide direct and indirect on-site student learning experiences.
- 3. Clinical Instructor (CI)**
 - a. Provide direct supervision to student(s) throughout the duration of the clinical experience.
 - b. Document student performance via Clinical Performance Instrument (CPI) or (CPIWeb) portal.
 - c. Provide learning environment that fosters students' professionalism and encourages the development of an independent problem solver and competent entry-level practitioner.
 - d. Role model
- 4. Physical Therapy Student**
 - a. Representative of the University of Massachusetts Lowell, in general, and the Department of Physical Therapy and Kinesiology, in particular.
 - b. Responsible for own learning.
 - c. Reflective Self-assessment.
 - d. Provide feedback to CI, SCCE, and ADCE/ DCE regarding clinical supervision and clinical experience.

B. Clinical Education Dates

1. ***Clinical Education Experience I (DPTH 6500)*** – Following the first full year of academic coursework, generally mid-May – late July.*
2. ***Clinical Education Experience II (DPTH 6520)*** – Following the second full year of academic coursework, generally early June – late August.*
3. ***Clinical Education Experience III (DPTH 6530)*** – Begins the spring semester of the third (final) year, generally early January – late March.*

** Clinical sites may modify dates, as permitted by academic schedule, to help accommodate student placement.*

C. Clinical Agreement Template

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 and regulations throughout the term of this Agreement. If at a future date the Clinical Placement/Practicum changes its health status requirements, Clinical Placement/Practicum shall provide written notice to the College. College 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: Nicole Champagne, 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: Nicole Champagne, 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.

D. Student Information

Prior to each full-time clinical education experience, a clinical packet is sent to each Clinical Education Center's Site Coordinator of Clinical Education (SCCE). Any/all student information shared with our clinical partners complies with FERPA regulations.

The electronic file includes:

1. Basic student information, e.g. name, address, phone number, email.
2. Student Data Form, including; medical insurance information, prior clinical experience/exposure, self-perceived strengths/ weakness.
3. Attestation documents regarding each student's
 - CORI status
 - CPR certification
 - Health status*
 - HIPAA training certification
 - OSHA training certification
4. Additional Documents include:
 - Attendance Policy
 - Certificate of liability insurance
 - Clinical attendance policy
 - Course Syllabus
 - DPT curriculum
 - Drug screening results**
 - Emergency Policy
 - Finger Printing**

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

** As requested/ required by individual clinical facility.

E. Attendance Policy

1. General

All clinical education experiences are considered 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.

F. Emergency Policy

1. In the event of a medical emergency involving a University of Massachusetts Lowell, Physical Therapy Student, please observe to the following procedure:

- a. Take any/all necessary action to address any immediate emergency at the facility.
- b. Notify the student's emergency contact, as denoted on their student data form.
- c. At your earliest opportunity please contact the Department of Physical Therapy and Kinesiology at the University of Massachusetts Lowell, specifically contact **Keith W. Hallbourg, 978-934-4402**

Please have the following information available:

- Student name
- Facility name
- Facility phone number
- Contact person at facility
- Nature of emergency

2. Exposure to Bloodborne Pathogens while attending clinical
 - 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:
 - UMass Lowell Student Health Services, 978-934-4492 for reporting and referral for testing and treatment.
 - The university's 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 internship and/or conclude the experience at a later date, each case will be handled on an individual basis. A written record of the communication between parties and of any decisions made will be made available to all parties, by the University.

G. Health Documentation

A copy of the student's physical examination, comprehensive immunization record, documentation of a negative Mantoux (TB test), and CPR certification are each/all verified prior to the beginning of each clinical education experience by a UMass Lowell contracted medical documentation verification service, specifically [Certiphi Screening/ myRecordTracker](#)

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

H. 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

I. Clinical Education Syllabi

1. Clinical Education Experience I

Course Number	DPTH 6500
Course Title	Clinical Education Experience I
Credits	3
Semester/Time	Summer Semester, as scheduled by individual clinical facility.
Faculty	Dr. Michele Fox Dr. Keith Hallbourg
Office Hours	Dr. Fox: Weed 218C, Wednesdays 2:00–3:00 PM, Thursdays 11:00-1:00PM Dr. Hallbourg: Weed 220, Mondays 1:00-3:00 PM, Thursdays 11:00-1:00 PM
Phone/Email	Dr. Fox: 978-934-4766, Michele_Fox@uml.edu Dr. Hallbourg: 978-934-4402, Keith_Hallbourg@uml.edu

Course Description

A ten-week, full time, clinical experience designed to integrate basic physical therapy evaluative and treatment procedures, foster 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 under the direct supervision of licensed physical therapists in general acute facilities and outpatient settings

Course Prerequisites

1. Satisfactory completion of all first year DPT courses.
2. Continued matriculation with DPT program.
3. Recent (within 1 calendar year) health evaluation including; Mantoux test, evidence of immunity to Rubella, Rubeola, Tetanus and Hepatitis B (or provide a waiver).
4. Current health/medical insurance.
5. Completion of Criminal Offender Record Information (CORI)
6. Completion of any additional health documentation, criminal background screens, drug screens, etc., as required by individual facilities.

Course Objectives

At the completion of this clinical experience, the student will be able to:

1. Demonstrate professional and ethical behavior and attitude at all times.
2. Demonstrate safe, ethical and legal practice at all times.
3. Develop appropriate and effective verbal and nonverbal communication in all interactions with patients, peers and members of the health care team.
4. Establish effective relationships with patients, patients' families and with their clinical instructor(s) treating them with positive regard, dignity, respect and compassion.
5. Establish and maintain effective relationships with other members of the health care team by reporting accurate and pertinent information and recognizing the need for appropriate referrals.
6. Adapt physical therapy examination, assessment and interventions that reflect respect for and sensitivity for individual differences and respect for diversity.
7. Manage time effectively to accurately document all physical therapy services with clarity, brevity and legibility, in accordance with policies of the facility.

8. Recognize basic physical therapy problems related to the musculoskeletal, cardiopulmonary and integumentary systems as well as those presented by architectural barriers, with supervision/guidance.
9. Define basic physical therapy problems related to the musculoskeletal, cardiopulmonary and integumentary systems with supervision/guidance.
10. Analyze basic physical therapy problems related to the musculoskeletal, cardiopulmonary and integumentary systems with supervision/guidance.
11. Organize available objective and subjective information and identify the need for additional information with supervision/guidance
12. Select appropriate and effective physical therapy examination procedures with guidance/supervision
13. Implement selected examination procedures correctly with supervision/ guidance.
14. Correctly interpret examination findings and plan a comprehensive plan of care for physical therapy problems, including those created by architectural barriers, with guidance/ supervision.
15. Establish realistic and timely outcomes and goals with supervision/guidance.
16. Develop a plan of care for physical therapy problems by effectively applying physical agents; therapeutic exercises and procedures; developmental activities; neurophysiological treatment techniques; functional activities; assistive/adaptive devices or equipment and aseptic technique with guidance and/or confirmation.
17. Re-evaluate physical therapy problems and modify the plan of care when appropriate with guidance/ supervision.
18. Recognize when a patient has received optimal benefit from physical therapy intervention and initiate discharge planning with supervision/guidance.
19. Recognize the organizational structure of the department by identifying roles and responsibilities of personnel, identifying responsibilities to be delegated and identifying levels of supervision for supportive personnel.
20. Effectively use support personnel and delegate care according to legal standards and ethical guidelines.
21. Demonstrate time management skills by adhering to an established patient treatment schedule, organizing time effectively and using free time productively.
22. Demonstrate administrative/management skills by scheduling own patients, treating patients simultaneously and by identifying appropriate governmental, community, educational and professional resources.
23. Effectively use support personnel and delegate care according to legal standards and ethical guidelines.
24. Apply basic educational concepts to effectively teach patients and families, and to design and implement an in-service program.
25. Apply the basic principles of logic and the scientific method to all aspects of the practice of physical therapy; to read and interpret professional literature; participate in clinical research activities and critically analyze new concepts and findings provided by others.
26. Address primary and secondary prevention, wellness, and health promotion needs of individuals, groups, and communities.
27. Implements a self-directed plan for professional development and lifelong learning.

General Information

Time Allotment

- 40 hours/week for 10 weeks (400 hours total), as scheduled by the clinical faculty.
- Credit Hours: 3

Placement

- Second year – Summer semester

Faculty

- Director of Clinical Education:
 - Keith Hallbourg
Voice: 978.934.4402
Fax: 978.934.1069
Office: Weed Hall, Room 220
Email: Keith_Hallbourg@uml.edu
- Associate Director of Clinical Education:
 - Michele Fox
Voice: 978.934.4766
Fax: 978.934.1069
Office: Weed Hall, Room 218c
Email: Michele_Fox@uml.edu
- Site Coordinator(s) of Clinical Education
- Clinical Instructor(s)

Teaching Methods

- Supervised clinical practice
- Demonstration
- Case studies
- Discussion
- In-service Presentations

Attendance

Attendance is mandatory. Students must notify faculty regarding absence prior to the start of the class in order for an absence to be an excused absence. Students should immediately notify the instructor about conflict between their religious observance and course due dates/examinations.

<https://www.uml.edu/Catalog/Undergraduate/Policies/Academic-Policies/Attendance-Policies.aspx>

Makeup of any missed time is at the discretion of the student's Clinical Instructor, SCCE, and the DCE. Prolonged absences (3 or more days) require DCE notification. Students are encouraged to notify the clinical instructor about any potential conflicts between their religious observances and clinical education commitments. Unexcused absences or unprofessional behavior may result in unsuccessful course completion. (Refer to Graduate Manual – Clinical Education Attendance Policy).

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.

Evaluation Methods

- American Physical Therapy Association - Clinical Performance Instrument
 - The Clinical Performance Instrument (CPI) reflects standards of entry level competence in physical therapy. Student performance will be measured against these standards on each of the three clinical experiences. These standards will remain constant throughout. However, as a student's academic knowledge and clinical exposure increases so do our expectations of acceptable performance. Expectations progressively increase so that performance at the conclusion of the clinical experience meets that of an entry-level clinician. Completion of the CPI is performed electronically via the CPIWeb portal: <https://cpi2.amsapps.com/>
- PT Student Evaluation: Clinical Experience and Clinical Instruction - Submission of the document within 72 hours of completion of the clinical experience. Available via the [UMass Lowell Physical Therapy: Clinical Education Resource Page](#)

Grading Scale/Criteria

- Site Coordinators of Clinical Education will receive a copy of the grading criteria established by the University of Massachusetts Lowell, Department of Physical Therapy. We ask that this not be shared with the Clinical Instructors to allow maximum impartiality in grading the form. A copy of this criterion which reflects expectations at the end of the clinical affiliation can be found within the physical therapy graduate manual.
- All clinical experiences are ultimately graded either "S" (Satisfactory) or "U" (Unsatisfactory). The "S" or "U" grade is determined by the Department of Physical Therapy at the University and is based upon the recommendations of the DCE, Assoc DCE, SCCE, and CI as well as the information contained within the final evaluation of the student's performance (CPI).
- Any student receiving a "U" for Clinical Education Experience III (DPTH 6530), will be dismissed from the program and must appeal for re-entry, if eligible.

In-service Presentation

Students are expected to provide an in-service presentation to the Physical Therapy Department during their affiliation. The topic can be negotiated with the Clinical Instructor or Site Coordinator to meet the needs of the department. This may be in the form of a case study, a presentation on a particular diagnosis, treatment approach, etc., or another project approved by their CI and SCCE.

Academic Integrity Policy

All students are advised that there is a University policy regarding academic integrity. It is the students' responsibility to familiarize themselves with these policies. If necessary, contact your advisor regarding these policies. All DPT students should refer to their Graduate Student Manual to review the department's honor code. <https://www.uml.edu/Catalog/Graduate/Policies/Academic-Integrity.aspx>

Zuckerberg College of Health Sciences Social Media Policy: Students must follow the policies on social Media and other college policies.

The Zuckerberg College of Health Sciences recognizes that everyone involved in health care have a moral, ethical, and legal responsibility to maintain individual's rights to privacy. HIPAA protects patient privacy by law and includes any individually identifiable patient information in oral or recorded form where the

information could identify an individual by name, medical condition, demographic data, or other means. Revised 1/18 Students in the College are expected to act with honesty, integrity and respect the privacy rights of others. All students in the College are expected to meet their professional responsibilities when using social media and other electronic networks including but not limited to blogs, instant messaging, social networking sites, email, public media sites and photographs. This policy prohibits posting written material or photographs that identify patients, health care agencies, educational institutions, or other students in clinical sites or patient related activities. This policy applies whether using University devices and computers, or personal equipment. In addition, all Zuckerberg College of Health Sciences students are required to abide by clinical agency policies related to the use of social media and technological resources. Failure to adhere to this policy may result in probation, suspension, or dismissal from the Zuckerberg College of Health Sciences and/or legal prosecution under the requirements of HIPAA.

<https://www.uml.edu/Catalog/Undergraduate/HealthSciences/Policy/Policy-default.aspx>

Professional Behaviors

Students are expected to comply with professional behaviors indicated in The Department of Physical Therapy and Kinesiology Graduate Student Manual. Students should also comply with the APTA's Professionalism in Physical Therapy Core Values.

Cell Phones and Other Devices

All students should turn off or mute cell phones, beepers, and other electronic devices during class. Personal phone calls, email or texting is not permitted during class. Laptops may be used for class work only. Students engaging in any activities other than class work will be asked to leave class. During exams there will be no cell phones or other electronic devices allowed. **Students should adhere to the cell phone policy of their clinical site at all times.**

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. Visit the Student Disability Services webpage: http://www.uml.edu/student_services/disability/default.aspx for further information. For detailed information contact: Disability Services, The Wellness Center, University Crossing Suite #300, phone 978-934-6800

Additionally, Student Disability Services supports software for ALL students. Read&Write Gold is literacy software that allows you to read on-screen text aloud, research and check written work, and create study guides. You can download the software from the IT Software webpage on the UML website:

<https://www.uml.edu/IT/Services/Software/Read-Write-Gold.aspx>

Centers for Learning and Academic Support Services (CLASS)

For detailed information contact: CLASS, O'Leary Library, UMass Lowell South, phone 978-934-2936.
<http://www.uml.edu/CLASS/>

Credit Hour Policy

Federal definition of a credit hour requires that for every course credit awarded, a course must offer 15 hours of instructor led course activities and 30 hours of out-of-class student work.

Athletic Academic Policy

Student-athletes must adhere to the athletic academic policy

<http://www.uml.edu/Catalog/Undergraduate/Policies/Academic-Policies/AtGhletic-academic-policy.aspx>

Course Requirements

- Satisfactory completion of all course objectives
- Completion of the PT Student Evaluation: Clinical Experience and Clinical Instruction

Grading Rubrics

May be found within the DPT Student Graduate Manual.

Required Text

Any and all texts required in academic preparation. In addition, students are encouraged to use library facilities and or reference material and the clinical education center.

2. Clinical Education Experience II

Course Number	DPTH 6520
Course Title	Clinical Education Experience II
Credits	3
Semester/Time	Summer Semester, as scheduled by individual clinical facility.
Faculty	Dr. Michele Fox Dr. Keith Hallbourg
Office Hours	Dr. Fox: Weed 218C, Wednesdays 2:00–3:00 PM, Thursdays 11:00-1:00PM Dr. Hallbourg: Weed 220, Mondays 1:00-3:00 PM, Thursdays 11:00-1:00 PM
Phone/Email	Dr. Fox: 978-934-4766, Michele_Fox@uml.edu Dr. Hallbourg: 978-934-4402, Keith_Hallbourg@uml.edu

Course Description

This second, twelve-week, clinical experience designed to further promote the development of an autonomous professional as well as stimulate socialization into the profession. Students are expected to function as independently as possible using the problem solving process as a basis for all clinical decision making. Communication, coordination and consultation with other members of the health care team and responsibility for total client management are emphasized.

Course Prerequisites

1. Satisfactory completion of Clinical Educational Experience I, (DPTH 6500)
2. Continued matriculation within DPT program.
3. Recent (within 1 calendar year) health evaluation including; Mantoux test, evidence of immunity to Rubella, Rubeola, Tetanus and Hepatitis B (or provide a waiver).
4. Current health/medical insurance.
5. Completion of Criminal Offender Record Information (CORI).
6. Completion of any additional health documentation, criminal background screens, drug screens, etc., as required by individual facilities.

Course Objectives

At the completion of this clinical experience the student will be able to:

1. Demonstrate professional and ethical behavior and attitude at all times.
2. Demonstrate safe, ethical and legal practice at all times.
3. Develop appropriate and effective verbal and nonverbal communication in all interactions with patients, peers and members of the health care team.
4. Establish and maintain effective relationships with patients, patient's family and with their clinical instructor(s), treating them with positive regard, dignity, respect and compassion.
5. Establish and maintain effective relationships with other members of the health care team including initiating communication and making appropriate referrals.
6. Adapt physical therapy examination, assessment and interventions that reflect respect for and sensitivity for individual differences and respect for diversity.
7. Manage time effectively to accurately document all physical therapy services with clarity, brevity and legibility, in accordance with policies of the facility
8. Employ a problem solving approach throughout all physical therapy examinations and treatments by:
 - a. Recognizing the physical therapy problem

- b. Defining the physical therapy problem
 - c. Analyzing the physical therapy problem
 - d. Managing the physical therapy data
 - e. Selecting and successfully implementing appropriate and effective physical therapy examination procedures.
 - f. Developing a plan of care for the physical therapy problem including;
 - i. establishing realistic and timely outcomes (goals)
 - ii. implementation of treatment regime.
 - iii. re-evaluation.
 - g. Determining need for further examination or consultation by another physical therapist or referral to another health care professional.
9. Propose physical therapy programs to prevent disease, deformity, or injury.
 10. Recognize the organizational structure of the department by identifying roles and responsibilities of personnel, delegating responsibilities where appropriate and supervising supportive personnel efficiently where appropriate.
 11. Demonstrate administrative/personnel management and socialization skills by participating in quality assurance; recognizing issues and problems in the health care delivery system and proposing solutions; and by utilizing and referring to appropriate governmental, community, educational and professional resources.
 12. Apply basic educational concepts in order to teach patients and families and to design and implement community education and in-service programs.
 13. Synthesize the basic principles of logic and scientific method to read and interpret professional literature; participate in clinical research activities and critically analyze new concepts and findings provided by others.
 14. Value personal professional growth and development by assessing personal strengths and weaknesses and modifying behavior based on self-evaluation and constructive feedback.
 15. Formulate a physical therapy plan of care that emphasizes primary and secondary prevention, wellness, and health promotion needs for individuals, groups, and communities.
 16. Recognize when patient has received optimal benefit from physical therapy and initiate discharge planning with guidance/supervision.
 17. Re-evaluate physical therapy problems and modify the plan of care with consideration of patient response when appropriate with guidance/ supervision.
 18. Identify evidence in the literature for different intervention approaches and techniques, personal skill level with different techniques, and child and family suggestions and preferences.

General Information

Time Allotment

- 40 hours/week for 12 weeks (480 hours total), as scheduled by the clinical faculty.
- Credit Hours: 3

Placement

- Third year – Summer semester

Faculty

- Director of Clinical Education:
 - Keith Hallbourg
Voice: 978.934.4402
Fax: 978.934.1069
Office: Weed Hall, Room 220 Email:
Keith_Hallbourg@uml.edu

- Associate Director of Clinical Education:
 - Michele Fox
Voice: 978.934.4766
Fax: 978.934.1069
Office: Weed Hall, Room 218c
Email: Michele_Fox@uml.edu

- Site Coordinator(s) of Clinical Education
- Clinical Instructor(s)

Teaching Methods

- Supervised clinical practice
- Demonstration
- Case studies
- Discussion
- In-service Presentations

Attendance

Attendance is mandatory. Students must notify faculty regarding absence prior to the start of the class in order for an absence to be an excused absence. Students should immediately notify the instructor about conflict between their religious observance and course due dates/examinations.

<https://www.uml.edu/Catalog/Undergraduate/Policies/Academic-Policies/Attendance-Policies.aspx>

Makeup of any missed time is at the discretion of the student's Clinical Instructor, SCCE, and the DCE. Prolonged absences (3 or more days) require DCE notification. Students are encouraged to notify the clinical instructor about any potential conflicts between their religious observances and clinical education commitments. Unexcused absences or unprofessional behavior may result in unsuccessful course completion. (Refer to Graduate Manual – Clinical Education Attendance Policy).

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.

Evaluation Methods

- American Physical Therapy Association - Clinical Performance Instrument
 - The Clinical Performance Instrument (CPI) reflects standards of entry level competence in physical therapy. Student performance will be measured against these standards on each of the three clinical experiences. These standards will remain constant throughout. However, as a student's academic knowledge and clinical exposure increases so do our expectations of acceptable performance. Expectations progressively increase so that performance at the conclusion of the clinical experience meets that of an entry-level clinician. Completion of the CPI is performed electronically via the CPIWeb portal: <https://cpi2.amsapps.com/>
- PT Student Evaluation: Clinical Experience and Clinical Instruction - Submission of the document within 72 hours of completion of the clinical experience. Available via the [UMass Lowell Physical Therapy: Clinical Education Resource Page](#)

Grading Scale/ Criteria

- Site Coordinators of Clinical Education will receive a copy of the grading criteria established by the University of Massachusetts Lowell, Department of Physical Therapy. We ask that this not be shared with the Clinical Instructors to allow maximum impartiality in grading the form. A copy of this criterion which reflects expectations at the end of the clinical affiliation can be found within the physical therapy graduate manual.
- All clinical experiences are ultimately graded either "S" (Satisfactory) or "U" (Unsatisfactory). The "S" or "U" grade is determined by the Department of Physical Therapy at the University and is based upon the recommendations of the DCE, Assoc DCE, SCCE, and CI as well as the information contained within the final evaluation of the student's performance (CPI).
- Any student receiving a "U" for Clinical Education Experience III (DPTH 6530), will be dismissed from the program and must appeal for re-entry, if eligible.

In-service Presentation

Students are expected to provide an in-service presentation to the Physical Therapy Department during their affiliation. The topic can be negotiated with the Clinical Instructor or Site Coordinator to meet the needs of the department. This may be in the form of a case study, a presentation on a particular diagnosis, treatment approach, etc., or another project approved by their CI and SCCE

Academic Integrity Policy

All students are advised that there is a University policy regarding academic integrity. It is the students' responsibility to familiarize themselves with these policies. If necessary, contact your advisor regarding these policies. All DPT students should refer to their Graduate Student Manual to review the department's honor code. <https://www.uml.edu/Catalog/Graduate/Policies/Academic-Integrity.aspx>

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The Zuckerberg College of Health Sciences recognizes that everyone involved in health care have a moral, ethical, and legal responsibility to maintain individual's rights to privacy. HIPAA protects patient privacy by law and includes any individually identifiable patient information in oral or recorded form where the

information could identify an individual by name, medical condition, demographic data, or other means. Revised 1/18 Students in the College are expected to act with honesty, integrity and respect the privacy rights of others. All students in the College are expected to meet their professional responsibilities when using social media and other electronic networks including but not limited to blogs, instant messaging, social networking sites, email, public media sites and photographs. This policy prohibits posting written material or photographs that identify patients, health care agencies, educational institutions, or other students in clinical sites or patient related activities. This policy applies whether using University devices and computers, or personal equipment. In addition, all Zuckerberg College of Health Sciences students are required to abide by clinical agency policies related to the use of social media and technological resources. Failure to adhere to this policy may result in probation, suspension, or dismissal from the Zuckerberg College of Health Sciences and/or legal prosecution under the requirements of HIPAA.

<https://www.uml.edu/Catalog/Undergraduate/HealthSciences/Policy/Policy-default.aspx>

Professional Behaviors

Students are expected to comply with professional behaviors indicated in The Department of Physical Therapy and Kinesiology Graduate Student Manual. Students should also comply with the APTA's Professionalism in Physical Therapy Core Values.

Cell Phones and Other Devices

All students should turn off or mute cell phones, beepers, and other electronic devices during class. Personal phone calls, email or texting is not permitted during class. Laptops may be used for class work only. Students engaging in any activities other than class work will be asked to leave class. During exams there will be no cell phones or other electronic devices allowed. **Students should adhere to the cell phone policy of their clinical site at all times.**

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. Visit the Student Disability Services webpage: http://www.uml.edu/student_services/disability/default.aspx for further information. For detailed information contact: Disability Services, The Wellness Center, University Crossing Suite #300, phone 978-934-6800

Additionally, Student Disability Services supports software for ALL students. Read&Write Gold is literacy software that allows you to read on-screen text aloud, research and check written work, and create study guides. You can download the software from the IT Software webpage on the UML website:

<https://www.uml.edu/IT/Services/Software/Read-Write-Gold.aspx>

Centers for Learning and Academic Support Services (CLASS)

For detailed information contact: CLASS, O'Leary Library, UMass Lowell South, phone 978-934-2936.

<http://www.uml.edu/CLASS/>

Credit Hour Policy

Federal definition of a credit hour requires that for every course credit awarded, a course must offer 15 hours of instructor led course activities and 30 hours of out-of-class student work.

Athletic Academic Policy

Student-athletes must adhere to the athletic academic policy

<http://www.uml.edu/Catalog/Undergraduate/Policies/Academic-Policies/Athletic-academic-policy.aspx>

Course Requirements

- Satisfactory completion of all course objectives
- Completion of the PT Student Evaluation: Clinical Experience and Clinical Instruction

Grading Rubrics

May be found within the DPT Student Graduate Manual.

Required Text

Any and all texts required in academic preparation. In addition, students are encouraged to use library facilities and or reference material and the clinical education center.

3. Clinical Education Experience III

Course Number	DPTH 6530
Course Title	Clinical Education Experience III
Credits	3
Semester/Time	Spring Semester, as scheduled by individual clinical facility.
Faculty	Dr. Michele Fox Dr. Keith Hallbourg
Office Hours	Dr. Fox: Weed 218C, Wednesdays 2:00–3:00 PM, Thursdays 11:00-1:00PM Dr. Hallbourg: Weed 220, Mondays 1:00-3:00 PM, Thursdays 11:00-1:00 PM
Phone/Email	Dr. Fox: 978-934-4766, Michele_Fox@uml.edu Dr. Hallbourg: 978-934-4402, Keith_Hallbourg@uml.edu

Course Description

This final, 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.

Course Prerequisites

1. Satisfactory completion of Clinical Educational Experience II (DPTH 6520).
2. Recent (within 1 calendar year) health evaluation including; Mantoux test, evidence of immunity to Rubella, Rubeola, Tetanus and Hepatitis B (or provide a waiver).
3. Current health/medical insurance.
4. Completion of Criminal Offender Record Information (CORI).
5. Additional health documentation, criminal background screens, and drug screens as required by individual facilities.

Course Objectives

At the completion of this clinical experience the student will be able to:

1. Consistently demonstrate professional behavior.
2. Consistently practice in an ethical, legal, and safe manner.
3. Effectively utilize appropriate verbal and nonverbal communication in all interactions with patients, peers, and other members of the health care team.
4. Establish and maintain appropriate/effective relationships with patients, patient's family members, and administrative and clinical staff.
5. Adapt physical therapy examination, assessment, and interventions that reflect respect for, and sensitivity to, individual differences.
6. Provide accurate, legible, and succinct documentation in accordance with policies of the facility for all physical therapy services rendered.
7. Utilize a problem solving methodology during all physical therapy examinations and treatments.
To include, but not limited to:
 - a. Recognition/definition of the physical therapy problem.
 - b. Analysis of the physical therapy problem.
 - c. Assessment the physical therapy data.
 - d. Selection of appropriate physical therapy examination procedures and their effective implementation.
 - e. Development of a physical therapy plan of care, which establishes realistic and timely outcomes, for the

- identified problem.
- f. Implementation of the plan of care via appropriately scheduled (frequency and duration) physical therapy interventions.
 - g. Re-evaluation/assessment of treatment efficacy.
 - h. Determine the need for further examination or consultation by another physical therapist or referral to another health care professional.
8. Design comprehensive physical therapy treatment programs which prevent disease, deformity, or injury.
 9. Formulate physical therapy plans of care that emphasizes primary and secondary prevention, wellness, and health promotion needs for individuals, groups, and communities.
 10. Recognize the organizational structure of the department, delegating responsibilities when appropriate and supervising supportive personnel accordingly, e.g. PTA.
 11. Demonstrate administrative/personal management and socialization skills by participating in quality assurance; recognizing issues and problems in the health care delivery system and proposing solutions.
 12. Determine the need for, and efficiently conduct, referrals to appropriate governmental, community, educational, and professional resources.
 13. Effectively educate patients, family, care givers, staff, students, and other health care professionals using relevant and effective teaching methods.
 14. Synthesize the basic principles of logic and scientific method to read and interpret professional literature; participate in clinical research activities and critically analyze new concepts and findings provided by others.
 15. Value personal professional growth and development by assessing personal strengths and weaknesses and modifying behavior based on self-evaluation and constructive feedback.

General Information

Time Allotment

- 40 hours/week for 12 weeks (480 hours total), as scheduled by the clinical faculty.
- Credit Hours: 3

Placement

- Third year – Spring semester

Faculty

- Director of Clinical Education:
 - Keith Hallbourg
Voice: 978.934.4402
Fax: 978.934.1069
Office: Weed Hall, Room 220
Email: Keith_Hallbourg@uml.edu
- Associate Director of Clinical Education:
 - Michele Fox
Voice: 978.934.4766
Fax: 978.934.1069
Office: Weed Hall, Room 218c
Email: Michele_Fox@uml.edu
- Site Coordinator(s) of Clinical Education
- Clinical Instructor(s)

Teaching Methods

- Supervised clinical practice
- Demonstration
- Case studies
- Discussion
- In-service Presentations

Attendance

Attendance is mandatory. Students must notify faculty regarding absence prior to the start of the class in order for an absence to be an excused absence. Students should immediately notify the instructor about conflict between their religious observance and course due dates/examinations.

<https://www.uml.edu/Catalog/Undergraduate/Policies/Academic-Policies/Attendance-Policies.aspx>

Makeup of any missed time is at the discretion of the student's Clinical Instructor, SCCE, and the DCE. Prolonged absences (3 or more days) require DCE notification. Students are encouraged to notify the clinical instructor about any potential conflicts between their religious observances and clinical education commitments. Unexcused absences or unprofessional behavior may result in unsuccessful course completion. (Refer to Graduate Manual – Clinical Education Attendance Policy).

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.

Evaluation Methods

- American Physical Therapy Association - Clinical Performance Instrument
 - o The Clinical Performance Instrument (CPI) reflects standards of entry level competence in physical therapy. Student performance will be measured against these standards on each of the three clinical experiences. These standards will remain constant throughout. However, as a student's academic knowledge and clinical exposure increases so do our expectations of acceptable performance. Expectations progressively increase so that performance at the conclusion of the clinical experience meets that of an entry-level clinician. Completion of the CPI is performed electronically via the CPIWeb portal: <https://cpi2.amsapps.com/>
- PT Student Evaluation: Clinical Experience and Clinical Instruction - Submission of the document within 72 hours of completion of the clinical experience. Available via the [UMass Lowell Physical Therapy: Clinical Education Resource Page](#)

Grading Scale/ Criteria

- Site Coordinators of Clinical Education will receive a copy of the grading criteria established by the University of Massachusetts Lowell, Department of Physical Therapy. We ask that this not be shared with the Clinical Instructors to allow maximum impartiality in grading the form. A copy of this criterion which reflects expectations at the end of the clinical affiliation can be found within the physical therapy graduate manual.
- All clinical experiences are ultimately graded either "S" (Satisfactory) or "U" (Unsatisfactory). The "S" or "U" grade is determined by the Department of Physical Therapy at the University and is based upon the recommendations of the DCE, Assoc DCE,

SCCE, and CI as well as the information contained within the final evaluation of the student's performance (CPI).

- Any student receiving a "U" for Clinical Education Experience III (DPTH 6530), will be dismissed from the program and must appeal for re-entry, if eligible.

In-service Presentation

Students are expected to provide an in-service presentation to the Physical Therapy Department during their affiliation. The topic can be negotiated with the Clinical Instructor or Site Coordinator to meet the needs of the department. This may be in the form of a case study, a presentation on a particular diagnosis, treatment approach, etc., or another project approved by their CI and SCCE

Academic Integrity Policy

All students are advised that there is a University policy regarding academic integrity. It is the students' responsibility to familiarize themselves with these policies. If necessary, contact your advisor regarding these policies. All DPT students should refer to their Graduate Student Manual to review the department's honor code.

<https://www.uml.edu/Catalog/Graduate/Policies/Academic-Integrity.aspx>

Zuckerberg College of Health Sciences Social Media Policy: Students must follow the policies on social Media and other college policies.

The Zuckerberg College of Health Sciences recognizes that everyone involved in health care have a moral, ethical, and legal responsibility to maintain individual's rights to privacy. HIPAA protects patient privacy by law and includes any individually identifiable patient information in oral or recorded form where the information could identify an individual by name, medical condition, demographic data, or other means.

Revised 1/18 Students in the College are expected to act with honesty, integrity and respect the privacy rights of others. All students in the College are expected to meet their professional responsibilities when using social media and other electronic networks including but not limited to blogs, instant messaging, social networking sites, email, public media sites and photographs. This policy prohibits posting written material or photographs that identify patients, health care agencies, educational institutions, or other students in clinical sites or patient related activities. This policy applies whether using University devices and computers, or personal equipment. In addition, all Zuckerberg College of Health Sciences students are required to abide by clinical agency policies related to the use of social media and technological resources. Failure to adhere to this policy may result in probation, suspension, or dismissal from the Zuckerberg College of Health Sciences and/or legal prosecution under the requirements of HIPAA.

<https://www.uml.edu/Catalog/Undergraduate/HealthSciences/Policy/Policy-default.aspx>

Professional Behaviors

Students are expected to comply with professional behaviors indicated in The Department of Physical Therapy and Kinesiology Graduate Student Manual. Students should also comply with the APTA's Professionalism in Physical Therapy Core Values.

Cell Phones and Other Devices

All students should turn off or mute cell phones, beepers, and other electronic devices during class. Personal phone calls, email or texting is not permitted during class. Laptops may be used for class work only. Students engaging in any activities other than class work will be asked to leave class. During exams there will be no cell phones or other electronic devices allowed.

Students should adhere to the cell phone policy of their clinical site at all times.

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. Visit the Student Disability Services webpage: http://www.uml.edu/student_services/disability/default.aspx for further information. For detailed information contact: Disability Services, The Wellness Center, University Crossing Suite #300, phone 978-934-6800

Additionally, Student Disability Services supports software for ALL students. Read&Write Gold is literacy software that allows you to read on-screen text aloud, research and check written work, and create study guides. You can download the software from the IT Software webpage on the UML website: <https://www.uml.edu/IT/Services/Software/Read-Write-Gold.aspx>

Centers for Learning and Academic Support Services (CLASS)

For detailed information contact: CLASS, O'Leary Library, UMass Lowell South, phone 978-934-2936. <http://www.uml.edu/CLASS/>

Credit Hour Policy

Federal definition of a credit hour requires that for every course credit awarded, a course must offer 15 hours of instructor led course activities and 30 hours of out-of-class student work.

Athletic Academic Policy

Student-athletes must adhere to the athletic academic policy
<http://www.uml.edu/Catalog/Undergraduate/Policies/Academic-Policies/Athletic-academic-policy.aspx>

Course Requirements

- Satisfactory completion of all course objectives
- Completion of the PT Student Evaluation: Clinical Experience and Clinical Instruction

Grading Rubrics

May be found within the DPT Student Graduate Manual.

Required Text

Any and all texts required in academic preparation. In addition, students are encouraged to use library facilities and or reference material and the clinical education center.

J. Program Expectations

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 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, the exposures will serve as a valuable resource in preparing for the licensure examinations.

K. Student Data Form

The Student Data Form serves three main purposes: First, it is a means of notifying the Clinical Education Center concerning student general and emergency contact information. Second, it provides the student a means of describing their learning style as well as indicate their personal exposure and competence in a variety of clinical content areas. Lastly, it provides the Clinical Instructor(s) with a detailed account of the students perceived strengths and weaknesses, prior to their arrival. A completed student data form will be provided prior to each extended clinical experience.

The Student Data Form is mailed electronically, along with the rest of a prospective student's clinical packet, approximately 6-weeks prior to the clinical start date.

L. Resolving Problems in the Clinical Setting

Occasionally disputes occur in the clinical setting, most frequently from miscommunication. The two primary ways of documenting any disputes/issues are the Anecdotal Record and the Critical Incident Report. These forms become appropriate when informal discussions have failed to resolve an issue of contention. Both documents may be viewed by the DCE/ ADCE while conducting the regularly scheduled, or additional, clinical site visit, and may or may not be a part of the permanent evaluation. Neither report is meant to be punitive, but rather serve as a tool to help resolve

differences. Additionally, the CI may create an incident report within the [CPIWeb](#) portal which will alert all stakeholders to the episode and the plan for remediation, as indicated.

In extreme cases, if the CI, SCCE, and DCE/ ADCE feel the student is not making progress, particularly in the area of any of the five (5) Red Flag items of the Clinical Performance Instrument (CPI Items 1-4, 7), the student may be removed from the clinical experience prior to their scheduled completion. Students who feel they may be in jeopardy of failing or who feel they are encountering increased difficulty meeting the expectations of their clinical experience must take responsibility to contact the DCE to discuss their specific circumstances and associated performance.

Any student whose Clinical Education Experience is terminated prematurely due to unacceptable performance will receive an Unsatisfactory “U” grade for the course. Consistent with any/all academic courses in which a DPT student receives a failing grade, the student will be dismissed from the program and must petition the professional review committee, in writing, for reinstatement in the program. Following review of an appeal, the professional review committee will establish conditions/guidelines by which the student may be reinstated. The department reserves the right to terminate a student’s enrollment status in the program as deemed professional appropriate and warranted.

1. The Anecdotal Record

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

For example:

Student’s Name: PT Student

Evaluator/ Observer: Clinical Instructor

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

Instructor 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.*



Zuckerberg College of Health Sciences
Department of Physical Therapy and Kinesiology
3 Solomont Way, Suite 5
Lowell, Massachusetts 01854-5124
tel.: 978.934.4402
fax : 978.934.1069
web site: <http://www.uml.edu/health-sciences/PT/>

Anecdotal Record

Student Name:

Instructor/ Observer:

Setting:

Student Action or Behavior:

Student's Signature

Evaluator's Signature

Student's Comments:

2. The Critical Incident Report

The critical incident report differs from the anecdotal record in that no interpretation of the incident is involved; however, the consequence(s) of the behavior is clearly stated.

For example:

Student's Name: PT Student

Evaluator/ Observer: Clinical Instructor

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

Student's Signature:

Evaluator's Signature:



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Critical Incident Report

Student's name:

Evaluator/Observer:

Date	Antecedents	Behaviors	Consequences
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Student's Signature:

Evaluator's Signature:

*An electronic version of the Critical Incident Report may be submitted via CPIWeb portal:
<https://cpi2.amsapps.com>

M. Evaluation of Clinical Performance

In spring 2009, along with most other DPT programs, the University of Massachusetts Lowell, Department of Physical Therapy adopted the APTA's new electronic Clinical Performance Instrument ([CPIWeb](#)) for evaluation of all entry-level physical therapy students during clinical education. The 18 criteria contained within this revised document reflect standards of entry-level competence in physical therapy. Students' performance will be measured against these standards across all 18 CPI items during each of their three extended clinical education experiences. That is to say, the document remains unchanged over the three clinical education experiences. However, while the student progresses through their sequential clinical experiences so do the program's performance expectations. Please note, by grading performance against entry-level competence, it is unrealistic to expect a student will achieve Entry-Level Performance on all CPI items while conducting their first two clinical education experiences. Furthermore, it is important to denote the ability to attest to entry-level performance is based upon a student's capability, not necessarily having actually performed at this level first-hand. For example, while on his/her final clinical experience a student is able to successfully carry a caseload which comprises approximately 80% that which would be expected of a new graduate. It would be reasonable for the CI to judge the student as capable of entry-level performance in this area, but is choosing to maintain a reduced caseload to allow for an appropriate learning environment while a student.

Clinical Performance Instrument criteria 1-4 and 7 are considered "Red Flag" items. Regardless of clinical education experience, students are expected to achieve scores which more rapidly approach Entry-Level Performance for these items.

The items considered essential criteria "Red Flag" are:

1. Practices in a safe manner that minimizes the risk to patient, self, and others.
2. Demonstrates professional behavior in all situations.
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.
4. Communicates in ways that are congruent with situational needs.
5. (CPI Item 7) Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.

1. Completion of the Evaluation Form

Under normal circumstances the Clinical Performance Instrument is completed electronically via the CPI Web portal: <https://cpi2.amsapps.com> However, if circumstances exist which preclude a

clinical site in general, or a clinical instructor in particular, from accessing the CPIWeb the DCE should be notified.

The CPI document should be completed by the Clinical Instructor(s) and student twice during each clinical education experience; once at midterm and again as a final assessment. In general, these summative evaluations are intended to formally document feedback the student has already received. Any major discrepancies in the student's and clinical instructor's perception of clinical performance should be discussed thoroughly.

Prior to being granted access to the CPIWeb all prospective users (DCE, SCCE, CI, and Student) must first complete the, one-time, APTA mandated training for revised CPI through the APTA Learning Center. Please note, a SCCE or CI does not have to be an APTA member to access the training. The training includes five PowerPoint modules with post-tests. After passing the test ($\geq 70\%$), you will be allowed access to login to PT [CPIWeb](#)

Once a clinical site (SCCE) has identified the specific clinician to serve as clinical instructor, if the prospective CI has not yet completed the mandated CPI training the SCCE or CI should contact the DCE. In-turn, the DCE will provide the clinician with all the information required to complete the training.

2. Problem Identification

If a problem or question regarding a student's performance is identified, it is incumbent of the CI to discuss the concern with the student and SCCE. Should the issue fail to be resolved quickly, contacting the DCE/ ADCE is both appropriate and expected. The DCE/ ADCE make it a priority to visit, or otherwise communicate with, the clinic to assist with resolution of any disputes. In extreme cases, after attempts at remediation if the CI, SCCE, and DCE/ ADCE feel the student fails to make any meaningful progress, particularly in the area of the five Red Flag items of the CPI, the student's clinical experience may be terminated prematurely.

3. Grading Rubric – Clinical Performance Instrument

Included here is a current copy of the performance expectations for each of our three extended Clinical Education Experiences.

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

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

The University of Massachusetts Lowell, Department of Physical Therapy and Kinesiology, collectively convert these performance ratings, and qualitative comments, to either an "S" (Satisfactory) or "U" (Unsatisfactory) for course grading purposes. Determination of the "S" or "U" grade is the responsibility of the DCE or ADCE. The grade is based upon the recommendations of the CI, SCCE, and following a comprehensive review of all information contained within the final evaluation of the student's Clinical Performance Instrument (CPI). Particular attention is paid to the narrative comments which support the Performance Indicator Ratings of the CI's Final Evaluation. To reiterate, any student receiving a "U" following any Clinical Education Experience will be dismissed from the program and must appeal for reinstatement.

N. Course Voucher Policy

Following the completion of each clinical education experience, the DCE will provide the SCCE a UMass Lowell, Zuckerberg College of Health Sciences, course voucher. One voucher is granted for each student supervised at the facility. The SCCE may distribute the voucher(s) as deemed appropriate to any clinic staff member.

The voucher will cover approximately \$500 toward the tuition for any on-campus, off-campus or online course through Continuing Studies, or a 3 credit in-state tuition waiver for Undergraduate and Graduate studies. There are a limited number of vouchers available for courses in Continuing Studies, so they will be awarded on a first-come basis. This voucher does not cover registration costs or fees and must be redeemed within one year from date of issue and may be used only for a course at the University of Massachusetts Lowell. Only one voucher may be used per semester.

O. CORI Policy

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 prospective clinical site will be notified.

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

P. Drug Policy

Our DPT program does not proactively perform drug screening of our students. However, we are capable, via a contracted local laboratory, of performing 5, 10, and 10+ panel drug screens for each prospective clinical, upon request by the clinical facility.

Q. New England Consortium of Clinical Educators

[\(NECCE\)](#)

1. Mission

The mission of the New England Consortium of Clinical Educators (NECCE) is threefold:

- a. To promote, support, and serve as a model for developing partnerships between clinical faculty and academic educators from the physical therapy programs of New England;
- b. To collaborate in efforts to provide excellence in clinical education for all students; and
- c. To serve as a resource for the education of clinical faculty

NECCE meets formally bi-annually (autumn & spring). Each member DPT Program from New England is assessed annual dues (\$1000) which supports the various NECCE endeavors, e.g. Clinical Faculty Institute, sponsoring APTA Certified Clinical Instructor Program (CCIP) courses, etc.

2. Clinical Faculty Institute

NECCE's Clinical Faculty institute (CFI) is offered bi-annually. Attendance is complimentary to all area clinical facilities. We consider it an expression of our appreciation for the dedication and devotion our clinical education centers have shown to the education of future physical therapists. Multiple clinicians from any clinical site are welcome to attend. For future topics and associated dates, please refer to the [NECCE](#) website.

3. Continuing Education

The consortium provides Clinical Instructor Training and Continuing Education. The two current programs are the American Physical Therapy Association Certified Clinical Instructor Program (CCIP) and Site Coordinator of Clinical Education Training Program.

a. Certified Clinical Instructor Program (CCIP)

The CI training program is recognized by the American Physical Therapy Association (APTA). The program was developed through a grant funded by the APTA under the direction of principle investigator Michael J. Emery, Ed.D, PT and with co-investigators Nancy Peatman, PT, M.ED and Lynn Ford, MSPT, M.ED and with materials used by the

New England Consortium of Clinical Educators. The program comprises sixteen (16) hours of instruction for Clinical Instructor Education and Credentialing.

The program addresses issues of planning and preparing for physical therapy students during their clinical education experiences; developing learning experiences and supporting on-going learning through questioning and effective feedback. Skills of evaluation are discussed, as well as the brief look at legal implications for clinical educators, including issues presented by ADA legislation.

The “Assessment Center” provides each participant with the opportunity to apply information from the program in simulated situations. Successful completion of each station in the Assessment Center results in the awarding of APTA CI Credentialing. It is essential for each participant to attend all sessions of the Course and Assessment Center in its entirety.

The course and Assessment Center will be useful for both new and experienced physical therapist and physical therapist assistant educators involved with clinical education. While the information presented covers the basic skills for clinical instructors, the interactive tasks and large and small group discussions will be of benefit even to experienced educators. The Consortium offers this course at a reduced rate from that which is charged by other Certified Trainers. This course is offered several times throughout the year in both full day and weekly formats.

4. Mailing Dates

The New England Consortium of Clinical Educators supports the universal mailing date recommended by the Clinical Education Special Interest Group of the APTA's Education Section. All Consortium member programs mail their student request forms, for the next calendar year only, on *March 1st*, with an appreciated response date of May 1st.

Thank you

On behalf of our university, college, department, and student body, I wish to thank you for your continued support of our DPT program. Thanks to your clinical mentorship, supervision, and professional modeling our students are able to fully self-actualize.

Sincerely,



*Keith W. Hallbourg
Director of Clinical Education*

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

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



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