

UMHB

PHYSICAL THERAPY

**DOCTOR OF PHYSICAL THERAPY
PROGRAM**

**Clinical Education Handbook
for Clinical Facilities**

FROM THE DIRECTORS OF CLINICAL EDUCATION

Updated July 2024

To our Clinical Education Partners:

On behalf of the faculty and staff of the UMHB Doctor of Physical Therapy Program, thank you for your support and partnership with UMHB.

The DPT curriculum was developed to reflect current physical therapy practice and to prepare an autonomous entry-level DPT practitioner. During the course of the program, students experience a number of unique learning opportunities, including interprofessional interactions and service learning activities, to facilitate engagement in the profession and the community. Clinical education is a critical component of this program, and we greatly appreciate your participation.

The DPT faculty developed this handbook to assist you in providing our students with a positive clinical experience at your facility. Please do not hesitate to contact us if you have any questions.

Sincerely,

Jenise Engelke

Jenise Engelke, PT, DPT
Director of Clinical Education

Kristi Trammell

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NOTICE OF NON-DISCRIMINATORY POLICY

The University of Mary Hardin-Baylor (UMHB) admits qualified students of any race, color, sex, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not unlawfully discriminate on the basis of race, color, sex, religion, age, nationality, or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. Furthermore, UMHB does not unlawfully discriminate on the basis of handicap in the recruitment and admission of students and the operation of any of its programs and activities, as specified by federal laws and regulations.

UMHB is authorized under federal law to enroll non-immigrant alien students. The university is a private institution and reserves the right to deny admission to an applicant for any lawful reason.

The University is required (by Title IX of the Education Amendments Act of 1972 and its implementing regulations at 34 C.F.R. Part 106) not to discriminate unlawfully on the basis of sex in any education program or activity that it operates. This requirement extends to admissions and employment. However, the University exercises its rights under Title IX to make undergraduate admission decisions on the basis of sex and to apply its religious tenets even if in conflict with provisions of Title IX.

Inquiries about the university's non-discrimination policies should be directed to the designated coordinator for university compliance with non-discrimination policies identified below. Inquiries about Title IX may be also be referred to the U.S. Department of Education's Office for Civil Rights.

To report information about conduct that may constitute discrimination or make a complaint of discrimination, a student, employee or applicant should contact the designated coordinator for university compliance with nondiscrimination policies:

For sex-based discrimination:

Holly Edwards, Title IX Coordinator, Sanderford Administrative Complex, 900 College Street, Belton, Texas 76513, (254)-295-4870, hedwards@umhb.edu.

For all other types of discrimination:

Susan Owens, Non-Discrimination Compliance Officer, Sanderford Administrative Complex, 900 College Street, Belton, Texas 76513, (254)-295-8686, susan.owens@umhb.edu.

A report or complaint regarding discrimination may also be made at <https://www.umhb.edu/report-it>. The University' non-discrimination grievance procedures can be located at <https://www.umhb.edu/resources/titleix/policies-and-definitions#1845>

PROGRAM OVERVIEW

Institutional Mission Statement

The University of Mary Hardin-Baylor prepares students for leadership, service, and faith-informed discernment in a global society. Academic excellence, personal attention, broad-based scholarship and a commitment to a Baptist vision for education distinguish our Christ-centered learning community.

Mayborn College of Health Sciences Mission Statement

The mission of the Mayborn College of Health Sciences is to engage students in a Christ-centered learning environment where they will develop the knowledge, skills, and interprofessional competencies to become leaders in the complex and dynamic environment of health sciences. The college promotes the integration of health and restoration of the mind, body and spirit through the preparation of students in a supportive and rigorous academic setting. Our students learn in a student-centered, interprofessional, and innovative learning environment while engaging in opportunities to go beyond the classroom with hands-on-learning, research, and service.

Program Vision

The Doctor of Physical Therapy program aspires to be recognized as the program of choice for individuals seeking to become competent, effective and ethical physical therapy practitioners with a foundation based in Christian principles and values.

Program Mission

The mission of the University of Mary Hardin-Baylor's Doctor of Physical Therapy Program is to prepare Doctors of Physical Therapy who demonstrate excellence in clinical practice as they collaborate with the interprofessional health care team, contribute to critical inquiry, advance societal health and wellness, advocate to promote change, and serve as leaders within the profession and community. Addressing the needs of underserved communities in a global society is a guiding principle for program faculty, staff, students and graduates. The program is offered in a Christian environment led by faculty who teach and mentor with integrity, sensitivity and a commitment to excellence.

Philosophy

The faculty body of the University of Mary Hardin-Baylor Doctor of Physical Therapy Program believes the following:

- Each member of society should have access to quality health care, including physical therapy services, and should participate to the fullest extent of his/her ability in making informed health care decisions. Physical therapy is a vital part of health care and encompasses all aspects of the movement system. Patients may access the health care system through a variety of entry points, one of which is physical therapy.
- Physical therapists participate as members of an interdisciplinary health care team who collaborate and consult with other health care professionals, patients/clients, caregivers and the community. Physical therapists use an evidence-based approach in all aspects of physical therapy practice.

- Physical therapy education is adaptable, proactive and responsive in meeting the present and future needs of students, the health care system, and society. Physical therapy education includes the incorporation of modern technology and innovation into education and practice. The post-baccalaureate curriculum includes integration and expansion of knowledge in the sciences, the humanities, and applied sciences relevant to physical therapy practice. The PT program prepares self-directed, life-long, collaborative learners who are able to use scientific and analytic approaches to clinical decision-making to achieve optimal patient care.
- Active adult learning is a process by which students employ an ongoing interpretive and reflective process that synthesizes prior and current experiences into new learning. Students enrolled in the program recognize the challenging process involved in developing the requisite knowledge and skills of a physical therapist. Students display a commitment to learning, responsibility, professionalism, critical thinking, problem solving, and sound communication and interpersonal skills.
- Program faculty model professional core values, personal and professional development, scholarship, leadership, and service. Faculty members demonstrate the characteristics of critical thinking, therapeutic presence, commitment to excellence, and acceptance of ambiguity.
- Graduates are autonomous practitioners who are prepared to collaborate in a dynamic health care environment. As lifelong learners, they are committed to advocating for the public welfare, contributing to critical inquiry, serving as leaders and role models, and striving for excellence in all aspects of physical therapy.

Program Accreditation Statement

The Doctor of Physical Therapy Program at University of Mary Hardin-Baylor is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave. Suite 100, Alexandria, VA, 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>. If needing to contact the program/institution directly, please call (254) 295-4940 or email bgresham@umhb.edu.

PROGRAM FACULTY AND STAFF

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Faculty Titles and Roles

Academic Faculty Roles

The **Program Director (PD)** is a licensed physical therapist and experienced academic faculty member employed by the University to lead the DPT Program. The PD oversees all aspects of the program including meeting CAPTE accreditation standards, developing and managing the annual program budget, teaching courses in the program, and engaging in scholarship and service. The PD is also responsible for evaluating, mentoring, and fostering the development of academic faculty and the program as a whole.

The **Director of Clinical Education/Assistant Director of Clinical Education (DCE/ADCE)** is a licensed physical therapist and academic faculty member employed by the UMHB DPT Program to coordinate the clinical education aspects of the curriculum. The DCE/ADCE is responsible for organizing and planning the clinical experiences for the students as well as communicating with all of the Clinical Facilities about matters that relate to the clinical education. The UMHB DPT program may designate another academic faculty member to assist in decision-making related to clinical education or act in place of the DCE/ADCE in the event the DCE/ADCE are unavailable.

Clinical Faculty Roles

Clinical Faculty are highly respected physical therapists who provide clinical education opportunities for the student physical therapists during their clinical practicum experiences. The clinical settings and facilities may range from acute care, inpatient rehabilitation, skilled nursing, long-term acute care, nursing homes, outpatient rehabilitation, assisted living, specialty clinics, and home based.

Characteristics of effective physical therapists and clinical instructors include:

- professional, caring attitude
- maintaining a positive outlook
- strong interpersonal and communication skills
- confident in their abilities
- organized yet flexible
- empathetic to others
- open to new evidence and concepts
- approachable
- understanding that mistakes provide an opportunity for learning and growth

Site Coordinator of Clinical Education (SCCE) is the individual employed by the clinical facility to coordinate student clinical rotations with a **clinical instructor (CI)** in the facility. The SCCE determines readiness for clinicians to serve as CIs and communicates with the academic program regarding clinical placements, availability, student performance, and other essential information about clinical education. The SCCE does not have to be a physical therapist.

Clinical Instructor (CI) is a physical therapist employed by the clinical facility who directly instructs, supervises, and assesses students during their clinical learning experiences. Clinical learning experiences drive the students' integration and application of academic knowledge into clinical practice. **Minimum qualifications for serving as a CI include:** current licensure in the state in which employed, one year of full-time (or equivalent) experience as a licensed physical therapist, evidence of active participation in formal and/or informal continued education, and a demonstrated ability to communicate strengths and weaknesses, both orally and in writing.

DPT CURRICULUM

Curriculum Overview

The physical therapy program encompasses 7 semesters over 28 months. The academic calendar for the program may differ from the calendar published by the University. Students will be provided with physical therapy class schedules each year by physical therapy faculty.

Curriculum Outline

FALL SEMESTER, 1ST YEAR	18 hrs
PHTH 7511 Human Anatomy I	5
PHTH 7312 Functional Anatomy	3
PHTH 7313 Applied Physiology I	3
PHTH 7214 Foundational Patient Assessment	2
PHTH 7216 Foundational Patient Management	2
PHTH 7117 Documentation of Patient Care	1
PHTH 7218 Human Anatomy II (Winter Term)	2
SPRING SEMESTER, 1ST YEAR	18 hrs
PHTH 7422 Therapeutic Interventions	4
PHTH 7423 Applied Physiology II	4
PHTH 7215 Introduction to Professional Practice (Term A)	2
PHTH 7221 Neuroanatomy (Term A)	2
PHTH 7222 Clinical Neuroscience (Term B)	2
PHTH 7224 History & Systems Screening (Term B)	2
PHTH 7233 Psychosocial Considerations	2
PHTH 7020 Integrated Clinical Development I	0
SUMMER SEMESTER, 1ST YEAR	14 hrs
PHTH 7331 Musculoskeletal Rehab I	3
PHTH 7335 Wound Management & Therapeutic Modalities	3
PHTH 7339 Medical Diagnostics & Pharmacology	3
PHTH 7225 Development of Human Movement	2
PHTH 7259 Inpatient Physical Therapy Practice	2
PHTH 7126 Evidence Based Practice	1
PHTH 7030 Integrated Clinical Development II	0
FALL SEMESTER 2ND YEAR	19 hrs
PHTH 7435 Neuromuscular Rehab I	4
PHTH 7442 Musculoskeletal Rehab II	4
PHTH 7341 Cardiopulmonary Patient Management	3

PHTH 7355 Practice Management	3
PHTH 7244 Geriatric Physical Therapy	2
PHTH 7137 Research Methods I	1
PHTH 7040 Integrated Clinical Development III	0
SPRING SEMESTER, 2ND YEAR	17 hrs
PHTH 7345 Neuromuscular Rehab II	3
PHTH 7356 Management of Special Populations	3
PHTH 7254 Pediatric Physical Therapy	2
PHTH 7256 Differential Diagnosis & Clinical Reasoning	2
PHTH 7146 Issues in Underserved Communities	1
PHTH 7148 Research Methods II	1
PHTH 7551 Professional Experience II (Term B)	5
SUMMER SEMESTER, 2ND YEAR	9-11 hrs
PHTH 7861 Professional Experience III	8
PHTH 7162 Wellness and Health Promotion (online)	1
PHTH 7191 Special Topics (Students select 2 topics)	0-2
FALL SEMESTER, 3RD YEAR	10-12 hrs
PHTH 7971 Professional Experience IV	9
PHTH 7172 Professional Seminar	1
PHTH 7191 Special Topics (Students select 2 topics)	0-2
Total	107 hrs

Course Descriptions

Fall Semester, 1st Year

PHTH 7511 Human Anatomy – Part one of a two-part series; study of the structure and function of the neuromusculoskeletal system of the human body focusing on osteology, arthrology, muscle attachments and actions, peripheral innervation, and blood supply of the extremities as well as muscles of the back and posterior neck. The course also includes aspects of radiology, histology, and embryology; includes human cadaver dissection. (3 lecture, 6 lab) Lab fee required

PHTH 7312 Functional Anatomy - Introduction to biomechanical principles of human movement; includes mechanical principles of joint movement, posture and gait; integration of anatomy and kinesiology with biomechanics is emphasized. (3 lecture, 2 lab)

PHTH 7313 Applied Physiology I - In-depth examination of systems physiology of the human body, including function at the molecular, cellular, tissue and systems levels in homeostatic conditions. Metabolism and physiological responses to physical activity and exercise will be addressed in key body systems. (3 lecture)

PHTH 7214 Foundational Patient Assessment – Introduction to foundational tests and measures necessary for physical therapy examination, including but not limited to: goniometry, muscle strength testing, muscle length testing, deep tendon reflex testing, vital signs, cardiorespiratory endurance, posture and balance assessment, and abdominal assessment. (1 lecture, 3 lab)

PHTH 7216 Foundational Patient Management – Introduction to foundational physical therapy skills, including but not limited to: general positioning/draping, gait training, assistive/adaptive devices, mobility training, infection control, body mechanics, safety and protection, emergency preparedness, basic line/tube management. (1 lecture, 3 lab)

Winter Term:

PHTH 7218 Human Anatomy II – Part two of a two-part series; study of the neuromuscular structure and function of the anterior neck, thorax including thoracic viscera (heart, lungs, vasculature) and the muscles and innervation of the posterior abdominal wall, including radiology, histology, and embryology; includes human cadaver dissection. (2 lecture, 2 lab). Lab Fee Required

Spring Semester, 1st Year

PHTH 7422 Therapeutic Interventions – Development of therapeutic intervention principles and skills based on current best evidence, including types, applications, effects, and potential complications; addresses appropriate prescription, dosing, and modification based on patient presentation and response; topics covered include, but are not limited to: tissue healing, therapeutic exercise (e.g. flexibility, aerobic, strength, power, balance, multimodal), motor function training, aquatic therapy, and foundations of manual therapy. (3 lecture, 3 lab)

PHTH 7423 Applied Physiology II – . In-depth examination of the pathophysiology of all body systems and the influence of chronic and congenital diseases, respectively. Emphasis will be placed on diseases of cardiorespiratory, musculoskeletal, immune, and nervous systems as well as metabolic disease. Topics will include etiology of disease, risk factor identification, diagnostic indicators of disease, and general pharmacology. (4 lecture, 1 lab)

PHTH 7215 Introduction to Professional Practice – Study of physical therapy as a profession, core values, ethics and laws, professional behavior, communication, and elements of interprofessional and intraprofessional practice; key elements of professional communication include foundations of communication, interpersonal and conflict resolution skills, and principles of teaching and learning. (2 lecture)

PHTH 7221 Neuroanatomy – Study of the anatomy, structure and function of the nervous system of the human body (central, peripheral, and autonomic), including neural pathways, radiology, histology, and embryology; includes cadaver dissection. (2 lecture, 2 lab) Lab Fee Required

PHTH 7222 Clinical Neuroscience – Study of the cellular, systemic, and clinical pathology of peripheral and central neural components; includes basic examination of sensation, perception, cognition, and principles of sensorimotor control. (2 lecture)

PHTH 7224 History and Systems Screening - Development of the history taking and screening skills necessary for the physical therapist to make informed decisions related to patient referral and physical therapy diagnosis in preparation for a primary care environment; emphasizes the importance of properly collecting information during the patient interview/chart review as well as appropriate physical screening tests. (2 lecture, 2 lab)

PHTH 7233 Psychosocial Considerations - Study of the psychological and social factors relevant to health care and physical therapy practice, including but not limited to psychological factors, selected mental health conditions, cultural/ethnic considerations, social and lifestyle factors; explores current

topics of justice, equity, diversity, inclusivity, belonging, and anti-racism; includes service learning activity. (2 lecture)

PHTH 7020 Integrated Clinical Development I – Orientation to clinical practice through clinical observation/reflection and opportunity to practice basic skills in the Cru Community Clinic. (8 contact hours)

Summer Semester, 1st Year

PHTH 7331 Musculoskeletal Rehab I – In-depth study of examination, evaluation, and intervention strategies for patients/clients with spine and upper extremity musculoskeletal problems across the lifespan; includes orthotics and bracing techniques, manual therapy; includes principles of prevention, diagnosis, prognosis, and outcomes; investigates relationship between pharmacological management and physical therapy interventions. (2 lecture, 3 lab)

PHTH 7335 Wound Management & Therapeutic Modalities-Study of examination, evaluation and intervention strategies for patients/clients with integumentary and/or vascular problems; includes principles of prevention, diagnosis, prognosis, and outcomes; addresses management of wounds and investigates relationship between pharmacological management and physical therapy interventions. Study of theory, scientific principles, and clinical applications of therapeutic modalities associated with physical therapy evaluation, assessment, and intervention, including but not limited to: thermal modalities, iontophoresis, electrotherapy modalities, ultrasound, biofeedback, and intermittent compression. (2 lecture, 3 lab)

PHTH 7339 – Medical Diagnostics & Pharmacology - Study of medical management of patients/clients commonly seen in physical therapy; includes diagnostic imaging (x-rays, CT, MRI, ultrasound, etc.), laboratory test values, and other medical tests; overview of pharmacology, including mechanisms of action, indications, side effects and therapeutic implications of major classes of drugs used to treat the nervous, musculoskeletal, cardiorespiratory, immune, endocrine, gastrointestinal, and other body systems. Focus on the relationship between medical management and physical therapy management of patients/clients. (3 lecture)

PHTH 7225 Development of Human Movement – Study of development of and changes in human movement throughout the lifespan based on principles of neuroscience, motor control, and motor learning. Tests and measures related to the development of human movement and the analysis of human movement patterns, including gait and postural control, will be used to guide identification of impairments and development of treatment strategies to optimize movement and function. (2 lecture, 2 lab)

PHTH 7259 Inpatient Physical Therapy Practice - In-depth study of the physical therapist's role in patient/client management in the inpatient setting (i.e., general medicine, surgical practice, critical care, and post-acute care rehabilitation placement); addresses the five elements of patient/client management by the physical therapist - examination, evaluation of examination results, diagnosis, establishing a prognosis, and instituting appropriate interventions; investigates relationship between pharmacological management and physical therapy interventions. (1 lecture, 3 lab)

PHTH 7126 Evidence Based Practice – Introduction to the concepts of evidence-based practice in physical therapy; includes accessing, reviewing, analyzing and critiquing scientific literature related to physical therapy practice; prepares students to become knowledgeable consumers of scientific

literature. (1 lecture)

PHTH 7030 Integrated Clinical Development II - Orientation to clinical practice through clinical observation/reflection and opportunity to practice basic skills in the Cru Community Clinic and in clinical settings within the community. (Minimum total of 8 hours community settings and 6 hours Cru Community Clinic)

Fall Semester, 2nd Year

PHTH 7435 Neuromuscular Rehab I – In-depth study of examination, evaluation and intervention strategies for patients/clients with neuromuscular problems across the lifespan; includes principles of prevention, diagnosis, prognosis, and outcomes; investigates relationship between pharmacological management and physical therapy interventions. (3 lecture, 3 lab)

PHTH 7442 Musculoskeletal Rehab II – In-depth study of examination, evaluation and intervention strategies for patients/clients with spine and lower extremity musculoskeletal problems across the lifespan; includes orthotics and bracing techniques, manual therapy; includes principles of prevention, diagnosis, prognosis, and outcomes; investigates relationship between pharmacological management and physical therapy interventions. (3 lecture, 3 lab)

PHTH 7341 Cardiopulmonary Patient Management– In-depth study of examination, evaluation and intervention strategies for patients/clients with cardiovascular, lymphatic, and/or pulmonary problems; includes principles of prevention, diagnosis, prognosis, and outcomes; investigates relationship between pharmacological management and physical therapy interventions. (2 lecture, 3 lab)

PHTH 7355 Practice Management - Overview of current health care environment, existing payment and health care delivery systems, development of public policy and legislation, and scope of physical therapy practice; will include exploration of local, state and national influences and factors. Exploration of issues facing autonomous practitioners including strategic planning, financial management, personnel management, resource management, marketing strategies, legal considerations for health care delivery, conflict resolution and clinical negotiation. (3 lecture)

PHTH 7244 Geriatric Physical Therapy – In-depth study of examination, evaluation and intervention strategies for older adults; incorporates theories of aging with principles of prevention, diagnosis, prognosis and outcomes; investigates the unique aspects of pharmacology in the elderly as it relates to physical therapy; includes opportunity for service learning project. (2 lecture, 2 lab)

PHTH 7137 Research Methods I – This course outlines the key elements for understanding the research process including the fundamentals of the scientific method, data collection methods, data analysis and basic statistical approaches for quantitative and qualitative research. This course will emphasize the development of a research question and development of literature review for evaluating the research question. (1 lecture)

PHTH 7040 Integrated Clinical Development III – Orientation to clinical practice through clinical observation/reflection and opportunity to practice basic skills in the Cru Community Clinic. (8 contact hours)

Winter Term:

PHTH 7251 Professional Experience I– First of four clinical experiences, consists of 3 weeks of full-time supervised clinical practice; emphasizes development of early integration and application of learned

physical therapy skills, knowledge and behaviors in a patient care environment. (120 clinical hours)

Spring Semester, 2nd Year

PHTH 7345 Neuromuscular Rehab II - Part two of a two-part series; in-depth study of examination, evaluation and intervention strategies for patients/clients with selected neuromuscular conditions across the lifespan; includes principles of prevention, diagnosis, prognosis, and outcomes; investigates relationship between pharmacological management and physical therapy interventions. (2 lecture, 3 lab)

PHTH 7356 Management of Special Populations – In-depth study of examination, evaluation and intervention strategies for patients/clients with amputations, chronic pain, pregnancy, pelvic floor dysfunction, concussion, sports related injuries and other musculoskeletal conditions; includes prosthetics, orthotics, bracing/taping techniques, and manual therapy; includes principles of prevention, diagnosis, prognosis, and outcomes; investigates relationship between pharmacological management and physical therapy diagnosis and interventions. (2 lecture, 3 lab)

PHTH 7254 Pediatric Physical Therapy - In-depth study of examination, evaluation and intervention strategies for children and adolescents; incorporates study of normal development with principles of diagnosis, prognosis and outcomes; investigates the unique aspects of pharmacology in children and adolescents. (2 lecture, 2 lab)

PHTH 7256 Differential Diagnosis and Clinical Reasoning - Exploration of clinical reasoning skills and strategies necessary for the differential diagnosis of conditions that may require referral to or examination by a physician or other health care provider; incorporates basic to complex case studies, with a focus on system interactions, from a variety of physical therapy practice settings for students to develop skills in screening for medical disease and making an informed physical therapy diagnosis. (2 lecture, 2 lab)

PHTH 7146 Issues in Underserved Communities – Overview of major issues in underserved communities, including rural and impoverished areas; exploration of demographic, economic, and societal influences and factors impacting health care in underserved areas; includes opportunity for service-learning project. (1 lecture)

PHTH 7148 Research Methods II – This course emphasizes the development of the experimental design and methodology needed to answer a research question. Key elements of this course will include strengths and weaknesses of various data collection methods, internal and external validity, and application of the research design and is focused on making the student a more informed consumer of scientific research through discussion, analysis, and hands-on practice. (1 lecture)

PHTH 7751 Professional Experience II – Second of four clinical experiences, consists of 6 weeks of full-time supervised clinical practice; emphasizes integration and application of learned physical therapy skills, knowledge and behaviors in a patient care environment. (240 clinical hours)

Summer Semester, 2nd Year

PHTH 7861 Professional Experience III – Third of four clinical experiences; consists of 10 weeks of full-time supervised clinical practice; emphasizes progressing integration and application of learned physical therapy skills, knowledge and behaviors in a patient care environment. (400 clinical hours)

PHTH 7162 Wellness and Health Promotion – Exploration of fitness, wellness, and health promotion

strategies in physical therapy; includes discussion of physical activity, nutrition, medical and complementary approaches to wellness, and risk factor/behavior modification; exploration of attitudes toward health, wellness, and disability and their impact on patient care. (1 lecture/online)

PHTH 7191 Special Topics - A course designed to permit the offering of topics of current interest in physical therapy. Students will select two topics- 1 credit each. Prerequisite: permission of DPT faculty advisor. (1 lecture) NOTE: Special Topics courses may be taken during Summer or Fall semesters during the last year of the program.

Fall Semester, 3rd Year

PHTH 7971 Professional Experience IV – The last of four clinical experiences; consists of 11 weeks of full-time supervised clinical practice; emphasizes development of entry-level physical therapy skills, knowledge and behaviors in a patient care environment. (440 clinical hours)

PHTH 7172 Professional Seminar – Focus on the culmination of student clinical and professional development; preparation for licensure examination and graduate clinical practice; discussion of issues related to maintaining and expanding professional competence in physical therapy practice. (1 lecture)

PHTH 7191 Special Topics - A course designed to permit the offering of topics of current interest in physical therapy. Students will select two topics- 1 credit each. Prerequisite: permission of DPT faculty advisor. (1 lecture) NOTE: Special Topics courses may be taken during Summer or Fall semesters during the last year of the program.

Additional Curriculum Components

Service Learning

Service learning involves learning activities that combine traditional teaching and learning with meaningful community service. Service learning is an integral part of the DPT curriculum, and students will have several opportunities to complete service learning activities during the program in selected courses.

Integrated Clinical Development

Students will develop patient care skills at the university's pro bono Cru Community clinic under the supervision of PT faculty members (<https://go.umhb.edu/health-sciences/cru-community-clinic>).

In addition, students will have an opportunity for clinical observation/reflection and practice of patient care skills in clinical settings within the community prior to full-time clinical experiences.

Interprofessional Education

Interprofessional education (IPE) is an experience that “occurs when students from two or more professions learn about, from, and with each other” (World Health Organization, 2010). The IPE curriculum at UMHB incorporates values/ethics, roles/responsibilities, interprofessional communication, and teams/teamwork. In addition, the IPE curriculum utilizes TeamSTEPPS® to provide a framework of tools to facilitate communication and teamwork skills in health care professional students. Students in the DPT program must complete the IPE core curriculum and at least 2 IPE elective experiences.

Research

Students will learn the importance of research and critical inquiry as the foundation for physical therapy practice during PHTH 7126 – Evidence Based Practice. Students will then complete two Research Methods courses that will culminate with the development of a research proposal . Students who are interested in conducting research may choose to work with a faculty member on a research project as an elective.

Comprehensive Examinations

Students will complete the first comprehensive examination after the first 3 semesters of the program. This examination serves as a formative assessment of the student’s retention of first year foundational information. Feedback from this examination will be provided to the student to identify areas of needed focus for review in order to facilitate learning through the remainder of the program.

During the 5th semester of study, students will complete another comprehensive examination using the Practice Exam and Assessment Tool (PEAT). The purpose of this examination is to establish a baseline of the student’s level of preparation for the National Physical Therapy Examination and to familiarize students with the format and difficulty level of the licensure examination. Students who do not meet the program’s expected score on the comprehensive examination or specific sections of the examination will be required to create a guided study plan in collaboration with a faculty advisor. The guided study plan will be related to areas of deficiency identified by performance on the comprehensive examination. The student and advisor will select the specific activities that must be completed prior to graduation. In order to graduate, the student must complete the selected activities.

PROGRAM POLICIES FOR STUDENTS

NOTE: This section is provided to clinical facilities so clinical faculty may be informed of the DPT Program general policies for students.

Employment While Participating in the DPT Program

Enrollment in the physical therapy program is a full-time commitment, and employment during the academic year is not recommended. If a student chooses to be employed while enrolled in the program, academic attendance, performance and participation standards will not be altered to accommodate employment. Students should be aware that the physical therapy program may occasionally require evening or weekend classes and activities.

A student who is employed as a physical therapy aide or technician must be aware that during the course of that employment, he/she is not acting in any capacity as a UMHB physical therapy student. A student may not wear a name tag or any other item identifying him/her as a UMHB physical therapy student while on duty at their place of employment.

If a clinical facility wishes to employ a DPT student who is currently participating in a clinical experience, please contact the DPT Director of Clinical Education or Assistant Director of Clinical Education.

Background Check

All incoming students must have a background check, which includes records of criminal activities and other items that may warrant further review, prior to first semester enrollment. The background check must also be conducted prior to beginning full-time clinical experiences in the second year of the program and may be required for specific clinical facilities. Enrollment and continued status in the DPT program are contingent upon satisfactorily passing all criminal background checks. The program will cover the cost of the initial and pre-clinical background checks. Students will be responsible for the costs of any additional background checks required.

Student Professional Liability Insurance

Student professional liability insurance is provided by the University at no additional cost to the student. The insurance will cover students during assigned clinical experiences as part of required UMHB DPT program academic coursework. The insurance does not cover activities outside of enrollment or a course requirement, such as other volunteer or work activities. For more information, contact the Program Director.

APTA Membership

Each student is required to join and maintain membership in the American Physical Therapy Association throughout the program. Students are also strongly encouraged to join an APTA Section in an area of interest (student costs for sections range from \$0 - \$50). Membership in the APTA provides students with access to publications, meetings, and other professional activities. Membership in a professional association is an important part of professional development.

The DPT Program is both academic and experiential. Therefore, throughout the entire course of the

program, students must demonstrate more than cognitive abilities. Areas of student evaluation include freedom from physical and mental health problems that, even with reasonable accommodation, would interfere with occupational functioning. Upon receiving an offer of admission, DPT students must complete the Essential Functions Statement to demonstrate physical, mental and emotional qualifications sufficient, with or without reasonable accommodation, to meet the academic and technical requirements of the physical therapy profession.

The purpose of the following health policies is to protect the student in the classroom and clinical setting as well as to protect the clients with whom the DPT Program student will be working.

Note: *No student will be allowed to start a full-time clinical experience unless he/she has presented satisfactory proof of current CPR training and required vaccinations.*

Immunizations

The DPT program requires that all students maintain immunizations as required by state law and as recommended by the CDC for healthcare workers. Therefore, all DPT students must submit proof of completed immunizations or titers as applicable prior to program orientation, and must update verification (a) prior to participation in clinical education experiences, and (b) as requested thereafter during enrollment in the program.

The university assumes no responsibility for the effectiveness, contraindications, or adverse effects of required vaccinations. Always consult your own healthcare provider if you have questions about vaccinations.

REQUIRED:	
Measles (rubeola), Mumps, Rubella (German Measles)	Proof of 2 dose MMR vaccination series OR positive antibody titer
Chicken Pox (Varicella)	Proof of 2 dose varicella vaccination series OR positive antibody titer
Tetanus/Diphtheria (Tdap/Td)	Proof of Tdap vaccination within the last 10 years.
Hepatitis B	Proof of full series of Hep B vaccinations either by three doses (Recombivax HB, Engerix-B, Twinrix) or two doses (Heplisav-B) OR positive antibody titer.
Meningococcal	MPSV or MCV4. As of January 1, 2014, the State of Texas requires all first-time students (or transfer students if 21 years or younger) to obtain the meningitis vaccine or booster within five years prior to a student's admission date.
RECOMMENDED:	
Hepatitis A	Two doses are recommended.
Influenza	UMHB does not require the flu vaccine; however, the Human Anatomy Lab is located at Baylor Scott & White Health (BSWH) Temple campus, and BSWH does require it during active flu season; students will be notified of deadlines for completion. In order to participate in Human Anatomy Lab, students must meet this requirement.

COVID-19

The federal COVID-19 Public Health Emergency declaration ended effective May 11, 2023.

UMHB's COVID reporting protocols are no longer active. If you test positive for COVID-19, **follow instructions outlined by the CDC.**

The Center for Disease Control recommends COVID-19 vaccinations. Find more information here.

Students who are enrolled in certain UMHB programs in the fields of healthcare may be required by certain hospitals or other clinical facilities to be fully COVID vaccinated in order to participate in clinical rotations at those facilities. If applicable, the UMHB program will provide students with more details.

Tuberculosis Screening

All students must be screened for TB upon admission to the DPT program. Before starting the program, the student must provide evidence of a negative two-step TB skin test or Q-gold or T-spot blood assay. After providing proof of a negative TB screen upon admission to the program, students must then complete repeat testing (a) annually, (b) as required by clinical sites, and if applicable, (c) upon known exposure.

Students who have had a positive TB skin test in the past must submit a negative chest x-ray taken within the past two years and a Texas Department of State Health Services (TDSHS) symptom questionnaire before entering the program. After admission to the program, these students will complete the symptom questionnaire (a) annually or (b) as required by clinical sites, and repeat chest x-rays will be completed (a) as required by clinical sites and if applicable, (b) upon known exposure.

A student who has had a negative skin test and converts to positive will be referred to the Bell County Health Department or his/her private physician for follow-up care. The student must contact the university's Student Disability Services office regarding any follow-up care, and evidence of a negative chest x-ray must be provided to the UMHB Student Disability Services Office within 30 days of the positive skin test or as indicated by the health department.

Health Care Provider CPR/AED Training

The student must have successfully completed Healthcare Provider CPR instruction. Documentation of current CPR course completion must be on file in EXXAT prior to program orientation. The DPT Program requires Healthcare Provider CPR to be renewed before the beginning of the semester if the renewal date expires at any time during the current semester. Failure to provide this documentation before the semester begins will result in the student not being allowed to start the semester.

Changes in Health Status

Any currently enrolled DPT student who has a change in his or her health status (other than a minor

temporary condition) that may impact the student’s ability to perform required activities as outlined in the DPT Program’s Essential Functions form must promptly contact the university’s Student Disability Services office to discuss options and possible accommodations.

Affiliated Clinical Facility Requirements

Various clinical facilities affiliated with the DPT Program may have specific requirements which must be met before students are permitted to care for clients within the given facility. Because requirements are agency specific and are subject to frequent change, more detailed information will be provided in individual course syllabi and/or by the clinical facility (prior to the start of clinical experiences when possible). This section outlines the student’s responsibility for the minimal requirements. Clinical facilities may have other requirements that are not listed below.

1. DRUG SCREENING – All students must successfully complete a negative drug screening prior to beginning clinical experiences. Testing location and other information will be provided prior to the testing time period. The Mayborn College of Health Sciences drug and alcohol policy is located on Canvas.
2. CERTIFICATION REGARDING SUBSTANCE ABUSE – Students admitted to clinical experiences may be asked by a clinical facility to certify in writing that they are not engaging in any substance abuse behaviors. The student’s signature will acknowledge that in “for cause” situations, the facility may require the student to submit to additional drug screening. The refusal to sign this acknowledgement will result in the student being denied access to the clinical facilities that require this acknowledgement.

Essential Functions (Technical Standards)

Physical therapy is a demanding profession that requires a wide range of cognitive, sensorimotor, communication, and behavioral skills. A physical therapist is expected to independently perform all aspects of the physical therapy role. Core segments of the program include clinical experiences in which the student will be required to participate in and demonstrate proficiency in providing therapeutic services. Graduates of the UMHB DPT program who pass the licensure examination will be prepared to enter practice in a variety of settings and perform all responsibilities of the professional role. Based upon the expectations and requirements of the profession, this Essential Functions Statement includes a list of essential functions/skills that must be met for entry into and progression through the program.

The list of skills is illustrative and does not represent an all-inclusive listing of the functions of a physical therapist. Reasonable accommodations may be requested to enable an individual with disabilities to achieve these essential functions. The Essential Functions Statement is included in Appendix A in the DPT Student Handbook.

Faculty as Student Healthcare Providers

Any individual who is in any capacity as faculty (academic, clinical, adjunct, CI, guest lecturer, or other paid or unpaid status) must not act as healthcare providers for the program students except as a basic

responder in an emergency situation. Students are to be directed to their primary care provider, emergency department, or other health care provider.

Students Disability Services

The UMHB Student Handbook and website provide specific information for students with disability-related issues. Students who are otherwise qualified for a university program or course and who desire accommodation(s) for a disabling condition are responsible for providing acceptable documentation in a timely manner prior to the period of stated need.

Contact:

Student Disability
Services UMHB Box
8437
900 College Street
Belton, Texas 76513
Office: (254) 295-4731
Email: disabilityservices@umhb.edu

Students are encouraged to submit requests for accommodations in a timely manner, preferably before a class begins. A student may request an accommodation at any time, but an accommodation cannot be granted by the Disability Services Office until the request is processed and the disability is documented. Accommodations, if approved, cannot be applied retroactively.

Students who have been granted disability accommodations by UMHB that are also needed for a clinical setting must present an approved UMHB Letter of Accommodation to the clinical facility.

Students should be aware that many clinical facilities may not be able to provide the same accommodations for student clinical experiences that have been provided by UMHB for the academic portion of the DPT program. Students should promptly contact the Student Disability Services office **directly** to discuss any issues or concerns with a clinical facilities' ability to implement student accommodations granted by UMHB or if a student requires different accommodations for the clinical experience.

Resources for Students During Pregnancy, Childbirth, or a Related Condition

The University of Mary Hardin-Baylor continues to provide access to its education programs to students who are affected by pregnancy, childbirth, or a related condition, including lactation. Any student may meet with UMHB's Title IX Coordinator to learn how the university supports and encourages students in continuing their education. Depending on the circumstances, the university may be able to help students with excused absences, a leave of absence from school, or other reasonable alterations to academic programs in order to help students remain in school in spite of limitations which may be recommended by a health care provider.

Students who anticipate a need for assistance with their academic program because of pregnancy, childbirth, or a related condition are encouraged to contact the Title IX Coordinator rather than individual faculty or staff members. The Title IX office will work with the student and with faculty /staff as needed to develop an individualized plan that will ensure access to the university's programs and provide affected students the best

opportunity to complete their education. Contact: Holly Edwards, Title IX Coordinator, Sanderford Administrative Complex, 900 College Street, Belton, Texas 76513, 254-295-4870, hedwards@umhb.edu.

Student Expectations

Students in the DPT program are expected to demonstrate consistent professional and ethical conduct, attend all classes/clinical experiences punctually, participate in all laboratory and additional learning experiences, and complete/submit all assignments on time. Students will abide by the policies of the university, the graduate school, and the program.

Each student is responsible for reading all materials distributed electronically to his/her UMHB student email address or through Canvas notifications/announcements. This will be the principal means of communication regarding program information. The university expects that every student will receive e-mail at his or her university email address and will read email on a frequent and consistent basis. A student's failure to receive and read university communications in a timely manner does not absolve that student from knowing and complying with the contents of such communications.

Students will practice various therapeutic techniques in the course of required lab and, occasionally, lecture or classroom courses. In order to provide students both a complete perspective on various therapies and the opportunity to learn specific skills, students are expected to practice physical therapy techniques on one another. Any required participation in such exercises will be under the supervision of university faculty, instructors, or clinicians. A student who is uncomfortable with any classroom or lab exercise should discuss his or her concern with the instructor or DPT Program Director.

Professional Behaviors

Professionalism is the conduct or qualities that characterize a profession or a *professional* person. Students in the DPT program must learn the professional behaviors that are required to be a competent and caring practitioner, in addition to academic knowledge and psychomotor skills. The Normative Model of Physical Therapist Professional Education states that behavior is equal in importance to knowledge and skill for a clinician. The professional behaviors development process begins upon matriculation into the DPT program, continues through graduation, and provides the foundation for exemplary career professionalism. Examples of expected professional behaviors for students include, but are not limited to, integrity, accountability, respectful consideration for others, punctuality, active participation in educational activities, personal and academic preparedness, contributing to a positive environment within and outside of the classroom, and professional appearance. Program faculty clearly communicate expectations to students through written materials and verbal instruction, and students will be evaluated and graded on their professionalism in both academic and clinical courses.

Professional Appearance

Dress Code

The dress code for all students is published in the UMHB Student Handbook.

Students are required to dress in a manner that maintains the image of a professional physical therapist while in the clinical setting. The trunk region should be covered at all times and in all body positions in clinical situations. As representatives of UMHB, students should be guided by professionalism, modesty, and good taste in choice of attire each day. Students are prohibited from wearing clothing or exhibit any

tattoo that displays sexually suggestive materials or advocates alcohol, drug use, profanity, racism or other concepts in conflict with the University's Christian principles. Students are to follow specific guidelines for professional dress as determined by their assigned clinical facility.

Personal Appearance and Habits

Students are expected to demonstrate exemplary grooming and hygiene. Students will abide by the following guidelines at all times:

1. Hair must be neatly groomed or styled; extreme hairstyles or colors are not acceptable. Long hair should be tied back to avoid interference with lab or patient care activities.
2. Fingernails must be clean, well-maintained, and trimmed. Fingernails should not extend beyond the tip of the finger.
3. Beards must be well-maintained and neatly trimmed. Beards may interfere with the proper use of certain required safety equipment, such as particulate respirator masks.
4. Facial make-up should be professional. No body odors (including smoke) should be detectable.
5. Perfumes, colognes, and aftershaves should be used sparingly or not at all.
6. Jewelry piercings other than in the ears is prohibited during academic and clinical activities. Long earrings may not be worn. Any jewelry that might interfere with patient simulation or patient care or your own safety should be avoided.
7. Students are not to eat/drink/chew gum while in clinical or laboratory settings.

Use of Personal Technology

Use of personal technology devices for anything other than academic purposes in the classroom, lab, or clinical setting during instructional or patient care time is prohibited. Students must refrain from using cell phones, tablets, laptops and similar devices for non-educational purposes (i.e. messaging, games, email, web browsing) during class and clinical time. A faculty member may instruct the student to put the device away or may direct the student to leave the classroom. The faculty member may choose the action deemed most appropriate for the situation.

If a student is expecting an emergency phone call, the student must notify the faculty member prior to the beginning of class or clinical time. The student must step outside of the room before answering an emergency phone call, or wait until a more appropriate time to return the call.

Social Media

Students should refer to the UMHB Student Handbook policy on the use of social media. Students in the Doctor of Physical Therapy program are expected to exercise discretion in the use of social media and respect the professional reputation of the student, faculty, and program. Students are not permitted to post any course related materials on any public website or social media or send such materials to another person within or outside of the DPT program (e.g. students in the same or different cohort, clinical instructors, friends). Course materials include, but are not limited to, photos/videos of instructor lectures or demonstrations; photos/videos of faculty, students, volunteers or others during any type of learning activity; homework assignments, quizzes, or examinations; any materials related to research projects. Discussion of tests and other course assessment techniques through these types of venues is also prohibited. Students who violate academic integrity standards through social media will be subject to

appropriate sanctions under the Academic Integrity policy.

Potential Health Risks and Standard Precautions

The DPT program and many of the contracted clinical facilities require that students have been educated about the dangers of blood borne pathogens and how to protect themselves and others, including the use of standard precautions. The DPT program will provide education on these topics in specific physical therapy courses during the first year of the program.

DPT Program students are expected to take precautions to prevent exposure to hazardous materials or substances, i.e. wear goggles/gloves, when performing certain procedures.

If a physical therapy student experiences an exposure, he/she should report it promptly to the university faculty member for the course and/or the clinical facility. Students are expected to follow all clinical facility and university policies regarding precautions and exposures.

Violation of Program Policy

Students who violate DPT program policies, rules and procedures will be subject to sanctions, remediation, dismissal from a clinical facility, and/or program dismissal.

Incidents of student misconduct as outlined in the UMHB Student Handbook will also be referred to the UMHB Dean of Students.

Human Subjects/Volunteers in Program Activities

Policies regarding patient/client rights within the clinical setting are established by that institution, and should allow the clients to refuse to participate in clinical education.

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CLINICAL POLICIES

Philosophy of Clinical Education

The UMHB DPT program considers Clinical Education to be an essential part of the curriculum and overall development of the student physical therapist (SPT). It is the program's desire to work with clinical faculty and facilities to provide clinical education opportunities that support the mission of our program. Clinical education provides each student with the opportunity to shape and develop their patient care skills in an active treatment environment under the guidance of practicing clinicians. Through the integration of scientific background knowledge, problem solving, communication and interpersonal skills, students learn to make professional decisions regarding physical therapy. Students learn to develop their professional judgment and application of critical thinking within a nurturing environment that provides them the opportunity to seek advice from practicing clinicians.

Arrangement of Clinical Experiences

In preparation for clinical practicum experiences, students are exposed to the clinical setting through the Cru Community Clinic on campus. Students begin in the clinic during the 1st semester in the program, where they observe second-year students providing patient care under faculty supervision. Beginning in the 2nd semester of the program, students begin to work with clinic patients with gradually increasing patient care responsibilities over the next 3 semesters. These experiences are formally captured in the DPT curriculum through a series of Integrated Clinical Development courses in Semesters 2-5, along with structured observations in other clinical settings during Semester 3.

The program has 30 weeks of full-time clinical education experiences. The initial rotation (Professional Experience I) occurs in the winter semester at the end of Semester 4. The final three rotations begin in the latter part of Semester 5 after the majority of the didactic curriculum is complete. These rotations (Professional Experiences II – IV) are 6, 10, and 11 weeks in length, respectively. The program requires each student to complete one outpatient and one inpatient full-time clinical placement during Professional Experiences II -IV.

The student physical therapist will have successfully completed the outlined curriculum below prior to beginning the respective clinical experiences.

Clinical Rotation	Prerequisite UMHB DPT Curriculum
PHTH 7251 Professional Experience I (3 weeks – 120 hours)	PHTH 7511 Human Anatomy I PHTH 7218 Human Anatomy II PHTH 7312 Functional Anatomy PHTH 7313 Applied Physiology I PHTH 7423 Applied Physiology II PHTH 7221 Neuroanatomy PHTH 7222 Clinical Neuroscience PHTH 7214 Foundational Patient Assessment PHTH 7216 Foundational Patient Management PHTH 7224 History & Systems Screening PHTH 7422 Therapeutic Interventions PHTH 7331 Musculoskeletal Rehab I PHTH 7442 Musculoskeletal Rehab II PHTH 7335 Wound Management & Therapeutic Modalities PHTH 7225 Development of Human Movement PHTH 7435 Neuromuscular Rehab I PHTH 7441 Cardiopulmonary Patient Management PHTH 7339 Medical Diagnostics & Pharmacology PHTH 7355 Practice Management PHTH 7259 Inpatient Physical Therapy Practice PHTH 7244 Geriatric Physical Therapy PHTH 7233 Psychosocial Considerations PHTH 7126 Evidence Based Practice PHTH 7215 Introduction to Professional Practice PHTH 7117 Documentation of Patient Care PHTH 7137 Research Methods I PHTH 7020 Integrated Clinical Development I PHTH 7030 Integrated Clinical Development II PHTH 7040 Integrated Clinical Development III
PHTH 7551 Professional Experience II (6 weeks – 240 clinical hours)	PHTH 7251 Professional Experience I 3 weeks – 120 hours) PHTH 7345 Neuromuscular Rehab II PHTH 7356 Management of Special Populations PHTH 7254 Pediatric Physical Therapy PHTH 7256 Differential Diagnosis & Clinical Reasoning PHTH 7146 Issues in Underserved Communities PHTH 7148 Research Methods II
PHTH 7861 Professional Experience III (10 weeks – 400 clinical hours)	PHTH 7551 Professional Experience II (6 weeks – 240 clinical hours)
PHTH 7971 Professional Experience IV (11 weeks – 440 clinical hours)	PHTH 7861 Professional Experience III (10 weeks – 400 clinical hours) PHTH 7162 Wellness and Health Promotion PHTH 7191 Special Topics x2 (electives)

Clinical Facility Criteria

Clinical facilities will be determined and retained by their delivery of high-quality patient care services,

sensitivity to student needs, reliable acceptance of students for clinical education experiences and regular and timely communication with the UMHB DPT Program. Clinical facilities in geographically appropriate areas and clinical sites that provide distinctive opportunities for students to practice in specialized areas of physical therapy will be developed when such additions will enhance student opportunities. The program aim is to assure that each student is exposed to a variety of high-quality clinical settings; therefore, it is imperative to retain clinical experience sites that have historically provided outstanding clinical education opportunities.

Clinical Facility Considerations

1. Facility must hold appropriate licensure and accreditation by local, state, or federal entities.
2. Staffing must be adequate for the patient load and types of disabilities encountered.
3. Types and numbers of patients are adequate to meet the general or specific needs of the students.
4. Administration's attitude toward clinical education, inclusive of recognition of the time and effort required by the staff, promotes the clinical education program.
5. Atmosphere is conducive to learning as demonstrated through the availability of supervision, space, equipment, and educational resources.
6. Facility demonstrates incorporation of physical therapy with other services in the facility.
7. Personnel policies encourage continuing education and staff willingness to participate with clinical education.
8. Facility must be able to establish a written clinical affiliation agreement with the UMHB DPT Program.

The Clinical Affiliation Agreement

The Clinical Affiliation Agreement is the contract between the academic program and clinical facility. It details the responsibilities of UMHB DPT Program, the DCE/ADCE, the Facility and its staff, as well as the student, related to Clinical Education. A facility cannot be used unless an executed clinical affiliation agreement is on file and current.

Establishing a Clinical Education Site

Students may propose clinical facilities to be considered for potential addition to existing clinical education sites. The acquisition must be based on the needs of the clinical education program as a whole. Students wishing to suggest a site should speak to the DCE, ADCE, or other designated faculty member. The student should provide the information necessary on the Proposed Clinical Facility Information Form (Appendix D). Ideally, the facility should be located within central Texas and/or in close proximity to previously established active clinical facilities. The clinical facility must meet the clinical facility criteria previously listed. Final decisions regarding the use of clinical facilities for student clinical experiences are at the sole discretion of the university.

Steps for Initiating Potential Clinical Education Sites

To initiate the process for attaining new clinical facilities, students are to speak with the DCE or ADCE. Upon approval, the student may contact the site, ask for the appropriate contact information for the SCCE or rehab director/owner if the SCCE is not available or the site does not have a designated SCCE.

The Proposed Clinical Facility Information Form (Appendix D) should be used to document the site information and appropriate contact information. This form should be given to the DCE or ADCE.

The DCE or ADCE will contact the SCCE/Rehab director to learn more about the site and to discuss how to proceed. Sites should be willing to accept future UMHB students, not just the student making the request. The DCE or ADCE will collect information necessary to determine if the site is a good match for the DPT Program and its students. If the site is a good match, a standard UMHB clinical facility agreement will be sent to the SCCE. If the agreement is acceptable, it is signed and returned to UMHB. If the facility requires changes to the agreement or has its own agreement, the amended agreement may require additional review by UMHB's legal department prior to signing.

Program Responsibilities to the Clinical Facility

1. Assure that all students selected for participation in the Program have satisfactorily completed all portions of the University's curriculum that are a prerequisite for participation in the Program.
2. Develop criteria for the evaluation of the performance of University students participating in the Program and provide those criteria, with appropriate reporting forms, to the Facility personnel and University personnel who are responsible for supervising those students.
3. Assign grades to students participating in the Program.
4. Inform all University students and personnel participating in the Program that they are required to comply with the rules and regulations of the Facility while on the premises of the Facility and comply with the requirements of Federal and State laws and regulations related to Facility, including without limitation, privacy laws.
5. Provide information requested by Facility related to students participating in the Program unless prohibited by Federal or State law. The University shall provide the Facility with name(s) of each student assigned to the Facility, as well as scheduled assignment dates (to be agreed upon by University and Facility).
6. Assign a faculty representative to coordinate the Program activities at the Facility, in collaboration with the Facility.
7. Provide the Facility with the current curriculum, clinical experience period and dates, course objectives, and syllabus of the Program, as well as all forms regarding students' clinical experience and instructions for completion of these forms, if applicable.
8. Maintain a commercial general liability insurance policy and a professional liability insurance policy each in the amounts of \$1,000,000 each occurrence and \$3,000,000 in the annual aggregate for its personnel and students who participate in the activities of the Program.
9. Other responsibilities may be specified in the fully executed affiliation agreement between the Program and Facility. It is each entity's responsibility to adhere to specific requirements.

Responsibilities of Clinical Facility

The UMHB DPT Affiliation Agreement outlines the responsibilities for each entity involved in the clinical education experience. Below are specific expectations of the Site Coordinator of Clinical Education (SCCE) or designated individual, and the Clinical Instructor (CI). The clinical education site will designate

one member of the professional physical therapy staff to serve as the SCCE or fulfill the SCCE responsibilities. The SCCE is responsible for assigning a specific CI for each PT student.

SUPERVISION GUIDELINES & MODELS: UMHB DPT program supports planned and strategic clinical experiences applicable for the level of knowledge, previous clinical experience and learning style of each student. Weekly objectives agreed upon by the student and CI assist with formative evaluation, tracking progress and can be adjusted as needed. Consistent constructive and affirmative feedback strengthen student learning and help clarify CI expectations. UMHB will provide information, forms and tools for use during the clinical experience to help streamline expectations.

UMHB believes each facility, SCCE and CI should explore use of a variety of models to meet the students' and site expectations for clinical education. While most students work 1 to 1 with a CI, alternative models may include 1 CI to 2 or more students, 2 part-time CIs to 1 student, or the use of PT residents and fellows to assist the CI in working with students. A student may also rotate between 2 services at the same facility, such as pediatric and adult.

SCCE (or designated individual) Responsibilities

1. Maintain files containing curriculum content, insurance forms, physical forms and contract information for the UMHB DPT program.
2. Remain current with changes and trends in clinical education, and ensure that clinical faculty take advantage of courses and seminars offered by affiliated programs.
3. Ensure that each therapist chosen as a Clinical Instructor (CI) meets the minimum requirements, which include:
 - a. holding current licensure in the state in which employed
 - b. employment as a licensed physical therapist for one year
 - c. evidence of active participation in formal and/or informal continued education, and
 - d. demonstrated ability to communicate strengths and weaknesses, both orally and in writing.
4. Respond in a timely manner to requests for student placement and confirmation of student placements. For multi-site facilities, maintain communication with the various sites to determine appropriate assignment of students.
5. Provide regularly updated information about the facility to the DCE or ADCE; revise CSIF as needed (Appendix E) to keep information accurate and current.
6. Ensure that each PT student receives an orientation to the facility, including facility policies and procedures relevant to student training, prior to the student participating in patient care.
7. Ensure that students receive communication from the facility at least 2 weeks prior to the clinical experience.
8. Request any additional student records other than TB skin test and Hepatitis B vaccine (such as MMR, physical exam, background checks, CPR, etc.) from the student, DCE, or ADCE.

CI Responsibilities

1. Complete free online CPI training, which is available through the APTA (instructions in Appendix

- C). Upon successful completion, the CI will receive continuing education credit through the APTA. This does not need to be repeated when supervising subsequent students. The CPI is used only during full-time clinical experiences.
2. Organize and plan the student's program to include clinical work, in-services, clinics, rounds, and other learning experiences as available:
 - a. Establish a client caseload and assist in formulating the student's schedule.
 - b. Introduce students as such to patients/clients and provide access to pertinent background information.
 - c. Assure that individual patients have the opportunity to opt-out of the clinical education experience.
 3. Provide appropriate supervision for each student and arrange for supervisory coverage by another PT during any CI absence.
 4. Deliver clinical supervision and instruction in the form of assessment and intervention demonstration utilizing hands-on techniques.
 5. Provide quality learning experiences in the areas of patient care, research, and administration. Become familiar with the student's curriculum and level of education/training by reviewing information provided by the academic institution prior to the student's arrival.
 6. Discuss the clinical education goals and expectations of the student for the facility including those of the academic institution. Introduce student to forms and procedures of the physical therapy facility.
 7. Offer an advantageous learning environment that encourages the student to ask questions and share insights. Provide opportunities for student demonstration of his/her level of understanding of the theoretical concepts underlying the interventions. Provide timely feedback through constructive criticisms and guidance for improvement. Although not required, written feedback to the student beyond the use of the CPI at midterm and final is strongly encouraged, especially for students who are experiencing difficulty.
 8. Review and discuss the student's examination and intervention techniques, treatment rationale, long-term and short-term objectives. Constructively review documentation of examinations, consultations, progress/daily notes and justifications for insurance coverage of recommended equipment.
 9. If a student experiences academic difficulty during a clinical experience, the SCCE, CI, and DCE or ADCE will collaborate to develop a learning contract or remediation plan.
 10. Perform midterm and final summative evaluations of the student's performance utilizing the CPI for fulltime clinical rotations. Encourage open and authentic communication with the student in reviewing the evaluations and comparing it to the student's self-evaluation (see Appendix E for instructions to access CPI 3.0 User Guides, Appendix F for CPI 3.0 Scoring and Performance Criteria).
 11. Communicate with the DCE or ADCE at UMHB during the midterm visit or as needed (Appendix J). Provide specific feedback to DCE, ADCE or faculty about the student's performance, and include feedback about perceived strengths and weaknesses of the academic program

concerning clinical education.

12. Submit the completed CPI or other student performance assessment tool to the DCE or ADCE at UMHB at the conclusion of the clinical experience.

Rights and Privileges of Clinical Faculty

Clinical faculty members of the UMHB physical therapy program have the following rights and privileges associated with their voluntary participation in PT clinical education:

1. Continuing Education or Competency Units (CCUs): Approved by the state of Texas for CIs of full-time clinical rotations as follows:
 - a. 5 CCUs for 6 -11 weeks of one full-time clinical experience (240 - 440 hours)
 - b. 10 CCUs for 12 weeks or longer of one full-time clinical experience (480+ hours)
 - c. Maximum of 10 CCUs for PTs per renewal period. Contact DCE for more information.
2. In-Service Presentations: The Director of Clinical Education or other faculty may provide in-service presentations on site at clinical education sites (when mutually appropriate) for clinical instructor development.
3. Clinical Instructor Presentations and Training: The UMHB DPT Program will host clinical instructor workshops at the university periodically for clinical instructor development. Such courses will provide continuing education for those clinicians serving as clinical instructors.
4. Consultation in planning and implementing clinical experiences.
5. Student-led in-services or special projects on a topic agreed upon by the CI to meet the needs of the affiliating site.
6. Potential opportunity to serve on the DPT Advisory Committee and/or DPT admissions interviews.
7. Potential consultation and/or collaboration with UMHB DPT faculty members on research projects.
8. Potential requests to participate in labs and lectures in the curriculum.

Texas Consortium for Physical Therapy Clinical Education

The University of Mary Hardin-Baylor DPT Program is a member of the Texas Consortium for Physical Therapy Clinical Education. The Primary purpose of this group is to coordinate all aspects of physical therapy clinical education in Texas. The Consortium functions with the financial support from the participating Universities. The Consortium has reduced the time, effort and cost of maintaining quality clinical education for the state's physical therapy students. In addition, The Consortium provides continuing education opportunities and training workshops for Clinical Instructors as well as SCCE and DCEs/ADCEs from all parts of the nation.

Texas Consortium Awards

Each year the consortium honors several Outstanding Clinical Educators from around the state who are APTA members, have an active contract with at least two Consortium programs and have taken students for 2 or more years. The winners are announced at the TPTA Annual Conference. Sites may nominate themselves for the Exemplary Clinical Education Site award, honoring a department or clinic that has

provided outstanding, innovative clinical education experiences for students. Applications will be posted on The Texas Consortium website when applicable.

Clinical Instructor Certification and Credentialing Courses

The Texas Consortium provides continuing education opportunities and training workshops for Clinical Instructors as well as Academic Coordinators of Clinical Education from all parts of the nation. The CI Certification Course consists of two parts: Part I is a six-hour online course and Part II is a half-day onsite/virtual course. CCUs are given. Part I must be completed prior to taking Part II. CI Certification courses are given throughout the state each year and at TPTA Annual Conference. To check on upcoming courses or to register for a course, see The Texas Consortium website, www.TexasConsortium.org.

The American Physical Therapy Association also provides a 2-day, CI Credentialing course called the Credentialed Clinical Instructor Program (CCIP) and a subsequent Advanced CI course. UMHB DPT program will periodically host a credentialing course for the CIs/SCCEs affiliated with our clinical education program.

The Student Physical Therapist

Definition of Student Physical Therapist (SPT)

A student physical therapist is a graduate-level learner who participates in clinical education to practice what he or she has learned in the Doctor of Physical Therapy Program. The student physical therapist is required to introduce him/herself as a student and sign all documentation with the designation of SPT during clinical rotations. A patient has the right to refuse treatment by an SPT and/or participation in clinical education practices.

Selection of Clinical Experience/Practicum

Students complete a comprehensive survey to provide information on their clinical preferences. The DCE, ADCE, or designated faculty is responsible for assigning the clinical placements and will use the available requests, student interests, and curriculum design to determine the assignments. Clinical sites that offer first come first serve slots will potentially be assigned as needed by the DCE or ADCE.

Rescheduling a Clinical Experience

In the event a student is unable to begin an arranged clinical experience, the student must submit a written request to the DCE, ADCE or designated faculty, along with proper documentation, prior to the starting date to request rescheduling of the rotation. Rescheduling of the postponed rotation will be at the discretion of the DCE, ADCE or designated faculty and potentially the clinical facility. Assurance of the same clinical placement is not feasible if rescheduling occurs.

Student Responsibilities Prior to Clinical Experiences

1. **INTRODUCTION LETTER:** The student is responsible for sending a letter or email of introduction to the clinical facility prior to start date.
2. **STUDENT PROFILE:** The student is responsible for the completion of a Student Profile, which is part of the online database system used by UMHB DPT Clinical Education. The Student Profile seeks to give the prospective CI additional information about the student, which may not be apparent in the letter of introduction.

3. **CLINIC CONTACT:** The student is responsible for completing a telephone or email contact with the designated individual at the assigned clinical facility two to four weeks prior to their scheduled arrival at the site.
4. **STUDENT GOALS:** The student is responsible for the development of a list of personal and professional goals prior to each clinical experience, and the student is encouraged to share this with their CI. The purpose of this assignment is to have the student reflectively review his/her clinical education needs and take an active role in determining objectives for each clinical experience related to individual professional goals.

Prerequisites for Participation in Clinical Education

(including Health and Wellness Requirements)

1. **ACADEMIC PERFORMANCE:** Students must have earned a grade of C or higher in all physical therapy coursework. Any student on academic probation due to an overall GPA below a 3.0 may not enroll in a full-time clinical education experience.
2. **REGISTRATION:** Students must be officially registered for clinical education courses before they can begin a clinical education experience/practicum. Each student's name must appear on the class roster in order to begin the clinical experience/practicum.
3. **INFORMATION ABOUT CLINICAL EDUCATION SITES:** The DCE/ADCE or designated faculty will inform students of the location of information related to each clinical facility. Students should review available information related to their assigned clinical site. It is the student's responsibility to respond to any specific request made by the facility that has been approved by the program. If a student has not been contacted by their CI or the facility 2 weeks prior to the clinical experience, the student should contact the facility or CI and notify the DCE/ADCE.
4. **REQUIRED PAPERWORK/TESTING:** The student must meet immunization and other requirements of the school and clinical facility as set by the clinical affiliation agreement. Students will undergo a criminal background check at companies/providers approved by UMHB prior to their first semester in the program and prior to the 1st clinical experience at the student's expense. In addition, students will undergo a drug screen at companies/providers approved by UMHB prior to their first clinical practicum at the program's expense. If a clinical facility for a later clinical experience requires a more recent criminal background check or drug screen, the student is responsible for the cost of providing these to the clinical facility, with a copy provided to the DPT Program Director.
 - a. Proof of health insurance (if required by clinical facility), biographical data forms, current CPR certification, and results of current TB tests must be submitted by the date assigned by the DCE, ADCE or designated faculty.
 - b. Up-to-date immunizations (see chart pages 22).
 - c. Both CPR certification and TB tests must be current through the final day of the clinical experience or internship.
5. **HIPAA AND OSHA TRAINING:** Students are required to complete training on OSHA, Universal Precautions, Blood Borne Pathogens, body mechanics and HIPAA regulations. This will be scheduled for DPT students prior to clinical placements.
 - a. Students failing to complete the scheduled training will be required to provide evidence

of completion of alternative training.

- b. Students who do not complete or provide documentation of appropriate training will not be eligible to attend their next clinical experience.

NOTE: The DCE, ADCE or designated faculty member may cancel a student’s placement at a clinical facility if the student fails to submit all the required documentation in a timely manner.

Background, Health and Wellness Requirements for Students

(See also Health and Training Policies section of this manual for immunization requirements)

Background Check	Completed prior to entrance to program, prior to 1 st clinical, and any site-specific requirements
Drug Screen	Completed prior to 1 st clinical and any site-specific requirement
CPR Certification	Must be current through end of clinical rotation
HIPAA Training	1 st year courses
Blood-Borne Pathogens Training	1 st year courses
OSHA Training	1 st year courses
Student Professional Liability Insurance	Provided by UMHB
Proof of Medical Insurance	Students may be required to show proof of individual medical insurance as a condition of participation at some clinical facilities. <i>UMHB assumes no responsibility for medical expenses incurred by students, and strongly recommends all students maintain individual medical insurance.</i>

NOTE: If a clinical facility has other specific requirements regarding background, health/wellness and immunizations, the student will be provided with that information by the Program and is responsible for being in full compliance with those requirements.

Student Responsibilities during Clinical Experiences

The following are requirements for the students during the clinical experience. This list is not inclusive and subject to change.

1. **STUDENT PHYSICAL THERAPIST:** The student must identify him/herself as a “student physical therapist” to any patient with whom he/she is involved in care. The SPT must ensure that the patient understands the patient’s right to decline participation in clinical education practices.
2. **HOUSING & TRAVEL DURING CLINICAL EXPERIENCES:** All arrangements and expenses pertaining to housing and travel during clinical experiences is the responsibility of the student. UMHB DPT program will provide the student(s) with any information available regarding site- specific housing. When possible, student’s preferences are taken into consideration for determining clinical rotation selections but specific selection cannot be guaranteed.

3. **UPDATE SITE AND CI INFORMATION:** The student is to update this information during the first week in the clinic for review by the DCE, ADCE or designated faculty. The update should include the contact information of the CI and student, working hours, department location and dates/times when the CI is not available. This information is used to schedule midterm visits or phone calls. Appropriate signatures may be required by the CI or SCCE at the site.
4. **PERIODIC UPDATES:** Each student will be required to submit scheduled updates or self- assessment of his/her own performance to the DCE, ADCE or designated faculty. The form does not have to be reviewed by the CI. The CI is encouraged to utilize a weekly written feedback tool to increase student accountability and tracking toward predetermined objectives, as well as aiding in early identification of concerns.
5. **CONFIDENTIALITY:** It is the policy of the UMHB DPT Program that all patient information is treated with the appropriate level of confidentiality and adheres to the clinical facility's policies, which may include appropriate HIPAA regulations. This includes, but is not limited to, information shared during class presentations, labs and lectures. Patient releases should be obtained for images/videos and any information to be used in the academic and/or research setting.
 - a. Students are required to abide by the clinical facility's policy on confidentiality.
 - b. Students who believe they have witnessed a violation of the patient confidentiality policy should contact their CI/SCCE or the course instructor, depending upon the setting of the incident.
 - c. The CI/SCCE or course instructor should discuss the situation with the party(s) involved and inform them of the facility's policy on confidentiality.
 - d. This discussion should be documented and placed in the appropriate file at the clinical facility and in the clinical education file in the academic setting.
 - e. If a student on a clinical experience is involved with repeated violations, the CI/SCCE should report the information to the DCE, ADCE or designated faculty member.
 - f. The DCE, ADCE, or designated faculty member and the CI/SCCE will discuss an appropriate plan of action for repeated violations in the clinical facility.
6. **PROFESSIONAL BEHAVIORS:** Students are expected to demonstrate professional behavior at all times during clinical experiences. Considerations related to professional behavior include, but are not limited to:
 - a. **CELL PHONES:** Cell phones should be turned off while in the clinical environment and stored away from the patient care areas. If the cell phone is used during a break, it should be turned back off at the end of the break.
 - b. **SOCIAL MEDIA/TECHNOLOGY:** Students should exercise extreme caution when using electronic and social media. Patient or clinical circumstances should not be discussed through these or other inappropriate means.
7. **MIDTERM CONFERENCE:** The DCE, ADCE or designated faculty member may utilize a variety of methods, including site visit, video teleconferencing, phone call, and/or email communication, to perform periodic and midterm conferencing. The student and the CI will be interviewed about the ongoing clinical experience.

8. **STUDENT SELF-ASSESSMENT:** All students are required to complete a self-assessment using the Clinical Performance Instrument (CPI) at the midterm and final points of the fulltime clinical experiences. Program faculty believe that the practice of self-assessment during clinical experiences will contribute to the development of entry-level physical therapists capable of ongoing and regular self-assessment.
9. **STUDENT EVALUATION OF THE CLINICAL FACILITY:** The student will complete the Physical Therapist Student Evaluation: Site and Clinical Instruction at the end of the rotation. Students are encouraged to share the information with their CI(s) following the final evaluation. This form affords feedback to the site about the clinical experience and provides information about a specific site to future UMHB DPT students and the academic faculty. The form will only be shared with other students after the approval of the DCE, ADCE or designated faculty member.
10. **ATTENDANCE REQUIREMENTS:**
 - a. Attendance during integrated clinical development and professional experiences is mandatory. Absence for **any reason** must be reported to DCE, ADCE or designated faculty and CI at the facility **prior** to time of absence and should only be considered for illnesses, emergencies, and unforeseen circumstances. Days missed must be made up during that clinical experience or during a later rotation as determined by the CI/SCCE and DCE/ADCE or designated faculty.
 - b. When the student cannot attend clinical on a day that it is scheduled, the student must immediately notify the clinical facility as well as the faculty member designated as the course instructor. The student should obtain a telephone number and discuss the procedure of notifying the clinical facility and faculty for unexpected absences. Failure to notify the clinical facility prior to the beginning of the scheduled clinical day is unacceptable and may place the student and clinical placement in jeopardy. The student should notify the course instructor as per the course guidelines. The student should then present the faculty with a plan to complete the lost clinical time within the DPT Program's rules regarding absence limitations. The student must complete the hours within the prescribed time frame. Failure to complete clinical hours will result in an incomplete for the course. Students are not to share or switch clinical days/times with other students.
 - c. In the event of inclement weather students are to follow the attendance policies of the facility to which they are assigned. It is expected that students will use their best judgment in regards to their own personal safety.
11. **MEDICARE AND OTHER INSURANCE-SPECIFIC RULES AT CLINICAL FACILITIES:** It is the ultimate responsibility of the student to adhere to any student supervision guidelines that may be imposed on the clinical facility by various insurance companies or provider networks. This should be clarified during orientation to the facility or possibly prior to beginning the clinical experience.

Medicare Guidelines: Students will likely have clinical experiences at clinical facilities that accept Medicare and are therefore subject to Medicare rules and regulations. Students have been instructed in Medicare regulations during academic coursework regarding the student role under Part A and B. For up-to-date Medicare guidelines, refer to the APTA document: Medicare Guidelines Regarding Student Supervision. It is

expected that all Clinical facilities and CIs adhere to appropriate rules and regulations regarding student patient contact. Please contact the DCE, ADCE or designated faculty if you need assistance with clarification on Medicare guidelines.

- 1) **INCIDENTS AT CLINICAL FACILITY:** DPT Program students involved in any accident or other incident in the clinical facility which could adversely affect patient care should report the incident promptly to the clinical facility and the university faculty member for the course. The faculty member must be informed of any written report for which the student is responsible prior to the student leaving the clinical facility. The student and faculty should also document the incident for the student's clinical evaluation.

If a student believes that he/she is experiencing unlawful discrimination or harassment at a clinical site, he/she should immediately report such concerns to UMHB through the university's published reporting system, as outlined on Appendix K of the DPT Student Handbook, in the UMHB Student Handbook and REPORT It website.

Basic Problem & Conflict Management between Student and Clinical Facility

If the student feels that an experience is not meeting expectations and needs, ***it is the student's responsibility to take positive action***. Each student has the responsibility to seek help in resolving a problem from the CI or the SCCE at the facility, and/or from the DCE, ADCE, or designated faculty. Students on clinical experiences may contact the DCE, ADCE, or designated faculty during the evenings or weekends (cell phone number will be provided).

Identification of the problem is the first step in the process, a step that definitely requires considerable thought and objectivity and which may require assistance. Communication is vital.

In the event that the persons involved agree that the conflict cannot be resolved, the student may be removed from the site. The student will be reassigned to another clinical experience site as soon as an appropriate clinical facility can be secured. In this occurrence, a grade of IP (in progress) will be assigned until the student completes the clinical experience at the new clinical facility.

To avoid unnecessary conflicts of interest, students are not allowed to participate in clinical experiences at clinical facilities where they have volunteered or worked in the past five years. Students will not be assigned to a clinical facility where a relative is employed within the physical therapy department of that facility.

Steps to Conflict Resolution Between Student and Clinical Facility

Students that perceive a conflict has happened or is developing with a staff person, clinician or CI should proceed in the following suggested manner:

1. **Approach the person** involved and **ask to have a meeting** in private or during office hours.
2. **Come to the meeting prepared** with a list of facts (avoid vague perceptions or opinions).
3. **Be respectful and listen**, allow the person to complete their point before commenting.
4. **The meeting should involve forming a plan of action for both parties.** Conflicts may not resolve in one meeting and a certain amount of compromise might be required to come to a successful resolution.

5. **Contact the DCE, ADCE** or designated faculty to make them aware of the situation. They may become involved if requested or if they feel it is appropriate.

Dismissal from a Clinical Facility

A student can be dismissed from a clinical facility by their own request, the request of the CI/SCCE, or determination of the DCE, ADCE, or other designated faculty. The appropriate action will be determined by the university based on the cause of the dismissal from the clinical facility as well as the totality of the student's conduct and performance.

Evaluation of Clinical Education

Clinical Education Grading Criteria

Clinical courses in the DPT curriculum will utilize a grade of CR (credit) or NC (no credit). In certain circumstances, a grade of IP (in progress) may be assigned if the clinical rotation is not completed by the end of a semester.

The grade in each course is determined by the course instructor. Specific course requirements for grading will be included in each course syllabus. The DCE or ADCE will assign grades for clinical education courses based on feedback provided by the clinical instructor(s). Clinical performance will be evaluated using the Physical Therapist Clinical Performance Instrument (PT CPI) for all full-time clinical experiences. The syllabus for each clinical course will outline performance expectations on the PT CPI or other specified assessment tool.

Professional conduct is a component of academic and clinical performance and will be evaluated accordingly. Program faculty will regularly assess student professional conduct using the Professional Behaviors form and professional standards outlined in the *APTA Code of Ethics, Guidelines for Professional Conduct* and the *Texas Practice Act*. Clinical Faculty may also be required to assess a student's professional behaviors.

Student Evaluation

During each full-time clinical rotation, the CI will use the Physical Therapy Clinical Performance Instrument (CPI) for the Midterm and Final summative evaluation of the student. Each particular clinical experience will have specific requirements outlined on the syllabus. For the initial part-time clinical rotation, an abbreviated Student Evaluation Form will be utilized.

Physical Therapy Clinical Performance Instrument (PT CPI or CPI or CPI 3.0)

The CPI has been developed by the APTA for evaluation of the student clinical performance during clinical affiliations. It is available in online format for the CI and student to complete. The CPI utilizes a categorical, ordered rating system with narrative to rate the 12 performance criteria. The student and CI will separately rate the student's performance. Assessments should be shared in a formal evaluation conference between the student and CI at both the midterm and final week of the clinical placement. It is the student's responsibility to assure the evaluations are completed and submitted to the DCE, ADCE, or designated faculty.

Clinical Experience and Clinical Instruction Evaluation

Each student is required to complete the Physical Therapist Student Evaluation: Site and Clinical Instruction. The form should be initiated at the time of the midterm and completed during the final week of the placement and shared with the CI during the final evaluation conference. The completed

form provides demographic information on the CI(s) (General Information), an assessment of the clinical instructor's performance (Section 2), the overall quality of the clinical experience (Section 1) and the adequacy of the student's academic preparation (overall summary appraisal). Completed forms are to be submitted to the DCE or ADCE by the established due date.

The DCE, ADCE, or designated faculty will perform a review of available documents and communication to rate the performance of the CI and SCCE. The CI and SCCE are encouraged to perform self-assessment.

Evaluation of the DCE and ADCE

The student, CI/SCCE, and academic faculty will have the opportunity to evaluate the performance of the DCE/ADCE. Feedback will be solicited through formal and informal means. This feedback is vital for growth and improvement to better the clinical education experience.

APPENDIX A: PROPOSED CLINICAL FACILITY INFORMATION FORM

UMHB DPT Proposed Clinical Facility Information

*Date:	*Person completing form:			
*Facility Name:				
Interest in UMHB Clin Affiliation	Yes or No If Yes: use UMHB affiliation agreement OR their OWN			
*Contact person or SCCE:				
Director:				
*Phone number:				
Fax number:				
*Email:				
*Address:				
# of Therapists:	PTs:	PTAs:	OTs:	ST:
*Primary Pt Pop:	Ave. # pts/day:			
*Website info:				
Other locations:				
Have they had other students?	Yes or No; If Yes list types of students:			
Rotation preferences	Part-time and/or Intermediate/Advanced/Final			
Contact info for Contract:				
Date Contract Signed and Signed by				
*BOLD information to completed by individual submitting form to DCE or ADCE (see pg. 23 for more information)				

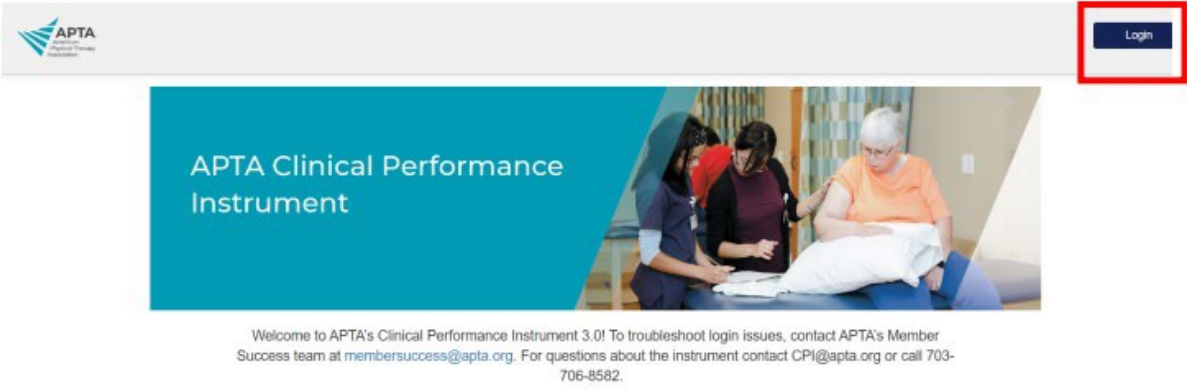
APPENDIX B: CSIF INSTRUCTIONS FOR SCCE

Clinical Site Information Forms may be updated by the SCCE within the CPI 3.0 system after log-in.

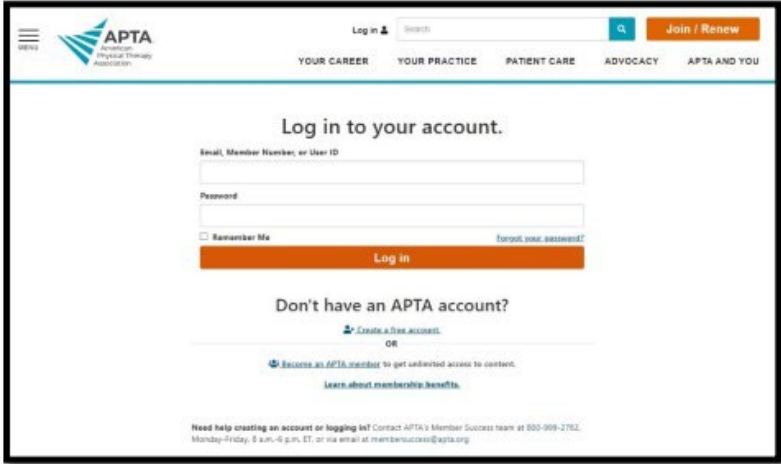
Login

Go to <https://cpi.apta.org>

Click **Login**.



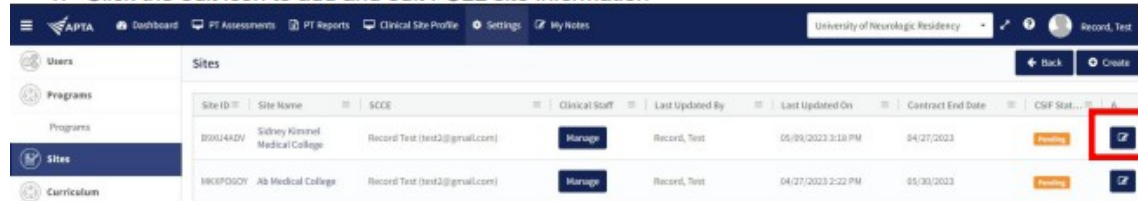
Log in to your account using your APTA login credentials.



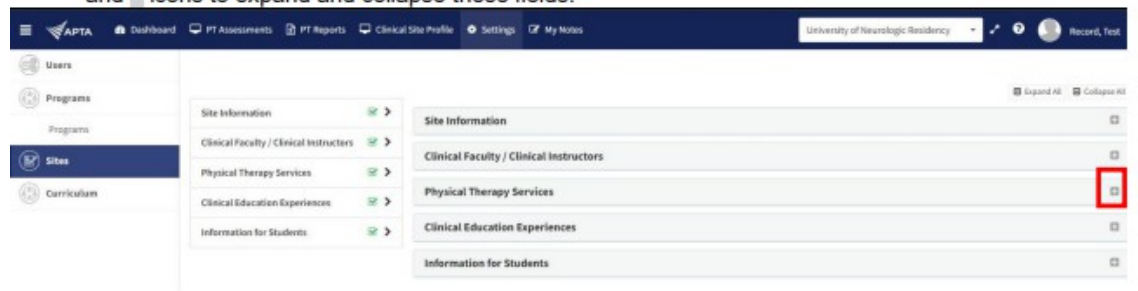
Edit Clinical Site Information

Editing and maintaining the integrity of Clinical Site Information is the responsibility of the SCCE.

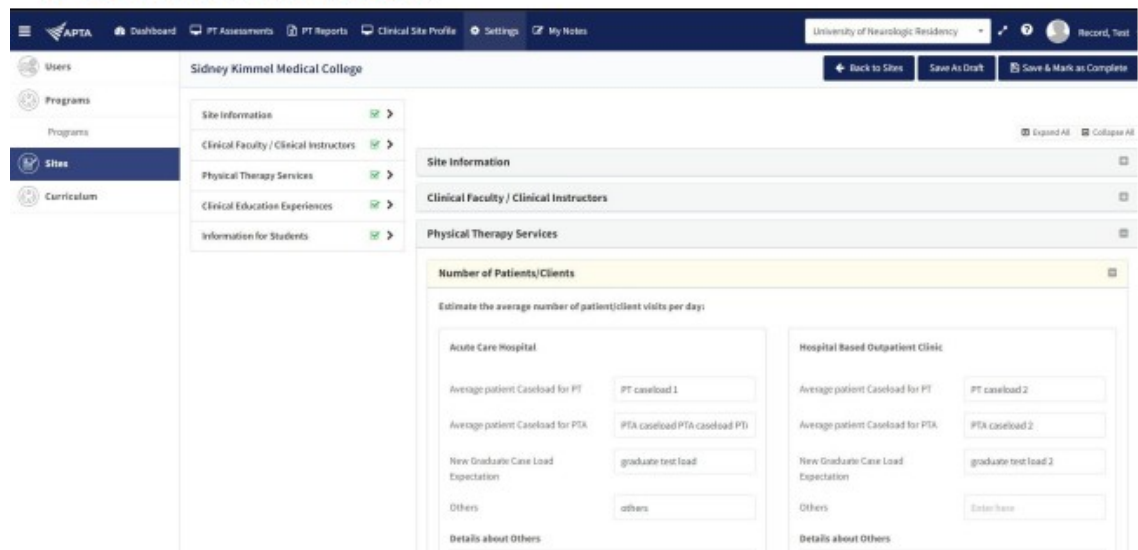
1. Click the edit icon to add and edit FULL site information



2. This edit screen is divided into sections which can be expanded and collapsed. Use the commands + and - icons to expand and collapse these fields.



3. Complete each section and SAVE.



https://help.liaisonedu.com/Clinical_Assessment_Suite_Help_Center/CSIF/CI/Updating_Your_CSIF

APPENDIX C: PT CPI 3.0 ONLINE TRAINING

All new users of CPI 3.0 must complete training for their assigned role prior to using the assessment tool. Training is hosted on the APTA Learning Center platform: <https://learningcenter.apta.org/>.

Links to trainings are provided below. Users that are not current APTA members should create a free account prior to completion.

APTA CPI 3.0—CI/SCCE Training: https://learningcenter.apta.org/products/apta-cpi-30-cisce-training#tab-product_tab_overview

APTA CPI 3.0 – CI/SCCE Training

Register

Already registered? Log in now.

Overview

Instructions

Contents (5)

PT and PTA Clinical Performance Instrument (CPI) 3.0
Training module and Assessment for CIs and SCCEs (addresses both PT and PTA CPI)

The goal of the training module is to equip CIs and SCCEs to accurately assess both PT and PTA student's performance using the CPI 3.0. The assessment includes 21 questions and a passing score for successful completion of this training is 100%. You may take this assessment as many times as you need to achieve a passing score.

APTA CPI 3.0—PT Student Training: <https://learningcenter.apta.org/products/apta-cpi-30-pt-student-training>

APTA CPI 3.0 – PT Student Training

Register

Already registered? Log in now.

Overview

Instructions

Contents (5)

PT Clinical Performance Instrument (CPI) 3.0
Training module and Assessment for PT Students

The goal of the training module is to equip PT Students to accurately assess a student's performance using the CPI 3.0. The assessment includes 16 questions and a passing score for successful completion of this training is 100%. You may take this assessment as many times as you need to achieve a passing score.

APPENDIX D: SAMPLE LEARNING ASSIGNMENTS FOR THE SPT DURING CLINICAL EXPERIENCES

Ideas for assignments for Students during a clinical placement:

1. Get to know the student
 - a. Learning style or personality inventory (there are free tests/tools available online)
2. Orientation
 - a. Lay-out any non-negotiable expectations (ie. dress code, no texting, no unrelated social reading "People Magazine", etc)
 - b. Site specific policies and procedures/manuals
 - c. Safety Considerations/guidelines
3. Review the programs objectives for that clinical placement
 - a. Write specific short term objectives to help achieve the long-term objectives. (please contact the program Director of Clinical Education if you have having difficulty with this).
4. Daily/Weekly planning and debriefing
 - a. Utilize Weekly planning tool (don't be afraid to have the student fill this out)
 - b. Have student write a weekly or daily SOAP note on their experience (Not about a specific patient). This can give insight into what a student may feel he or she is struggling with as well as other areas that need to be addressed from his or her self-assessment.
 - c. Journaling
5. Paper Patients
 - a. Scenarios that you have written up designed to improve the student's ability to perform critical thinking, communication, problem solving, and interpersonal skills.
 - b. If you do not have any case studies a student could be assigned to come up with some scenarios for future students.
 - i. Include aspects related to:
 1. examination,
 2. developing plan or care,
 3. interventions,
 4. ethical considerations,
 5. patient and family education needs,
 6. inter-professional communication, and
 7. discharge needs/recommendations
6. Interdisciplinary Opportunities
 - a. Shadowing another therapist (OT, PTA, SLP etc)
 - b. Spending part of a day with admin staff to see more of the behind the scenes aspect
 - c. Observe a pertinent surgery or even find online videos that relate to patient scenarios or professional behaviors.
7. Provide a list of specific resources to review/discuss (have future students expand the list)
 - a. Journal Reviews- What new knowledge can the student help provide
 - b. Search for new testing/examination, apps, interventions, etc.
8. Special projects
 - a. In-services
 - b. Developing a booklet or pamphlet that may be provided to other clinicians or patients
9. For full-time students have them be the primary therapists for a selected patient form 'start to finish' based on the complexity of the patient and his or her needs.

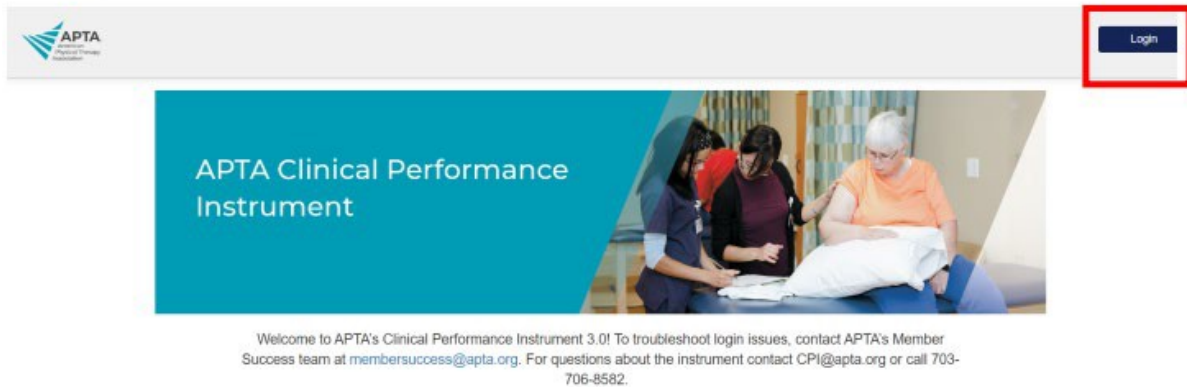
APPENDIX E: PT CPI 3.0 USER GUIDES

CPI 3.0 user guides for assigned roles are available for download within the CPI system after log-in.

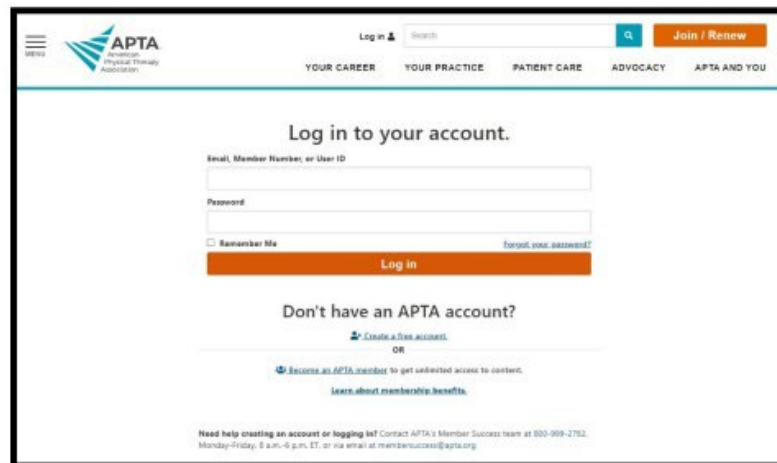
Login

Go to <https://cpi.apta.org>

Click **Login**.






Log in to your account using your APTA login credentials.



For login issues: Email CPI@APTA.org or call 703-684-2782

Menu Options



	Click to enter/exit full screen.
	Click to access User Guides.
	Click your User Profile photo to: <ul style="list-style-type: none">• Update your user profile• Log Out of the system

APPENDIX F: CPI 3.0 SCORING AND PERFORMANCE CRITERIA

Accurate evaluation of student performance using the CPI 3.0 considers each of the following elements:

- 1) A description of each performance criterion
- 2) Statements or “anchors” that describe the six performance levels (Beginning Performance, Advanced Beginner, Intermediate Performance, Advanced Intermediate Performance, Entry-Level Performance, and Beyond Entry-Level Performance)
- 3) Percentage ranges for the student’s level of required clinical supervision and caseload (Except for the ‘Professionalism’ domain)
- 4) Example behavior that further clarify the performance levels.

Description of the 12 performance criterion are below:

1. **Professionalism—Ethical Practice:** Practices according to the Code of Ethics of the Physical Therapist; demonstrates respect for self, the patient/client, and colleagues in all situations.
2. **Professionalism—Legal Practice:** Practices according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
3. **Professionalism—Professional Growth:** Accepts and is receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills.
4. **Interpersonal—Communication:** Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., interpreters) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist assistants regarding patient/client care.
5. **Interpersonal—Inclusivity:** Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; provides equitable patient/client care that does not vary in quality based on the patient’s/client’s personal characteristics (e.g., ethnicity, socioeconomic status).
6. **Technical/Procedural—Clinical Reasoning:** Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement leading to accurate and efficient evaluations including: selection of examination techniques, diagnosis, prognosis, goals, and plan of care; ensures patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues).
7. **Technical/Procedural—Examination, Evaluation, and Diagnosis:** Performs evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rules out other pathologies and refers to or consults with other healthcare professionals as necessary;

evaluates data from the patient/client examination (e.g., history, systems review, tests and measures, screening, and outcome measures) to make clinical decisions, including the determination of a diagnosis to guide future patient/client management.

8. **Technical/Procedural—Plan of Care and Case Management:** Establishes a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapts plan of care as appropriate by utilizing test and retest measures, outcome measures, and caseload discussions to ensure patients/clients are progressing toward discharge goals.
9. **Technical/Procedural—Interventions and Education:** Selects and performs appropriate physical therapy interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that are evidence-based and completed in a competent and efficient manner; consults with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapists, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educates patients/clients and caregivers using multimodal approach based on patient’s/client’s learning style; educates healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities.
10. **Business—Documentation:** Produces quality documentation that includes changes in the patient’s/client’s status, description and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation.
11. **Business—Financial Management and Fiscal Responsibility:** Identifies financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjusts plan of care and schedule frequency based on the patient’s/client’s financial concerns or needs; understands nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bills patients/clients according to legal guidelines and insurance regulations; demonstrates appropriate understanding of other fiscally responsible behaviors, including time management and appropriate use of clinical supplies and equipment when providing physical therapy services.
12. **Responsibility—Guiding and Coordinating Support Staff:** Actively participates in caseload discussions with interprofessional colleagues to optimize patient/client outcomes; delegates tasks to support staff as appropriate; identifies patient/client complexity model of care when scheduling patients/clients with a physical therapy assistant versus a physical therapist.

The rating scale and supervision/caseload measures are below:

Rating Scale	Beginning Performance	Advanced Beginner Performance	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist’s caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist’s caseload.	

APPENDIX G: MIDTERM SITE VISIT OR CALL FORM

University of Mary Hardin-Baylor
 Doctor of Physical Therapy Program
Professional Experience Midterm Site Visit or Call Form:

CI and Student at Midterm

Date: _____ Time: _____

PHTH _____ MIDTERM

VISIT or CALL

Student Name:				
Faculty Advisor:				
Clinical Facility:				
Clinical Site City:			State:	
Time Zone : <small>circle</small>	PST	MST	CST	EST
Student's Number:				
Student's Email:				
CI 1 st & Last Name:				

Faculty or designated representative making visit/call: _____

Record of messages left: _____

*With each visit/call, please ask the **CLINICAL INSTRUCTOR** the following questions:*

1. How is the student performing with regard to each of the following?			
a. Foundation knowledge:			
b. Clinical skills/Documentation/Pt. Assessments Completed:			
c. Professional abilities:			
2. Have you completed the midterm assessment?	Yes	No	Date:
3. How did the student's assessment compare/contrast with your assessment?			
4. Are there any items on the CPI in which the student is at risk for performing below required threshold by the end of the rotation? Ex: supervision/delegation of support personnel			
5. Is there anything you need from UMHB Physical Therapy Program?			
ADDITIONAL COMMENTS:			

University of Mary Hardin-Baylor
 Doctor of Physical Therapy Program
Professional Experience Midterm Site Visit or Call Form:

With each visit/call, please ask the STUDENT the following questions:

1. Are you in a place where we can talk privately?	YES	NO
<i>(If not, offer an opportunity for the student to call you back when able to talk privately)</i>		
2. How is the student feeling about his/her own:		
a. Foundation knowledge preparation for this setting:		
b. Clinical skills development in this setting: (documentation, treatment intervention, # of assessments done)		
c. Professional abilities :		
3. Have you completed the midterm assessment?	Yes	No
Date:		
4. How did the CI's assessment compare/contrast with your assessment?		
5. Are there any items in the CPI about which you are concerned or need to talk about how to demonstrate?		
6. Has the level of supervision provided been appropriate for you?		
7. Are there any concerns you have about the clinical instruction you are receiving?		
8. Would you describe your CI as "exceptional"? If so, why?		
9. Additional concerns or comments:		

Follow Up:

Advisor has/will follow up this call in this manner:	
Advisor requests follow up by the DCE with regard to the following:	

Is this a site that you recommend we visit in the near future? YES____ NO____

Other Comments: _____

Faculty Signature: _____ Date: _____