PHYSICAL THERAPY DEPARTMENT

DOCTOR OF PHYSICAL THERAPY PROGRAM

CATALOG AND HANDBOOK

CLASS OF 2029

TABLE OF CONTENTS

ACADEMIC POLICY AND PROCEDURE SECTION

I. PREFACE

This manual (paper or electronic) is designed for students enrolled in the Doctor of Physical Therapy Program at Clarke University. Students in the professional phase of the program are expected to use this handbook throughout their participation in this curriculum. This handbook will be reviewed and updated in the summer prior to each academic year. Students are also referred to the Clarke University Academic Catalog and the Clarke University Student Handbook which can be found on the Clarke website.

II. THE MISSION STATEMENT OF CLARKE UNIVERSITY

Clarke University is a Catholic academic community that believes learning is lifelong and life changing. We inspire intellectual curiosity, cultural engagement, professional preparedness, spiritual exploration, and a commitment to contributing to the common good in a global society.

VISION STATEMENT

Clarke University will be distinguished as a compassionate and inclusive community. We educate and inspire through our core values of Freedom, Education, Charity, and Justice, which we share with our founding order, the Sisters of Charity, BVM. Together, we thrive through our Catholic, BVM, and liberal arts traditions, graduating leaders who make a positive difference in the world.

CLARKE UNIVERSITY CORE VALUES STATEMENT

Clarke University is a learning community that lives by four core values: Education, Charity, Justice, and Freedom. These values emanate from our founder Mary Frances Clarke, the Sisters of Charity of the Blessed Virgin Mary, and those who follow their example to provide learning experiences that are relevant and forward looking.

EDUCATION:

As a community seeking wisdom, we help all to appreciate learning opportunities that enable persons to reach their full potential.

CHARITY:

As a community seeking to welcome all, we contribute to the well-being of others and the common good.

JUSTICE:

As a community standing with others, we strive to create a society that recognizes the dignity, equality and rights of all people and to respond faithfully to one another.

FREEDOM:

As a community seeking to live authentic lives, we invite all to be open to God's love and to be true to their best selves.

III. MISSION STATEMENT OF THE PHYSICAL THERAPY DEPARTMENT

The mission of the physical therapy program is congruent with the mission of Clarke University and consistent with contemporary preparation of physical therapy professionals. Both the University and department missions include providing a supportive environment that encourages personal and intellectual growth of professional leaders, promotes reflective professional practice within the context of a diverse global community, and advances decision making that is rooted in spiritual and ethical principles as well as social responsibility. The department mission aligns with the Normative Model of Physical Therapist Professional Education: Version 2004 in that it emphasizes excellence in the teaching and learning of skills related to the practice of physical therapy, the importance of critical thinking and ethical decision making, and the development of lifelong learning skills that will empower graduates to adapt to changing healthcare environments. The program's mission is also congruent with the Guide to Physical Therapist Practice (online), as students develop the attitudes, behaviors, and skills needed to contribute to the contemporary physical therapy community in a variety of settings. The Physical Therapy Department Mission Statement follows.

MISSION STATEMENT OF THE CLARKE UNIVERSITY PHYSICAL THERAPY DEPARTMENT

The Clarke University Physical Therapy Department is part of the caring, learning community at Clarke University, committed to excellence in physical therapy education and dedicated to educating individuals who are prepared to contribute to society as physical therapy professionals in a variety of settings. We are part of the supportive environment that inspires intellectual curiosity, cultural engagement, professional preparedness, spiritual exploration, and a commitment to the common good in a global society. As educators, we will encourage lifelong learning by providing continuing education to therapists in the State of Iowa as well as the tri-state region. The faculty will be active in community and professional organizations.

We provide a supportive environment for learning while fostering the critical thinking and ethical decision-making skills required to participate in the rapidly changing health care environment.

We build upon the core values of Clarke University including spiritual values, cultural appreciation, and acceptance of diversity of people and ideas.

Clarke University physical therapy faculty, students, and graduates strive for a spirit of collaboration with the health care community to achieve optimum health and wellness for clients served.

IV. PHILOSOPHY OF THE PHYSICAL THERAPY DEPARTMENT

Physical therapy is a health profession dedicated to the improvement of the quality of life through the prevention, rehabilitation, and management of acute or prolonged movement impairment. Physical therapists treat individuals with pain, functional limitations and other health-related conditions resulting in disablement. A guiding principle for physical therapists is to effectively and efficiently facilitate increased functional ability of patients/clients. Through intervention and education, patients/clients and caregivers are enabled to assume responsibility for their functional recovery and health, thereby decreasing the cost of disability to society.

At Clarke University, a liberal arts foundation serves as an integral component of physical therapy professional education. Indeed, the physical therapy student develops an understanding and appreciation for the structural, functional, psychosocial, emotional, and spiritual dimensions of humans. Individuals are recognized as unique composites of body, mind, and spirit and, in response, physical therapy intervention is based on individual patient/client needs.

The faculty recognizes that the delivery of health care is undergoing significant change and that the future of health care and physical therapy will likely undergo regular change. Accordingly, the physical therapy graduate must appreciate the diversity in roles and practice settings and understand that physical therapy is not just an aggregation of facts and techniques but an evolving practice. The faculty believes that the best preparation for such changing roles is a commitment to life-long learning as well as critical and analytical thinking. Consequently, student reflection, critical thinking, and decision making are fostered during all phases of the professional curriculum in order to develop the problem-solving skills that are essential to competent practice.

Graduates have requisite skills to practice physical therapy as generalists who can appropriately adapt to practice across all health care settings and patient conditions. As a result of classroom and clinical experiences, and through personal reflection and personal growth, Clarke University physical therapy graduates are expected to be culturally sensitive, professional, and service oriented practitioners who demonstrate safe and effective practice within an ethical framework. Clinical management, communication, and scholarship form the foundation for professional practice.

V. CODE OF ETHICS

Faculty and students of the Clarke University Physical Therapy Graduate Program, believing in the dignity and worth of each individual, respect an individual's right to receive the highest quality of health care. To this end, the following commitments are made:

1) Commitment of the Faculty

a) Faculty members are committed to assisting individuals in meeting their physical therapy education needs. In fulfillment of this commitment, each student, as a member of the health care delivery system, is encouraged and aided in realizing his or her potential.

b) The Faculty:

i) Shall strive for mastery of the subject material to be presented;
ii) Shall use a variety of teaching methods;
iii) Shall serve as role models for students;
iv) Shall avoid intentionally embarrassing any student;
v) Shall be non-discriminating in relationships with students;
vi) Shall hold in confidence privileged information unless disclosure is professionally or legally required;
vii) Shall share with students the basis for evaluation;
viii) Shall strive to achieve excellence in instruction

2) Commitment of Students

a) Inherent in acceptance of a place in Clarke University Physical Therapy Graduate Program is acceptance of the ethics of the physical therapy profession and a commitment to learning.

b) Students abiding by these:

i) Shall be self-disciplined and morally responsible;
ii) Shall show respect and concern for other individuals;
iii) Shall take the responsibility for learning the materials, information, etc., as identified by the course instructor;
iv) Shall present a personal appearance which will inspire confidence in all clients;
v) Shall hold in confidence privileged information unless disclosure is professionally or legally required;
vi) Shall undertake without supervision only those procedures involved in patient care in which competency has been determined by the instructor;
vii) Shall perform only those functions which lie within the realm of physical therapy;
viii) Shall make every effort to uphold the APTA Code of Ethics;
ix) Shall be responsible participants in the professional educational program;
x) Shall demonstrate integrity for keeping one's word, being on time, sharing information and resources appropriately, and working to the best of one's ability;
xi) Shall respect the dignity of colleagues, faculty, patients and staff;
xii) Shall conduct academic assignments in a fair and honest manner, (All cases of academic misconduct will be reported to the academic affairs office and will also be reviewed according to the procedure for professional behavior difficulties.)

xiii) Shall demonstrate commitment to self-improvement, life-long learning, stress management, and health;
xiv) Shall conduct research according to the policies of the Clarke University Institutional Review Board, and
xv) Shall participate in professional activities.

3) **American Physical Therapy Association Code of Ethics** (effective Jan 1, 2026)
APTA Code of Ethics

APTA Code of Ethics Overview

The nine Ethical Commitments are: Respect, Integrity, Accountability, Maintaining Professional Relationships, Compassion and Trust, Responsible Business and Organizational Practices, Direction and Supervision, Professional Expertise, and Societal Responsibility.

The Code serves two purposes:

1. It delineates enforceable Standards of Conduct in accordance with those Ethical Commitments that APTA enforces with regard to APTA members. The Standards of Conduct address the actions of physical therapists and physical therapist assistants in their roles relating to patient and client management, consultation, education, research, and administration.

2. It provides aspirational illustrative examples of Ethical Commitments that guide physical therapists and physical therapist assistants toward ethical courses of action in professional and volunteer roles related to their field.

This Code of Ethics is not exhaustive; that is, the Ethical Commitments and Standards of Conduct cannot address every possible situation. In some circumstances, APTA may set higher expectations than legal requirements applicable to physical therapist and physical therapist assistant members that are enforced by state licensing authorities. In other circumstances, the enforceable Standards of Conduct may not address behavior that, although unethical, does not relate to the core professional roles of physical therapist and physical therapist assistant members.

All physical therapist and physical therapist assistant members shall act in an ethically responsible manner, using the Ethical Commitments set forth in the Code of Ethics to guide their decisions and actions. The Code of Ethics does not instruct the individual professional on what decision to make or how to act; rather, it provides guidance for ethical decision making. Ethical decision-making is a process by which the Ethical Commitments and Standards of Conduct need to be taken into consideration as the professional makes an ethical judgment.

In addition to seeking guidance from the Code of Ethics, PTs, PTAs, and students should also seek advice from trusted mentors or colleagues when ethical issues arise, using the Code as a guide for deliberation and action.

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other noncommercial purposes. Any unauthorized use beyond these terms constitutes copyright infringement.

Ethical Principles

The nine Ethical Commitments for the physical therapy profession build on the ethical principles of autonomy, beneficence, nonmaleficence, justice, veracity, and fidelity, which are the pillars of ethical decision-making. PTs and PTAs should carefully consider, balance, and weigh these commitments within the context of the situation in making ethical judgments that are in the best interest of the patient or client and society. Members of the physical therapy profession shall abide by the ethical principles of:

Autonomy

Respect the rights of individuals to make decisions and determinations about their life and body to the greatest extent possible. Respecting autonomy includes the imperative to always respect another's privacy, maintain confidentiality, and obtain informed and ongoing consent in every interaction involving physical touching of another individual.

Beneficence

Take action to ensure the welfare and safety of the individuals with whom they make professional decisions, to advance the good of the individual and society.

Nonmaleficence

Make decisions and take actions with the intention to prevent or minimize injury, harm, or wrongdoing.

Justice

Make objective decisions that result in the most equitable outcome possible, as justice is an expression of the mutual recognition of respect for each other's human dignity and an acknowledgement that we live together in an interdependent community.

Veracity

Be honest and truthful in all professional decisions and actions, with all internal and external parties.

Fidelity

Treat all individuals (people, groups, and populations) with respect, fairness, discretion, and integrity

Ethical Commitments and Standards of Conduct

1. **Respect**: Physical therapists and physical therapist assistants shall respect the inherent dignity and rights of all individuals.
   1.1. Physical therapists and physical therapist assistants shall not discriminate against any person.
   1.2. Physical therapists and physical therapist assistants shall protect patients' and clients' confidential information and not disclose that confidential information except as authorized by the patient or client or as permitted or required by law.

2. **Integrity:** Physical therapists and physical therapist assistants shall act with professional integrity and responsibility, and fulfill their respective legal and ethical obligations.
   2.1. The physical therapist shall retain full responsibility for all physical therapist services provided under the provisions of the physical therapist's license, including all aspects of the evaluation and management of the patient or client.
   2.2. Physical therapists and physical therapist assistants shall obtain ongoing informed consent after providing information that is understandable, honest, and necessary to allow the patient or client or their surrogate to make informed decisions about participation in physical therapist services or research.
   2.3. Physical therapists and physical therapist assistants having knowledge that, in their reasonable judgment, raises a substantial question as to whether a colleague is unfit to perform their professional responsibilities with competence and safety shall report this information to the appropriate authorities.
   2.4. Physical therapists and physical therapist assistants shall address known illegal or unethical acts by physical therapy personnel or that affect physical therapist services.
   2.5. Physical therapists and physical therapist assistants shall comply with applicable mandatory reporter laws for suspected cases of abuse, neglect, or exploitation involving children or vulnerable adults.
   2.6. Physical therapists and physical therapist assistants involved in research shall comply with accepted standards governing the protection of research participants.

3. **Accountability:** Physical therapists and physical therapist assistants shall be accountable for making sound professional judgments and decisions within the scope of practice established by laws and regulations.
   3.1. Physical therapists and physical therapist assistants shall not exceed their professional, jurisdictional, and personal scopes of practice and shall communicate with, collaborate with, or refer to a peer or other health care professionals when necessary.
   3.2. Physical therapists and physical therapist assistants shall practice without impairment from substance misuse and without impairment from cognitive deficiency or mental illness that, even with appropriate reasonable accommodation, adversely affects their practice.
   3.3. Physical therapists and physical therapist assistants shall comply with applicable local, state, and federal laws and regulations, including any duty to report when concerned about the safety of other individuals.

4. **Maintaining Professional Relationships**: Physical therapists and physical therapist assistants shall respect the boundaries of professional, therapeutic, organizational, and personal relationships to promote a safe environment.
   4.1. Physical therapists and physical therapist assistants shall not abusively exploit persons over whom they have supervisory, evaluative, or other authority (e.g., patients and clients, students, supervisees, research participants, and employees).
   4.2. Physical therapists and physical therapist assistants shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.
   4.3. Physical therapists and physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.
   4.4. Physical therapists shall provide reasonable notice and information about alternative sources for obtaining care if the physical therapist terminates the provider relationship while the patient or client continues to need physical therapist services.

5. **Compassion and Trust:** Physical therapists and physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients and clients.
   5.1. Physical therapists and physical therapist assistants shall provide the information necessary to allow patients and clients, or their surrogates, to make informed decisions about physical therapist services or participation in clinical research, including ensuring that information regarding the authorship of clinical documentation, patient education materials, publications, and presentations is truthful, accurate, and relevant.
   5.2. Physical therapists and physical therapist assistants shall address barriers to communication and comprehension with recipients of services, caregivers, students, and research participants.

6. **Responsible Business and Organizational Practices**: Physical therapists and physical therapist assistants shall promote accountable and truthful organizational behaviors and business practices.
   6.1. Physical therapists and physical therapist assistants shall provide information about their services that is truthful and accurate and shall not make misleading representations in any forms of communication, including billing.
   6.2. Physical therapists and physical therapist assistants shall ensure that documentation for physical therapist services accurately reflects the provider, nature, and extent of the services provided.
   6.3. Physical therapists and physical therapist assistants shall disclose any conflicts of interest and not permit any conflicts of interest to interfere with professional judgments and decisions.
   6.4. Physical therapists and physical therapist assistants shall not, at any time, accept gifts or other considerations that influence or give an appearance of influencing their professional judgment and decision-making.
   6.5. Physical therapists and physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients and clients or to the public.
   6.6. Physical therapists shall ensure that patients and clients are informed of their

financial obligations prior to incurring charges so that shared decision-making can be incorporated into the treatment plan.

6.7. Physical therapists and physical therapist assistants shall not knowingly enter into or continue any employment or other arrangements that prevent them from fulfilling professional and ethical obligations to patients and clients.

7. **Direction and Supervision**: Physical therapists and physical therapist assistants shall provide appropriate and timely direction to and communication with anyone over whom they have legal supervisory responsibility.
   7.1. Physical therapists shall ensure that all duties directed to other physical therapy personnel are congruent with the credentials, qualifications, competencies, and legal scope of practice or scope of work of the individual.
   7.2. Physical therapist assistants shall provide physical therapist services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when the patient's or client's status requires modification to the established plan of care.
   7.3. Physical therapists shall exercise primary responsibility for the supervision of physical therapist assistants and support personnel.
   7.4. Physical therapist assistants shall support and respect the supervisory role of the physical therapist to ensure quality of care and promote patient and client safety.
   7.5. Physical therapist assistants shall take responsibility to communicate in a timely manner to the supervising physical therapist any areas in which they do not have the necessary level of knowledge and skill to practice safely and effectively.

8. **Professional Expertise**: Physical therapists and physical therapist assistants shall enhance their expertise and competency through career-long acquisition and refinement of knowledge, skills, abilities, and professional behaviors.
   8.1. Physical therapists shall recognize and practice within the limits of their skills and competence and refer a patient or client to another health care professional when it is in the best interests of the patient or client.
   8.2. Physical therapists and physical therapist assistants shall practice consistent with accepted current standards of care.

9. **Societal Responsibility:** Physical therapists and physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, and globally.

VI. GOALS OF THE PROGRAM

Goals Related to Students and Graduates
In accordance with the mission of Clarke University and the philosophy of the physical therapy department, faculty strive to:

1. Educate students to be competent and safe practitioners of physical therapy in a variety of practice settings.
2. Educate students in utilizing and mastering evidence-based clinical decision-making skills as the foundation for their physical therapy practice.
3. Educate students about professional ethics and legal issues in clinical practice and the profession of physical therapy as outlined in the APTA code of ethics.
4. Educate students about attitudes and clinical skills that are essential for optimizing their role as a physical therapist as a member of the health care team and the community.
5. Educate students to value, promote and improve the quality of health care through the unique and cooperative contributions of physical therapy.
6. Educate students to critically interpret and contribute to research related to the field of physical therapy.
7. Educate students to be an advocate for patient rights within the current and evolving health care environment (from political, economic and cultural perspectives).
8. Educate students to accept responsibility for personal and professional growth, and to participate in the development of the physical therapy profession.
9. Initiate students on a lifelong process of learning.

Goals Related to Faculty
The core faculty will:

1. Demonstrate commitment to the profession through membership in the American Physical Therapy Association (or other appropriate professional organization).
2. Participate in one or more area of scholarship as defined by Boyer.
3. Maintain clinical expertise in assigned content areas.
4. Participate in service activities consistent with the mission of the program and the University.
5. Be composed of clinical specialists and academically prepared doctorates.
6. Tenure-track faculty will make progress toward achieving tenure and promotion as described by the University's Faculty Evaluation Manual and Employment Manual.

Goals Related to the Physical Therapy
Program The program will:

1. Provide physical therapist education to prepare students for entry-level practice.
2. Provide continuing education opportunities to physical therapists in the tri-state region.
3. Contribute to new knowledge in physical therapy practice.
4. Provide opportunities for pro-bono care for community members.

The program's mission is reflected in goals related to students, faculty members, and the program itself. The goals delineated for students clearly are rooted in the department mission: Students' personal and intellectual growth are highlighted, particularly with regard to development of critical thinking and ethical decision-making skills. Goals related to faculty members also emerge from the department's mission: faculty are committed to achieving excellence in physical therapy education, to maintaining their own professional qualifications (in both the academic and practice settings), and to being active in the community and professional organizations. Faculty members believe that excellence in physical therapy education is achieved by maintaining clinical expertise, by participating in research, and by disseminating knowledge through professional organizations. By achieving articulated goals, tenure- track faculty are able to make progress toward promotion and tenure. Finally, the goals of the Doctor of Physical Therapy Program itself are based in its mission: the program provides continuing education to local clinicians, and faculty and students collaborate with providers in the community in offering pro-bono care to clients, thereby helping them achieve optimum health and wellness.

VII. ENTRY-LEVEL COMPETENCIES

The American Physical Therapy Association has formulated the following statements to define entry-level objectives for the physical therapist practitioner. The academic and clinical components of the curriculum provide learning experiences designed to prepare the student to accomplish these entry-level objectives. It is incumbent for students to refer to these objectives as they evaluate and reflect on their progress in the curriculum.

Graduates of the program are prepared to:

1. Expressively and receptively communicate with all individuals when engaged in physical therapy practice, research, and education, including patients, clients, families, care givers, practitioners, consumers, payers, and policy makers.
2. Incorporate an understanding of the implications of individual and cultural differences when engaged in physical therapy practice, research, and education.
3. Demonstrate professional behaviors in all interactions with patients, clients, families, care givers, other health care providers, students, other consumers, and payers.
4. Adhere to legal practice standards, including all federal, state (province or jurisdiction), and institutional regulations related to patient/client care, and to fiscal management.
5. Practice ethical decision making that is consistent with applicable professional codes of ethics, including the APTA's Code of Ethics.
6. Participate in peer assessment activities.
7. Participate in clinical education activities.
8. Participate in the design and implementation of decision-making guidelines.
9. Demonstrate clinical decision-making skills, including clinical reasoning, clinical judgment, and reflective practice.
10. Evaluate published studies related to physical therapy practice, research, and education.
11. Secure and critically evaluate information related to new and established techniques and technology, legislation, policy, and environments related to patient/client care.

12. Participate in scholarly activities to contribute to the body of physical therapy knowledge (e.g. case reports, collaborative research).
13. Educate others using a variety of teaching methods that are commensurate with the needs and unique characteristics of the learner.
14. Formulate and implement a plan for personal and professional career development based on self-assessment and feedback from others.
15. Determine the need for further examination or consultation by a physical therapist or for referral to another health care professional.
16. Independently examine and re-examine a patient or client by obtaining a pertinent history from the patient/client and from other relevant sources by performing relevant systems review, and by selecting appropriate age-related tests and measures.
17. Examinations include, but are not limited to the following:
    a) aerobic capacity and endurance
    b) anthropometric characteristics
    c) arousal, mentation, and cognition
    d) assistive, adaptive, supportive, and protective devices
    e) community and work reintegration
    f) cranial nerve integrity
    g) environmental, home, and work-barriers
    h) ergonomics and body mechanics
    i) gait and balance
    j) integumentary integrity
    k) joint integrity and mobility
    l) motor function
    m) muscle performance
    n) neuromotor development and sensory integration
    o) orthotic requirements
    p) pain
    q) posture
    r) prosthetic requirements
    s) range of motion
    t) reflex integrity
    u) self-care and home management
    v) sensory integrity
    w) ventilation, respiration, and circulation
17. Synthesize examination data to complete the physical therapy evaluation.
18. Engage in the diagnostic process in an efficient manner consistent with the policies and procedures of the practice setting.
19. Engage in the diagnostic process to establish differential diagnoses for patients across the lifespan based on evaluation of results of examinations and medical and psychosocial information.
20. Take responsibility for communication or discussion of diagnoses or clinical impressions with other practitioners.
21. Determine patient/client prognoses based on evaluation of results of examinations and medical and psychosocial information.
22. Collaborate with patients, clients, family members, payers, other professionals, and

individuals to determine a realistic and acceptable plan of care.

23. Establish goals and functional outcomes that specify expected time duration.
24. Define achievable patient/client outcomes within available resources.
25. Deliver and manage a plan of care that complies with administrative policies and procedures of the practice environment.
26. Monitor and adjust the plan of care in response to patient/client status.
27. Practice in a safe setting and manner to minimize risk to the patient, client, therapist, and others.
28. Provide direct physical therapy intervention, including delegation to support personnel, to achieve patient/client outcomes based on the examination and on the impairment, functional limitations, and disability. Interventions include, but are not limited to:
    a) airway clearance techniques
    b) debridement and wound care
    c) electrotherapeutic modalities
    d) functional training in community or work reintegration (including instrumental activities of daily living, work hardening, and work conditioning)
    e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living)
    f) manual therapy techniques, including mobilization and manipulation
    g) patient-related instruction
    h) physical agents and mechanical modalities
    i) prescription, fabrication, and application of assistive, adaptive, supportive, and protective devices and equipment
    j) therapeutic exercise (including aerobic conditioning).
29. Provide patient-related instruction to achieve patient outcomes based on impairment, functional limitations, and disability.
30. Complete thorough, accurate, analytically sound, concise, timely, and legible documentation that follows guidelines and specific documentation formats required by the practice setting.
31. Take appropriate action in an emergency in any practice setting.
32. Implement an evaluation of individual or collective patient/client outcomes.
33. Identify and assess the health needs of individuals, groups, and communities, including screening, prevention, and wellness programs that are appropriate to physical therapy.
34. Promote optimal health by providing information on wellness, impairment, disease, disability, and health risks related to age, gender, culture, and lifestyle.
35. Provide primary care to patients with neuromusculoskeletal disorders within the scope of physical therapy practice through collaboration with other members of primary care teams based on patient or client goals and expected functional outcomes and on knowledge of one's own and other's capabilities.
36. Provide care to patients referred by other practitioners, independently or in collaboration with other team members, based on patient or client goals and expected functional outcomes.
37. Provide care to patients, in collaboration with other practitioners, in settings supportive of comprehensive and complex services based on patient or client goals and expected functional outcomes.
38. Assume responsibility for management of care based on the patient's/client's goals and expected functional outcomes.
39. Manage human and material resources and services to provide high-quality, efficient

physical therapy services based on the plan of care.

40. Interact with patients, clients, family members, other health care providers, and community- based organizations for the purpose of coordinating activities to facilitate efficient and effective patient/client care.
41. Delegate physical therapy-related services to appropriate human resources.
42. Supervise and manage support personnel to whom tasks have been delegated.
43. Participate in management planning as required by the practice setting.
44. Participate in budgeting, billing, and reimbursement activities as required by the practice setting.
45. Participate in the implementation of an established marketing plan and related public relations activities as required by the practice setting.
46. Provide consultation to individuals, businesses, schools, government agencies, or other organizations.
47. Become involved in professional organizations and activities through membership and service.
48. Display professional behaviors as evidenced by the use of time and effort to meet patient or client needs or by providing pro bono services.
49. Demonstrate social responsibility, citizenship, and advocacy, including participation in community and human service organizations and activities.

VIII. PHYSICAL THERAPY PROFESSIONAL CURRICULUM

The curricular plan at Clarke University was initially envisioned to be a five-year program with the students beginning the professional phase in the second semester of their junior year. Students in the classes of 1999 – 2002 completed their MS in PT degree in the five-year program. However, as a result of the accreditation process, the revised accreditation standards, and the increasing complexity of health care, the faculty decided to transition to a six-year program. Since the fall of 2000, all students admitted as freshman have followed the revised curricular plan. Graduating classes from 2002 – 2005 received MS PT degree and classes from 2006 and beyond receive the Doctor of Physical Therapy (DPT) degree in the six-year program.

Physical Therapy Prerequisites

General Biology	General Physics I
Human Anatomy & Physiology I	General Physics II
Human Anatomy & Physiology II	Introductory Psychology
General Chemistry I	Another Psychology
General Chemistry II	Math as necessary for Physics

NOTES: The following is a tentative curriculum and is subject to change. The following is a tentative curriculum and is subject to change. The curricular plan was developed to provide students with essential content to optimize success in the program and on the National Physical Therapy Examination. Clarke undergraduate students who take courses out of sequence prior to entering the professional physical therapy curriculum are strongly advised to repeat any courses in which they did not earn a grade of B or better. A Clarke undergraduate who takes a course out of sequence prior to entering the professional physical therapy curriculum who earned a C+ or lower in that course will be required to repeat the course(s) in their normal sequence in the physical therapy program.

The DPT curriculum is outlined on the following page.

CURRICULUM - DPT
YEAR 1*

FALL		Credits
BIOL 510	Human Gross Anatomy	4
BIOL 520	Human Physiology	4
DPT 514	Functional Anatomy & Biomechanics	3
DPT 515	Issues in Healthcare	2
DPT 518	Physical Agents	3
TOTAL		**16**

SPRING		Credits
BIOL 525	Exercise Physiology	4
BIOL 545	Neuroscience	4
DPT 524	Patient Care	3
DPT 526	Intro to PT Exam & Intervention	4
DPT 528	Therapeutic Exercise	2
DPT 529	Clinical Practicum I	1
TOTAL		**18**

SUMMER		Credits
DPT 631	Clinical Education Experience I (8 weeks)	8

*SENIOR YEAR: BEGINNING OF THE PROFESSIONAL PHASE (DPT) OF THE PHYSICAL THERAPY PROGRAM

YEAR 2

FALL		Credits
DPT 612	Pathophysiology	3
DPT 613	Neuromuscular PT I	4
DPT 614	Musculoskeletal PT I	4
DPT 615	Education & Consulting in PT	2
DPT 618	Professional Practice I	3
DPT 619	Clinical Practicum II	1
DPT 641	Research Design	3
TOTAL		**20**

SPRING		Credits
DPT 620	Integumentary PT	1
DPT 621	Pharmacology	2
DPT 623	Neuromuscular PT II	4
DPT 624	Musculoskeletal PT II	4
DPT 626	Cardiopulmonary PT	2
DPT 629	Clinical Practicum III	1
DPT 632	Clinical Education Experience II (4-Week Winterim)	4
DPT 642	Doctoral Project I	**1**
TOTAL		**19**

SUMMER		Credits
DPT 733	Clinical Education Experience III (8 weeks)	8

YEAR 3

FALL		Credits
DPT 710 or 716	Advanced Specialty Elective or Pediatric Specialty Elective	1-2
DPT 711	Orthotics and Prosthetics In PT	2
DPT 712	Primary care in PT	3
DPT 713	Neuromuscular PT III	4
DPT 714	Musculoskeletal PT III	4
DPT 718	Professional Practice II	3
DPT 743	Doctoral Project II	2
TOTAL		**19-20**

SPRING		Credits
DPT 734	Clinical Education Experience IV (8 weeks)	8
DPT 735	Clinical Education Experience V (8 weeks)	8
DPT 720	Graduate Seminar	3
TOTAL		**19**

IX. UNDERGRADUATE DEGREE REQUIREMENT

All students must have completed a bachelor's degree prior to starting the second year of the DPT program, whether they are Clarke University undergraduates or are transferring from another institution. Undergraduate students entering Clarke University's DPT program through the Early Assurance pathway or undergraduate students from institutions with whom the Clarke DPT program has an articulation agreement entering Clarke University's DPT program through the 3+3 pathway have completed upper-level course work consistent with earning a minor prior to starting the first year of the DPT program.

X. COURSE DESCRIPTIONS

All of the following courses are required for completion of the physical therapy program. Courses are normally taken in the sequence outlined in Section VIII above as perquisite to move on to the next semester. Failure to successfully complete a course in this sequence may affect the student's ability to progress in the program. Note: 3 + 3 programs may vary with sequencing in the first year of the professional phase of the program.

BIOL 510 HUMAN GROSS ANATOMY 4 hours
Utilizing dissection as the major learning method, the fascinating and complex regions of the human body are studied. Emphasis is on the upper and lower extremities, including joint dissection. The thoracic and abdominal cavities are explored along with the musculature of the torso. Three hours lecture; three hours laboratory. Prerequisite: BIOL 211 and senior standing or consent.

BIOL 520 HUMAN PHYSIOLOGY 4 hours
Physiology of the tissue, organs and systems of the human body. Mechanisms of nerve function, muscle contraction, circulation, respiration, excretion, and hormonal regulation. Three hours lecture; three hours laboratory. Prerequisite: BIOL 212 and senior standing, or instructor consent.

BIOL 525 EXERCISE PHYSIOLOGY 4 hours
Exercise physiology addresses issues regarding the acute responses and chronic adaptations to exercise in health and disease. Specific areas of discussion include changes in the cardiovascular, respiratory, and musculoskeletal systems following acute and chronic exercise, changes in physiologic adaptation related to aging, nutritional and ergogenic issues, and functional assessment. Three hours lecture; three hours laboratory. Prerequisite: BIOL 520 with at least a C- and senior standing, or instructor consent.

BIOL 545 NEUROSCIENCE 4 hours
Examination of the neuroanatomy, neurophysiology and neuropathology of the human central nervous system. Topics include histology, development, electrical models of cell signaling, neurotransmitters, vasculature and systems neuroscience. This course can be used as an elective for the biology major or minor. This course is a requirement for students in the DPT program. Three hours lecture; three hours laboratory. Prerequisite: BIOL 211 and senior standing, or instructor consent.

DPT 514 FUNCTIONAL ANATOMY & BIOMECHANICS 3 hours
This course applies principles of physics and anatomy to the study of human movement. Kinetic and kinematic analysis of the musculoskeletal system in relation to static and dynamic posture will be introduced and reinforced. The practice of psychomotor skills related to surface anatomy and palpation will be introduced. Prerequisite: Enrollment in the DPT program or instructor consent.

DPT 515 ISSUES IN HEALTH CARE 2 hours
Issues confronting physical therapists and other health care professionals are explored. Ethical, legal, educational, resource, access, and quality considerations of patient care and health care delivery will be investigated. Prerequisite: Enrollment in the DPT program or instructor consent.

DPT 518 PHYSICAL AGENTS 3 hours
Biophysics of light, heat, and electricity are applied to the application of such agents to human tissues. Indications, contraindications, precautions, and instrumentation for thermal modalities, electrotherapy, and mechanotherapy are covered. Clinical decision making and judicious selection of passive interventions are emphasized. Electrophysiologic examination encompassing observation, recording, analysis, and interpretation of bioelectric muscle and nerve potentials is used to examine the integrity of the neuromuscular system. Prerequisite: Enrollment in the DPT program or instructor consent.

DPT 524 PATIENT CARE 3 hours
Applies principles from anatomy, physiology, physics, and biomechanics to clinical procedures of massage, patient positioning, bed/mat mobility, transfers, wheelchair mobility, gait, and assessment of vital signs. Medical terminology, documentation, infection control procedures, equipment for balance, locomotion, and stability will be introduced. Prerequisite: Successful completion of the first semester of the DPT program or instructor consent.

DPT 526 INTRODUCTION TO PT EXAMINATION AND INTERVENTION 4 hours
The process of clinical data collection is covered using examination techniques including patient interview, posture analysis, joint range of motion, muscle performance, peripheral neurologic screening, and palpation. Using clinical cases, students have to link impairments noted in examination with functional limitations and then select appropriate interventions. Joint mobility, stretching, strengthening, and balance are emphasized. Prerequisite: Successful completion of the first semester of the DPT program or instructor consent.

DPT 528 THERAPEUTIC EXERCISE 2 hours
Covers a wide range of therapeutic exercise interventions for physical therapists. Critical thinking with regard to the appropriate selection of exercises based on a patient's diagnosis and physiologic response to activity is introduced and reinforced. Prerequisite: Successful completion of the first semester of the DPT program or instructor consent.

DPT 529 CLINICAL PRACTICUM I 1 hour
Students participate in an integrated clinical experience providing services to clients who live in the Dubuque area. At this level, the students are introduced to physical therapy skills in a controlled clinical setting under the supervision of faculty members. Students also receive mentoring from second-year students. Prerequisite: Enrollment in the DPT program or instructor consent.

DPT 612 PATHOPHYSIOLOGY 3 hours
Provides an overview of disease and injury with an emphasis on conditions encountered in physical therapy. Student understanding of altered structural and physiological adaptation processes and how they apply to physical therapy assessment and treatment are expectations of this course. Students are expected to show clinical decision-making skills by being able to interpret lab values/medications/radiology findings and show how they affect physical therapy treatment interventions. Prerequisite: Successful completion of the first two semesters of the DPT program or instructor consent.

DPT 613 NEUROMUSCULAR PT I 4 hours
This course covers the theoretical and physiological basis of motor control along with the physical therapy examination and evaluation of posture, balance, functional mobility, and upper extremity function in the management of motor control problems. Physical therapy examination will focus on tests and measures used in the evaluation of motor control problems through the age continuum from pediatrics into adulthood and the geriatric years. An emphasis on function, dysfunction, examination, evaluation, and intervention serves as the basis for this course. Prerequisite: Successful completion of the first two semesters of the DPT program or instructor consent.

DPT 614 MUSCULOSKELETAL PT I 4 hours
Examination and intervention for patients with musculoskeletal dysfunction of the lower quarter is covered. Each region will incorporate a review of anatomy and biomechanics, as well as pathology, clinical diagnosis, and medical/surgical management. The process of clinical decision-making is emphasized when teaching physical therapy examination, evaluation, and intervention. Also included in this course is an overview of orthopedic dysfunctions across the lifespan. Prerequisite: Successful completion of the first two semesters of the DPT program or instructor consent.

DPT 615 EDUCATION AND CONSULTING IN PT 2 hours
This course develops students as consultants and teachers. Teaching and consultation will be directed towards patients, families, care givers, students, assistants, aides, health professionals, and community. Through a variety of experiences, the student will be able to assess learner and consultation needs and structure appropriate experiences to meet those needs. Prerequisite: Successful completion of the first two semesters of the DPT program or instructor consent.

DPT 618 PROFESSIONAL PRACTICE I 3 hours
Covers management issues relevant to delivery of physical therapy services. Topics include: organizational theory and design, planning, developing, and marketing of services, personnel management, consumer needs, space and equipment needs, and budgetary requirements. Prerequisite: Successful completion of the first three semesters of the DPT program or instructor consent.

DPT 619 CLINICAL PRACTICUM II 1 hour
Students participate in an integrated clinical experience providing services to clients who live in the Dubuque area. At this level, the students continue to learn physical therapy skills in a controlled clinical setting under the supervision of faculty members. Prerequisite: Successful completion of the first two semesters of the DPT program or instructor consent.

DPT 641 RESEARCH DESIGN 3 hours
Research is one of three components supporting the evidence-based practice of physical therapy. In this course, students will critically evaluate and interpret physical therapy related research. This course covers the many aspects of research design, including design types, problem development, literature review, validity, reliability, hypothesis testing, and an introduction to statistics. Prerequisite: Successful completion of the first two semesters of the DPT program or instructor consent.

DPT 620 INTEGUMENTARY PHYSICAL THERAPY 1 hour
The study of physical therapy examination and intervention with regard to the care of burns and wounds. The pathophysiology and healing of skin injury and disease is presented. Prerequisite: Successful completion of the first three semesters of the DPT program or instructor consent.

DPT 621 PHARMACOLOGY 2 hours
Covers pharmacological principles. Focus is on how pharmacological agents impact physical therapy intervention. Pharmacology instruction in this course will serve as a background for the pharmacology in future courses. Prerequisite: Successful completion of the first three semesters of the DPT program or instructor consent.

DPT 623 NEUROMUSCULAR PT II 4 hours
This course examines nervous system dysfunction throughout the age continuum. Topics include: medical diagnosis, epidemiology, etiology, clinical features and presentation, prognosis and medical management. Physical therapy interventions will be examined from a functional problem perspective. Students will link impairments noted in examination with functional limitations and then select appropriate interventions. Interventions include but are not limited to: motor learning, task-oriented and task specific approaches, neurodevelopmental treatment, and proprioceptive neuromuscular facilitation. Prerequisite: Successful completion of the first three semesters of the DPT program or instructor consent.

DPT 624 MUSCULOSKELETAL PT II 4 hours

Examination and intervention for patients with musculoskeletal dysfunction of the upper quarter is covered. Each region will incorporate a review of anatomy, biomechanics, as well as pathology, clinical diagnosis, and medical/surgical management. The process of clinical decision-making is emphasized when teaching physical therapy examination, evaluation, and intervention. Prerequisite: Successful completion of the first three semesters of the DPT program or instructor consent.

DPT 626 CARDIOPULMONARY PT 2 hours
Covers patient problems involving cardiovascular and respiratory dysfunction commonly seen in physical therapy. Physical therapy examination and intervention approaches for patients with cardiovascular and respiratory dysfunction serve as the foundation for this course. Prerequisite: Successful completion of the first three semesters of the DPT program or instructor consent.

DPT 629 CLINICAL PRACTICUM III 1 hour
Students participate in an integrated clinical experience providing services to clients who live in the Dubuque area. At this level, the students continue to learn physical therapy skills in a controlled clinical setting under the supervision of faculty members. Second-year students have the opportunity to mentor first-year students in this course. Prerequisite: Successful completion of the first three semesters of the DPT program or instructor consent.

DPT 642 DOCTORAL PROJECT I 1 hour
During Doctoral Project I, each student will confirm their topic for a formal case report or research project. With advisement from the supervising faculty, students will work on aspects of research design and data collection. These may include training in different data gathering tools and data collection practices. The collection of data for the respective projects will occur. Students will further explore research design, with particular attention to statistical interpretations and critical thinking. Prerequisite: DPT 641 – Research Design or instructor consent.

DPT 690 INDEPENDENT STUDY CV
Guided study for in depth investigation of topics in physical therapy theory, research, and clinical practice. Student must be either a physical therapist or a graduate PT student. This course is offered only as needed. Prerequisite: Instructor consent.

DPT 710 ADVANCED SPECIALTY ELECTIVE 1 hour
Guided study for in-depth investigation of topics in physical therapy theory, research, and clinical practice. DPT students in the third year of the DPT program will register for either DPT 710 Advanced Specialty Elective or DPT 716 Pediatric Specialty Elective.
Prerequisite: Successful completion of the first four semesters of the DPT program or instructor consent.

DPT 711 ORTHOTICS AND PROSTHETICS IN PHYSICAL THERAPY 2 hours
Examination and intervention for patients with orthotic and prosthetic needs is covered. Lower extremity biomechanical considerations for construction and application of these devices, particularly with respect to gait, are covered. The recognition of pathomechanical gait patterns and the process of clinical decision-making with regard to physical therapy examination, evaluation, and intervention is emphasized. Application of spinal orthoses and upper-extremity prosthetics will also be considered. Prerequisite: Successful completion of the first four semesters of the DPT program or instructor consent.

DPT 712 PRIMARY CARE IN PHYSICAL THERAPY 3 hours
Covers complex medical surgical problems seen in physical therapy. Student application of how these medical surgical conditions relate to physical therapy assessment and treatment are course expectations. This course covers differential diagnosis and diagnostics testing for physical therapists. Case studies and clinical simulations will assist the student in integrating and applying this information to clinical situations. Prerequisite: Successful completion of the first four semesters of the DPT program or instructor consent.

DPT 713 NEUROMUSCULAR PT III 4 hours
Topics in neurologic practice requiring synthesis of previous coursework are integrated into the management of complex clinical problems. Focus will be on the examination, evaluation, diagnosis, prognosis, intervention, and projected outcomes of various neurologic dysfunctions. Diagnostic related categories will be addressed throughout the age continuum from pediatrics into adulthood and the geriatric years. Topics include but are not limited to: cerebrovascular accident, traumatic brain injury, vestibular rehabilitation, and spinal cord injury. Students will synthesize and integrate information in case-based, problem-solving model. Benefits of interdisciplinary contributions to this problem-solving process are developed. Prerequisite: Successful completion of the first four semesters of the DPT program or instructor consent.

DPT 714 MUSCULOSKELETAL PT III 4 hours
Topics in orthopedic practice requiring synthesis of previous coursework are introduced including occupational health, myofascial pain, and musculoskeletal imaging. Integration of orthopedic physical therapy in complex multi-system clinical cases is developed. Interdisciplinary approaches to case management are emphasized. Prerequisite: Successful completion of the first four semesters of the DPT program or instructor consent.

DPT 716 PEDIATRIC SPECIALTY ELECTIVE 2 hours
This course is designed for those students who are interested in the field of pediatric physical therapy. It is a mandatory class for those students scheduled to complete a pediatric clinical affiliation in the final semester of their 3rd year in the physical therapy curriculum. Other students who have a particular interest in pediatrics or plan to specialize in pediatrics upon graduation from the physical therapy program will be admitted as space allows. DPT students in the third year of the DPT program will register for either DPT 710 Advanced Specialty Elective or DPT 716 Pediatric Specialty Elective. Prerequisites: Must be in the last year of professional study as a graduating physical therapist. Prerequisite: Successful completion of the first four semesters of the DPT program or instructor consent.

DPT 718 PROFESSIONAL PRACTICE II 3 hours
Through case studies, coordinated clinical exposure, and/or class projects the physical therapy student will consult and apply management principles in solving complex health care delivery problems. Problem areas include access, quality, need and marketing of services, finance and resources, organizational design, professional development and integration, personnel issues and regulatory constraints. Prerequisite: Successful completion of the first four semesters of the DPT program or instructor consent.

DPT 743 DOCTORAL PROJECT II 2 hours
With advisement from supervising faculty, students will complete and present a formal case report or research project. A final paper in an approved publication format will be required. Prerequisite: Successful completion of the first four semesters of the DPT program or instructor consent.

DPT 720 GRADUATE SEMINAR 3 hours
In this course, students will present their research in platform and/or poster presentation to the physical therapy and Clarke University community. Students will critically review their academic experiences while at Clarke. Students will have to satisfactorily complete a summative evaluation in which they demonstrate competence as a graduating physical therapist. Prerequisite: Successful completion of the first five semesters of the DPT program or instructor consent.

DPT 780 TOPICS IN PHYSICAL THERAPY CV
Covers current topics and clinical areas in physical therapy. Course work includes clinical practicums whereby students continue to develop professional behaviors for the 21st century/ generic abilities integral to the practice of physical therapy. This course is offered only as needed. Prerequisite: Instructor Consent.

PT 790 INDEPENDENT STUDY CV
Guided study for in depth investigation of topics in physical therapy theory, research, and clinical practice. This course is offered only as needed. Prerequisite: Instructor Consent.

PT CLINICAL EDUCATION EXPERIENCES I-V CV
A supervised, concentrated period of study in clinical education. Students are given the opportunity to develop clinical skills in planning, development, implementation, and evaluation of patient care services. Students are assigned to a variety of settings including but not limited to hospital acute care, outpatient orthopedics, neurologic rehabilitation, and specialty areas (geriatrics, pediatrics, pelvic health, sports medicine, home care, other) to ensure breadth and depth of exposure to patients. This approach will prepare physical therapists to practice in a variety of settings across a variety of patient conditions.

DPT 631 CLINICAL EDUCATION EXPERIENCE I 8 hours
Prerequisites: Successful completion of the first two semesters of the DPT program.

DPT 632 CLINICAL EDUCATION EXPERIENCE II 4 hours
Prerequisites: Successful completion of the first three semesters in the DPT program and DPT 631 Clinical Education Experience I.

DPT 733 CLINICAL EDUCATION EXPERIENCE III 8 hours
Prerequisites: Successful completion of the first four semesters of the DPT program and DPT 632 Clinical Education Experience II.

DPT 734 CLINICAL EDUCATION EXPERIENCE IV 8 hours
Prerequisites: Successful completion of the first five semesters of the DPT program and DPT 733 Clinical Education Experience III.

DPT 735 CLINICAL EDUCATION EXPERIENCE V 8 hours
Prerequisites: Successful completion of DPT 734 Clinical Education Experience.

XI. STUDENT PORTFOLIO DEVELOPMENT

The Student Portfolio is a very important aspect of the DPT Program. It is designed to foster development in life-long learning, written and oral communication, problem-solving, critical thinking, independent learning, theoretical base for practice, weighing values (social concern), scholarship, and clinical practice skills. The student will be required to present his/her portfolio to the physical therapy faculty prior to progressing into each academic year and prior to graduation from the Clarke University Physical Therapy Program. This portfolio should include evidence and reflection on academic and clinical scholarship, professional development activities, and professional and community service while at Clarke University. The portfolio must be reviewed and approved by the faculty before the graduate degree will be conferred.

The student should meet with his/her academic adviser to evaluate progress in portfolio development each year and more frequently if requested. The faculty adviser will offer suggestions for further consideration and development of the portfolio. To encourage meaningful, truthful reflection, it is often beneficial for the student to keep a journal. These written notes can serve as a major component in the student's portfolio development.

XII. GRADES & ATTENDANCE

- Individual course grading and policies will be at the discretion of the course instructor(s) and found in the course syllabus.
- Any course in the major field in which a student receives a grade less than a C may be repeated only once.
- All practical exams must be passed with at least an 80% competency level. Any unsafe practice during a practical will automatically result in failure of the exam. A student who fails a practical exam may be required to participate in remediation prior to repeating a practical exam. A student who does not achieve an 80% competency level or demonstrates continued unsafe practice when repeating a failed practical exam will face disciplinary action that may include failure of the course. An academic warning will occur after 2 failed practical exams. A student failing a 3rd practical exam will be placed on academic probation. Failure of 3 or more practical exams will result in a formal review by the DPT program's academic faculty which may result in penalties including a formal learning contract and remediation plan up to and including dismissal from the program.
- Students are expected to attend all class lectures, laboratories, and course related clinical experiences. Virtual attendance or asynchronous options may be available for students during an excused absence. In the case of an unexcused absence, an option to attend virtually or to have a class recorded will not be offered. In a situation where a virtual attendance option is available during an unexcused absence, the absence is still counted as unexcused. While one unexcused absence is typically allowed, even one unexcused absence from specialty events (practicum, hot seat, field trips, exams, etc.) will result in a lowering of your grade. Two unexcused absences will result in a loss of 1/3 of a letter grade (example: A- to B+ or B+ to B) and may include failure in the course. Any additional unexcused absences will further decrease your grade and may include failure in the course. Two tardies will

count as one unexcused absence. Excused absences will be based on Clarke policy and the decision of the faculty.

- Content missed through excused absences from lecture, lab, or clinic must be made up before proceeding with further coursework. It is the instructor's prerogative to provide the opportunity for remediation.
- DPT Students participating in athletics as a student-athlete or DPT students participating in other Clarke University sponsored co-curricular events will be granted an excused absence. The event or activity resulting in an absence must be communicated with the course instructor by the student as early as possible, following procedures outlined in the student-athlete handbook. Excused absences are for competitions or performances, and for competition/performance related travel. Other team/participation related activities, including but not limited to practices or team meetings, are not excused absences. This policy applies to student-athletes in the first year of the DPT program. Students participating in sports or other Clarke University sponsored events while in the second or third year of the program will need to communicate with their course instructors and the chair to determine which events may be excused. Student athletes who serve as graduate assistants or in a similar paid or volunteer position will not have absences excused.
- Work commitments resulting in absences, including those for Clarke University, are considered unexcused absences.
- It is highly recommended that students do not work an additional job during the time of clinical education experiences. The clinical education experiences are a full-time work schedule and require additional work for preparation outside of scheduled clinic time. The department's expectation is that clinical education experiences remain top priority for students. If a student chooses to work during a clinical education experience and there are negative impacts on clinical performance, attendance, or responsibilities as outlined in the DPT Handbook and the Clinical Education Manual, there will be subsequent consequences as appropriate to the situation.

Instructors will refer students who have habitual absences from lecture, lab, and/or clinical experiences to either the student's adviser or DCE, as appropriate, for investigation of student behavioral misconduct. Student misconduct will be reviewed at Faculty meetings or referred to the academic affairs office depending on the seriousness of the misconduct. Clarke University has definitions for Instructor Excused Absences, Officially Excused Absences, Approved Absences, and Unexcused Absences. These can be found on the Clarke University website.

XIII. EARLY National Physical Therapy Exam (NPTE)

Sitting for the NPTE prior to graduation is not the right option for all students. A student considering petitioning to take the NPTE in April should consider their specific situation. The motivation for taking the NPTE early is commonly related to a desire to apply for a residency program or to allow for earlier entry into professional practice in a state that does not offer temporary licensure to new graduates. Preparation for the NPTE is time-intensive. A student must feel that they will have adequate time to be successful in their academic work and adequate time to focus on their performance during their terminal clinical experience while simultaneously preparing for the NPTE.
Doctor of Physical Therapy Program students who wish to take the National Physical Therapy Exam prior to graduation must meet the following criteria.

- Inform the program chair in writing by November 1st of the student's desire/intent to sit for the April NPTE.
- Complete the Practice Exam and Assessment Tool (PEAT) exam(s) after final exams are completed in December and prior to the first day of DPT 734 Clinical Experience IV.
- Achieve a minimum score of 600 on the PEAT on the first attempt. A student may be allowed a 2nd attempt to achieve a 600 on the PEAT, as long as 1st PEAT score was 565/600 or higher. A student that is allowed a second attempt to achieve a score of 600 on the PEAT must complete the second attempt prior to the first day of DPT 734 Clinical Experience IV, unless the student receives written permission from the Director of Clinical Education and the Program Chair.
- The Program will validate the student's graduation with the Federation of State Boards of Physical Therapy (FSBPT) prior to the early NPTE registrant deadline and with the licensing authority of a specific state as requested by the student. If a state or jurisdiction requires registration for the NPTE, completing registration for the NPTE does not guarantee that the student will be allowed to sit for the April exam.
    - A student must successfully complete DPT 734 Clinical Education Experience IV and show appropriate progress in DPT 735 Clinical Education Experience V before graduation will be validated.
- Complete registration for the April administration of the NPTE through FSBPT
    - Registration information is available on the Federation of State Boards of Physical Therapy
    - The deadline for registration for the April NPTE is typically in late March
    - Registration for the NPTE will require approval through the licensing authority or board in the state or jurisdiction where you intend to be licensed.
- If a student fails NPTE in April, the student will need to take the PEAT again in May.

In addition to the process outlined above, a student wishing to take the NPTE in April must meet the following criteria:

- The student was never on academic probation during the DPT program.

- The student completed all lab exams in the 2nd and 3rd year of the DPT program without remediation.
- The student has demonstrated satisfactory performed on Clinical Education Experience I, II and III
- The student has not required a formal learning contract related to their clinical performance during Clinical Education Experience I, II and III along with Clinical Practicum I-III.

PT licensure requires both passing the NPTE and graduation from an accredited physical therapy education program. Students who take and pass the NPTE prior to the completion of Clinical Experience V must still successfully complete DPT 735 Clinical Experience V and DPT 720 Graduate Seminar to graduate from the DPT program.

The state of Iowa is one of 40 states that allow early completion of the NPTE. It is the student's responsibility to affirm that the state in which the student is seeking licensure allows testing before graduation. FSBPT's eligibility requirements for the NPTE are independent from a state's requirements. In addition to FSBPT requirements, individuals must meet individual state requirements in order to be eligible for the exam or be considered for licensure. FSBPT may update or revise these policies periodically, in response to external factors such as changes in federal or jurisdiction laws. The FSBPT takes academic dishonestly very seriously. Students are encouraged to go to the FSBPT website for information about the registration and testing process and for information regarding NPTE integrity.

XIV. APPLICATION AND ADMISSION TO THE PHYSICAL THERAPY GRADUATE PROGRAM AT CLARKE UNIVERSITY

Admission to the Physical Therapy Doctoral (DPT) Program
Admission into the physical therapy graduate program is normally limited to 33 students. Applications must be received by November 1. Clarke University offers early assurance and standard admission pathways to undergraduate students. Preference is given to students in the early assurance Clarke University pre- physical therapy pathway. Refer to the Clarke University Academic Catalog for specifics for application and admission to the professional phase of the program.

XV. ESSENTIAL FUNCTIONS (TECHNICAL STANDARDS) FOR ADMISSION TO THE PROFESSIONAL PHASE OF THE PHYSICAL THERAPY PROGRAM

Becoming a physical therapist requires the completion of a professional education program that is both intellectually and physically challenging. The technical standards for admission to the physical therapy graduate program at Clarke University establish the critical skills and abilities necessary to function as a student within this program. The purpose of this section is to articulate the demands of the program in a way that will allow prospective students to compare their own capabilities against these demands.

Candidates for admission to physical therapy graduate program at Clarke University will be

asked about their ability to meet these standards with or without reasonable accommodation. Reasonable accommodation refers to ways in which the university can assist students with disabilities to accomplish these tasks (for example, providing extra time to complete an examination or enhancing the sound system in a classroom). Reasonable accommodation does not mean that students with disabilities will be exempt from certain tasks: it does mean the physical therapy faculty will work with students with disabilities to determine whether there are ways the faculty can assist the student toward completion of the tasks.

Prospective candidates who indicate they can complete these tasks with or without reasonable accommodation are not required to disclose the specifics of their disabilities prior to an admission decision. Prospective candidates who cannot complete these tasks with or without accommodation are ineligible for consideration for admission. If admitted, a student with a disability who wishes reasonable accommodation must make this request through the Disability Service Coordinator and Vice President for Academic Affairs as needed. An offer of admission may be withdrawn if it becomes apparent that the student cannot complete essential tasks even with accommodation, that the accommodations needed are not reasonable and would cause undue hardship to the institution, or that fulfilling the functions would create a significant risk of harm to the health or safety of others. Prospective candidates who have questions about this section or who would like to discuss specific accommodations should make an initial inquiry with the Disability Service Coordinator.

ESSENTIAL FUNCTIONS (TECHNICAL STANDARDS)

- *Observation* (to include the various sensory modalities) – accurately observe close at hand and at a distance to gather data and learn skills.

- *Communication* – communicate effectively and sensitively with clients/patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with clients or patients and communicate judgments and intervention information effectively.

- *Psychomotor Skills* – show sufficient postural and neuromuscular control, sensory function, and coordination to perform necessary tasks using accepted techniques; and accurately, safely and efficiently use equipment and materials during assessment and intervention with clients/patients.

- *Intellectual and Cognitive Abilities* – demonstrate sufficient academic and intellectual abilities to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and clinical judgments and to be able to distinguish deviations from the norm.

- *Professional and Social Attributes* – exercise good judgment and promptly complete all responsibilities required of each program; develop mature, sensitive, and effective professional relationships with others; tolerate taxing workloads; function effectively under stress; adapt to changing environments; display flexibility; and function in the face of uncertainties and ambiguities. Concern for others and interpersonal competence are requisite for all programs.

- *Perseverance and Motivation* – demonstrate the perseverance, diligence and commitment to complete the education program as outlined and sequenced;

- *Ethical Standards* – demonstrate professional attitudes and behaviors; perform in an ethical manner in dealings with others. Personal integrity is required, and the adherence to standards that reflect the values and functions of the physical therapy profession.

- *Immunizations* – Students must demonstrate appropriate health status prior to enrollment in clinical education experiences, with annual updates on some items: vaccinations (Hepatitis, Tdap, MMR, influenza, COVID-19), immunity as proved through titers (Hepatitis B, rubella, varicella), and no active tuberculosis. Documentation of the full COVID-19 vaccination series and booster(s) (NOTE: Pfizer-BioNTech and/or Moderna have been specifically required by some clinical education facilities) has been required by clinical sites in order to participate in patient care. Choosing to not receive the COVID-19 vaccination may impact your ability to participate in Clinical Education Experiences, and other patient care experiences that may occur in facilities outside of Clarke University. Any clinical site may refuse students who have incomplete vaccinations. The vaccinations required can vary by clinical site. Exemption policies will be specific to the individual facility. Inability to participate in clinical education experiences, and/or other patient care experiences may delay progression within the DPT program and could potentially prevent continuation/completion of the Doctor of Physical Therapy Program.

- Students must follow standards and policies as specified in the Physical Therapy Department Student Policy and Procedure Manual.

If a student states he/she can meet the essential functions with accommodation, then the university will determine whether it agrees that the student can meet the essential functions with reasonable accommodation; this includes a review of whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and Clinical Education Experiences deemed essential to graduation.

TYPICAL SKILLS NEEDED TO COMPLETE THESE ESSENTIAL TASKS

- Students typically attend classes and labs 20 or more hours per week during each academic semester. Classes consist of a combination of lecture, discussion, and laboratory activities. When on clinical rotation students are typically present at the

clinic 40 or more hours per week on a schedule that corresponds to the operating hours of the clinic.

- Students typically sit for two to 10 hours daily, stand for one to two hours daily, and walk or travel for two hours daily.
- Students typically relocate outside of the Dubuque area to complete one or more clinical rotations of four to eight weeks in duration each.
- Students frequently lift less than 10 pounds and occasionally lift weights between 10 and 100 pounds.
- Students occasionally carry up to 25 pounds while walking up to 50 feet.
- Students frequently exert 75 pounds of push/pull forces to objects up to 50 feet and occasionally exert 150 pounds of push/pull forces for this distance.
- Students frequently twist, bend, and stoop.
- Students frequently move from place to place and position to position and must do so at a speed that permits safe handling of classmates and patients.
- Students frequently stand and walk while providing support to a classmate simulating a disability or while supporting a patient with a disability.
- Students typically climb stairs and rarely negotiate uneven terrain.
- Students use their hands repetitively with a simple grasp and frequently use a firm grasp along with other manual dexterity skills.
- Students frequently coordinate verbal and manual activities with gross-motor activities.
- Students use auditory, tactile, and visual senses to receive classroom instruction and to evaluate and treat patients.
- Students must gather decision-making pieces of information during patient assessment activities in class or in the clinical setting without the use of an intermediary such as a classmate, a physical therapist assistant, or an aide.
- Students must apply critical thinking processes to their work in the classroom and the clinic, must exercise sound judgment in class and in the clinic, and must follow safety procedures established for each class and clinic.
- Students must have interpersonal skills as needed for productive classroom discussion, respectful interaction with classmates and faculty, and development of appropriate therapist-patient relationships.
- Students must maintain personal appearance and hygiene conducive to classroom and clinical settings.
- Students must dress/drape appropriately in laboratory settings to allow for palpation, manual muscle testing, massage, and other terms of therapeutic intervention and tests/measures.

- Students must meet class standards for course completion throughout the curriculum. This may also involve readings, assignments, and other activities outside of class hours.

- Students will have to perform treatment intervention activities in class or in the clinical setting by direct performance or by instruction and supervision of intermediaries.

- Students must be current in cardiopulmonary resuscitation and first aid certification (by the start of their first practicum/clinical).

- Students must be able to understand and speak the English language at a level consistent with competent professional practice and be able to communicate clearly in writing using technical terms and documentation standards appropriate to the profession.

PROFESSIONAL BEHAVIORS FOR THE 21ST CENTURY (aka GENERIC ABILITIES)

The Professional Behaviors of the 21st Century are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the rehabilitation professions. The 10 abilities and definitions developed are:

1) *Commitment to Learning*
   The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.

2) *Interpersonal Skills*
   The ability to interact effectively with patients, families, colleagues, other health care professional, and the community and to deal effectively with cultural and ethnic diversity issues.

3) *Communication Skills*
   The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.

4) *Effective Use of Time and Resources*
   The ability to obtain the maximum benefit from a minimum investment of time and resources.

5) *Use of Constructive Feedback*
   The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.

6) *Problem-Solving*
   The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

7) *Professionalism*

8) The ability to exhibit appropriate professional conduct and to represent the profession effectively.*Responsibility*
The ability to fulfill commitments and to be accountable for actions and outcomes.

9) *Critical Thinking*
The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.

10) *Stress Management*
The ability to identify sources of stress and to develop effective coping behaviors.

Source: May, WW, Morgan, BJ, Lemke, JC, Karst, GM, & Stone, H.L. (1995). Model for Ability-Based Assessment in Physical Therapy Education. Journal of Physical Therapy Education, 9:1, pp. 3-6

PROFESSIONAL BEHAVIOR IN THE CLASSROOM, ONLINE, LABARATORY, AND CLINICAL SETTING

Professional conduct, which includes courtesy and good manners, is expected in all academic and clinical settings. All students are expected to exhibit professional conduct in all academic and clinical settings. The behavior of a student enrolled in the physical therapy program will be guided by the Professional Behaviors for the 21st Century/Generic Abilities document located in this section of the handbook. Students are expected to conduct themselves in a manner that allows all students to have the opportunity to learn and participate.

Students in the classroom, other physical spaces on and off campus, and in clinical settings, shall behave in a way that is respectful to faculty, staff, patients, and to fellow students. Students shall conduct themselves in a way that facilitates learning for all students. Any behavior that interferes with these opportunities is considered inappropriate.

Inappropriate behavior may result in a request for the student to leave the class, lab or clinic setting. After the first incident of inappropriate behavior the instructor will discuss the behavior with the student. The behavior and behavioral counseling will be documented utilizing the Generic Abilities/Professional Behaviors for the 21st Century and will become a part of the student's file. A second occurrence of inappropriate behavior may invoke disciplinary procedures in accordance with policies stated in this handbook (reference the section on Students in Academic Difficulty) and in the Clarke University Student handbook. Inappropriate (unprofessional) behavior is considered to be an academic concern that can lead to disciplinary action up to and including dismissal from the program. The physical therapy program faculty are responsible as a whole for judging inappropriate behavior, and for making decisions regarding disciplinary actions. Appeals of decisions made by the physical therapy faculty are subject to due process, and may be accomplished according to the grievance policies in the Clarke University Student Handbook.

XVI. PROGRESSION WITHIN THE PROFESSIONAL PROGRAM

During the physical therapy graduate program at Clarke University, students must demonstrate academic eligibility and appropriate professional and ethical behaviors. The physical therapy curriculum must be followed in the prescribed sequence and on a full-time basis. Students must meet both academic and professional/ethical standards to be eligible for Clinical Education Experiences. Any request for exceptions to these rules must be made through the department chair.

Portfolio Review: The student will be required to present his/her portfolio to the physical therapy faculty prior to progressing into each academic year and prior to graduation from the Clarke University Physical Therapy Program. This portfolio should include evidence and reflection on academic and clinical scholarship, professional development activities, and professional and community service while at Clarke University. The portfolio review is a time when the student should present his or her case as to why he/she should be allowed to continue in the program. If a student presents a portfolio that the faculty deems to be unacceptable, then the student will have an opportunity to work on the portfolio and present it again. If the second presentation is unacceptable, the faculty can implement academic disciplinary measures as outlined in section "C" (below) under "Students in Academic Difficulty".

Success in Clinical Education Experiences: Students must successfully complete five full-time Clinical Education Experiences and three integrated clinical experiences, totaling 40 weeks. If a student does not successfully complete any of the five full-time Clinical Education Experiences, ordinarily, that student will be dismissed from the physical therapy graduate program for academic failure. A student who has failed a full-time Clinical Education Experience will have the opportunity to petition the faculty to allow readmission to the program, but readmission is not guaranteed, and if accepted may include conditions. Appeal procedures are located in section "C" (below) under "Students in Academic Difficulty".

Prior to graduation with a Doctor of Physical Therapy degree, students will have to satisfactorily complete a summative evaluation in which they demonstrate competence as an entry-level physical therapist.

A. MAINTAINING ACADEMIC ELIGIBILITY

During the physical therapy graduate program at Clarke University, physical therapy students must maintain a cumulative 3.0 GPA for all required physical therapy classes on a 4.0 scale. No grade in a required course for the physical therapy program can be below a "C." A student who falls below a cumulative 3.0, or who earns a grade less than a C (which includes a C-) should refer to the section below "Students in Academic Difficulty". Conditions of probation may include an individualized learning contract involving remediation, conditions, etc. A student is not allowed to enter into the 2nd or 3rd years of study with a cumulative GPA lower than 3.0 in the physical therapy program, unless a probation contract is in place allowing progression. A 3.0 cumulative GPA is required for graduation from the DPT

program. Normally, semester and cumulative GPA will be calculated by placing grades in normal sequence described in Section VIII.

B. COMPLETION OF THE DPT DEGREE

The student must complete all the physical therapy coursework with 3.0 GPA for all required courses during the Doctor of Physical Therapy graduate program. The student must also submit a completed, faculty-approved portfolio, and obtain a minimum score of 600 on the Academic Practice Exam & Assessment Tool (PEAT).

A student will be allowed one attempt to obtain a minimum score of 600 on the PEAT. Students who are not successful on the first examination attempt must complete remediation. Students will be required to complete one of the following forms of remediation: (1) enroll in an approved review course for the National Physical Therapy Exam (NPTE) or (2) individually design a remediation plan that must be approved by the faculty. If choosing option number 2, the student will receive an Incomplete for the course and will delay graduation until August or until the remediation is completed. This choice will impact the ability to sit for the July NPTE exam. Student course fees will pay for 2 exams. The first exam will be used for the DPT 720 course; the second will be available for students to practice on their own for boards. Students will have access to exam results for 60 days following the first exam.

C. STUDENTS IN ACADEMIC DIFFICULTY

Students must maintain satisfactory academic and clinical performance while demonstrating appropriate professional behaviors when enrolled in the Physical Therapy program. The following are some reasons a students would be considered to be in academic difficulty:

- Academic Warning
    - Receiving any "C" or C+" in a semester
    - Other academic, clinical, or professional behavior concerns

- Academic Probation
    - having a cumulative GPA lower than 3.0 in the DPT courses outlined in section VIII
    - receiving more than one "C" or "C+" in a semester
    - an unsuccessful portfolio review
    - Other academic, clinical, or professional behavior concerns deemed by PT program faculty to be sufficient to warrant probation.
    -
- Program Dismissal
    - receiving a C- or lower in a course
    - receiving 10 or more credit hours with a grade of "C" or "C+" during the DPT program
    - Other academic, clinical, or professional behavior concerns deemed by PT program faculty sufficient to warrant dismissal.

Other situations, including recurrent non-professional behavior, may be considered academic difficulty and will be assessed and categorized on a case-by-case basis. Some situations may require review by the physical therapy faculty to make the appropriate decision and recommendations. The recommendation may include but is not limited to one of the following: 1) Letter of academic warning 2) Academic Probation 3) Recommendation to withdraw from the program 4) Dismissal from the program with the option to appeal to repeat a year or part of a year of the program (recycle) 5) Dismissal from the program without faculty support to repeat a year or part of a year of the program (recycle). When a student is determined to be in academic difficulty, the faculty's recommendation will be forwarded to the Office of Academic and Student Affairs. The student will be advised of their status, regardless of the severity (warning, probation, dismissal) or the reason for the academic difficulty. It should be noted that students who receive a warning or are placed on probation may also be assigned a learning contract or a remediation plan. In addition, learning contracts and remediation plans are sometimes used even when the situation does not warrant a formal recommendation to the Office of Academic and Student Affairs (i.e., it does not reach the level of academic warning or probation).

When a student is dismissed from the DPT program, that student has the right to appeal the decision. Ordinarily, a student whose appeal of dismissal is successful will return to the program in the fall and will complete all DPT courses for the respective year of the program from which the student was dismissed, regardless of the semester in which the student was dismissed. The process for Appeals of Administrative Separation from the University outlined in the Clarke Academic Catalog should be referenced. The student will receive a letter from the office of the Vice President for Academic and Student Affairs (VPASA) outlining the circumstances relevant to the dismissal. The letter will be emailed to the student, and a copy will also be mailed to their permanent address on file with the University. Once the letter is received, the student has (10 DAYS? 7 DAYS? 10 WORK DAYS – THIS IS THE PART WE NEED TO CLARIFY) The appeal process consists of a letter from the student and two letters of support. The student's letter must clearly state the factors that led to the student's academic difficulty, as well as an outline of what the student plans to do/change to support successful performance and progression within the DPT program if allowed to recycle. The letters of support must be from two faculty members who teach courses in the DPT program. All three items must be received by the office of the VPASA within the time frames noted above. The Vice President for Academic and Student Affairs will review all relevant information and render a final decision.

D. PROFESSIONAL/ETHICAL BEHAVIOR

Students are expected to exhibit professional behaviors consistent with the Code of Ethics of the American Physical Therapy Association and the code of ethics located in Section V near the beginning of this handbook.

When it is perceived that a student's behavior is unprofessional or unethical, the instructor or responsible person will verbally communicate the identified problem to the

student. Subsequent perception that student's behavior is unprofessional or unethical will be addressed to the student in writing (Academic/Clinical Critical Incident Record) and will be discussed among the physical therapy faculty. The physical therapy faculty will meet to review the student's record and make one or more of the following recommendations: 1) a written expression of concern, 2) warning of possible penalties, 3) placement on probation, 4) recommendation for withdrawal, or 5) dismissal from the Program. The faculty's recommendation will be forwarded to the Dean of Academic Affairs. A decision is rendered according to the process outlined in the Clarke University Student Handbook. The student has the right to appeal this decision through the complaint and grievance processes.

E. ACADEMIC INTEGRITY

Principles of academic honesty are universally recognized as fundamental to scholarship. Consistent with the traditions and policies of Clarke University (refer to "Academic Integrity Policy") in the Academic Catalog, students are expected to be aware of and abide by these principles. Academic work submitted to fulfill course requirements should be produced by the student with credit for other sources given in the manner traditionally prescribed. Academic integrity specifically prohibits cheating, plagiarizing, receiving unauthorized assistance or otherwise falsifying results of any work. These requirements apply to written work as well as to examination papers and reports; solutions to problems are examples of such written work. Academic integrity also prohibits the making of unauthorized copies of copyright material, including software and any other non-print media. Any violation of this policy will be treated as a serious matter. Penalties ranging from failure of the assignment/exam to failure for the course will be enforced. Theft or defacement of print and non-print library materials may result in the same kind of penalty. In cases of repeated and flagrant violations, a student may be dismissed from the University. Cases of academic dishonesty will be reported to the academic affairs office following the procedure outlined in the Academic Integrity Policy.

XVII. ACADEMIC AND PROFESSIONAL BEHAVIOR POLICIES

A. ACADEMIC PROBATION

Students who do not maintain academic eligibility will be placed on academic probation. Students placed on probation must meet physical therapy department academic performance standards to be removed from academic probation. Conditions of probation may include an individualized learning contract involving remediation, conditions, etc. Ordinarily, students may be on probation no more than two semesters without receiving further academic sanctions (leave of absence, withdrawal, dismissal). Exceptions must be based on faculty recommendation and approval by the Dean of Academic Affairs or Vice President for Academic and Student Affairs.

B. RECYCLING

A student deemed to be in academic difficulty and has been dismissed from the program with the option to appeal to repeat a year or part of a year of the program (as

outlined in XVI-C) must follow a formal procedure with Academic Affairs. Recycling typically occurs when a student does not pass one or more courses by receiving a grade of C- or lower. The option to recycle may also be granted to a student who receives a grade of C in 10 or more credit hours worth of DPT coursework.

Ordinarily, and student who is granted the option to recycle will begin the academic year the following August and complete all courses normally scheduled for that academic year, even if the student has achieved satisfactory grades in some of those courses. For example, a student who does not successfully complete the first semester of the first year of the DPT program would be dismissed from the program in December. If the appeal to recycle is successful, the student would enroll in and repeat all courses starting in the fall of the following academic year. A student who does not successfully complete the spring semester of the first year of the DPT program who is dismissed in May and successfully appeals to recycle would enroll in and repeat all courses starting in the fall of the following academic year. A student dismissed from the program for academic difficulty during the second or third year of the program would enroll in and repeat all second or third year courses starting in the fall of the following academic year.

A student who enters the DPT program through the Clarke 3+3 pathway as a Biology major or through the Clarke 4+3 pathway as an Exercise Science or other major may have taken BIOL 520 Human Physiology and BIOL 525 Exercise Physiology prior to beginning the DPT course sequence. A student who does not successfully complete the first year of the DPT program will be required to take all DPT first year DPT courses, including BIOL 520 and BIOL 525.

C. LEAVES OF ABSENCE

Students not having academic difficulty who wish to be away from the program may request a leave of absence with the intention of re-entering the program at a later date. If space is available in the next year's class, the student will be allowed to return to the Program to complete the physical therapy program of studies. A request for a leave of absence must be filed with the Dean of Academics

D. WITHDRAWAL

In the case of a student having academic difficulty or professional/ethical behavior problems, the student may withdraw from the physical therapy program on his/her own accord or at the request of the physical therapy faculty in consultation with the Dean of Academics. When a student withdraws from the program, he/she needs to notify the Dean of Academics. The student may have the opportunity of returning to the program but the return decision will be based on the availability of space and the merits of the student's case. If the withdrawal is for more than a year, the student should contact the admissions office for re-admission to the program.

E. DISMISSAL

In the event that a student is dismissed from the physical therapy program for academic difficulty, professional/ethical behavior difficulty, or other reasons, the student will not be allowed to return to the physical therapy program (except for

specific exceptions mentioned in this handbook). In addition, any student whose actions or conditions render their performance unsafe may be dismissed from the physical therapy program. Unsafe is defined as any activity or situation that places the student, faculty, patient, or peers in physical, mental, or emotional jeopardy. The faculty of the physical therapy department, in consultation with the Dean of Academics, will make decisions regarding dismissal of students from the Physical Therapy Program. Student appeals of this decision will follow the same process as described in the Clarke University Academic Catalog and Section XVI of the DPT Student Handbook.

XVIII. COMPLAINT POLICY

Complaints may be initiated from one or more of the following: students, faculty, other departments, administration, clinical supervisors or the community. Complaints may be directed towards students, faculty, other departments, administration, clinical supervisors. It is part of the mission statement of Clarke University to emphasize peaceful resolutions to conflict. Prior to filing a formal complaint, the complainant should make a thorough effort to resolve (informally) the matter with the individual(s) with whom they have the complaint. However, if after attempting to resolve the problem informally an individual feels that their concern has not been adequately addressed or if the nature of the concern is of sufficient magnitude, the individual may file a complaint in writing to a physical therapy faculty member within 30 days of the incident. The faculty member (depending on the nature of the complaint) will either investigate the matter internally (consulting with individuals or the faculty as a whole) or recommend that the problem be taken to the academic affairs office or student life office. Issues affecting the program will be brought to faculty meetings. A written response to the individual will be made within 10 working days of receipt of the complaint. Individuals may also file a complaint with CAPTE. The link to the CAPTE website is available on the Clarke University DPT website.

Records of all complaints will be maintained in a secure location within the physical therapy department office. Documentation will include the date, the person filing the complaint, and the parties named in the complaint. The specifics of the complaint and its resolution will be confidential and will be found in either the individual's file or the department file depending on the nature of the incident.

Should the individual be dissatisfied with the outcomes of this internal department process, he or she has the right to file a formal grievance as found within this manual and in the Clarke University Student Handbook.

XIX. FINAL COURSE GRADE APPEAL POLICY AND PROCESS

Students who wish to appeal a final course grade that they believe is arbitrary, capricious, or has been calculated inaccurately must follow this process. The scope of final grade appeals is limited to ascertainment of whether a final course grade was

determined accurately and in a non-arbitrary and non-capricious manner. It is not within the scope of a final grade appeal to evaluate grades on individual assignments.

Students must initiate Step 1 of the process within five business days after the official date that final course grades were posted for the term in which the course was taken. (See Academic Calendar for more information.)*

1. Students must meet with the instructor who assigned the grade (If a face-to-face meeting is impossible or impractical, this meeting may take place by video conference or phone call.). During the meeting the student should
    a. explain the details of the issue o share specific and relevant information which supports the final course grade appeal
    b. state clearly the specific desired outcome
    c. If an agreement about the final course grade is not reached, students may proceed to Step 2.

2. Students must contact the Department Chair within 3 business days of completing Step 1 and:
    a. explain the details of the issue
    b. share specific and relevant information which supports the final course grade appeal
    c. state clearly the specific desired outcome
    d. describe, in detail, the communication that occurred in Step 1. The student, instructor, and Department Chair may meet to discuss the complaint, if necessary.
    e. If the Department Chair is the instructor for the course in question, the student must contact the Dean of Academic Affairs to complete Step 2.

3. If an agreement about the final course grade is not reached in Steps 1 and 2, students must submit a written appeal to the Vice President for Academic and Student Affairs within 3 business days of completing Step 2. The written appeal should
    a. explain the details of the issue
    b. share specific and relevant information which supports the final course grade appeal
    c. state clearly the specific desired outcome
    d. describe, in detail, the communication that occurred in Steps 1 and 2

The Vice President for Academic and Student Affairs will communicate a decision to the student in writing within 3 business days of receiving the written appeal.

If a grade change is indicated, the faculty member will submit a grade change form to the Registrar.

The decision of the Vice President for Academic and Student Affairs is final.

*Under unusual circumstances, deadlines may be extended. If the University representative, at any step, fails to review and/or respond within the time limits provided, students may proceed to the next step. If students fail to respond within the time limits provided, the appeal shall be deemed to have been withdrawn.

XX. GRIEVANCE POLICY

A Physical therapy student may file a grievance if the student feels a violation of student rights has occurred in relation to the Joint Statement of Rights and Freedoms of Students (See Clarke University Student Handbook).

In such case, a request should be made in writing for a hearing with the physical therapy department. This request should be made within 30 days of the questioned violation.

The faculty of the physical therapy department will form a committee to investigate this concern. No faculty member who is part of the grievance will be allowed on the committee. If a faculty member has a conflict of interest or is part of the grievance, he/she must excuse themselves from the committee.

Following a hearing with this ad hoc committee and the student, a written recommendation will be given to the student and a copy forwarded to the vice president for academic affairs within five working days. If such a recommendation resolves the grievance, no further action will be taken. If a resolution is not reached, the student may appeal for a university level hearing, according to stated Clarke University Student Handbook.

XXI. CONFIDENTIALITY AND PRIVACY OF RECORDS

Clarke University's Physical Therapy Department adheres to the university's policy regarding confidentiality of student records and the Family Educational Rights and Privacy Act (FERPA). No educational records will be maintained that are not directly related to the basic purposes of the university and physical therapy department. Refer to the Clarke University Student Handbook for further information regarding this policy.

XXII. ADVISEMENT

Each semester students will meet with their academic advisers regarding registration and to review their academic portfolio and goals. The student and faculty advisor should meet as needed to discuss progress and professional development in the physical therapy program. The physical therapy faculty believes that advisement enhances academic performance and professional development.

XXIII. STUDENT REPRESENTATION

The physical therapy department encourages all students to bring concerns to the attention of the faculty on an individual basis. However, realizing that not all individuals are comfortable in discussing concerns on an individual basis, each class will elect two student representatives who will serve as intermediaries between members of the class and the

physical therapy faculty. These students will be included in faculty meetings to discuss curriculum and students concerns, as necessary.

Students who are elected to these positions will serve during the school year in which they are elected. Responsibilities will include organizing class meetings, informing the department administrative assistant when they need to bring concerns to a faculty meeting, attending faculty meetings as necessary and organizing elections of new representatives.

Elections of all class representatives will occur during the fall semester. First-year class elections will be organized by a faculty member and will take place during the first two weeks of November. The current class representatives will organize all other student representative elections during the first month of the fall semester. Results of all elections will be submitted in writing to the physical therapy department secretary.

XXIV. STUDENT ACCESS TO PHYSICAL THERAPY AND ANATOMY STUDY AREAS

During school hours, students have access to the anatomy, physical therapy, and research laboratories in CBH when classes are not in session.

After school hours, students can have access to the anatomy lab, the physical therapy classrooms, and the student resource room in Catherine Byrne Hall (CBH). Student access to the physical therapy labs is available at the following times: Monday - Friday evenings from 6 a.m.-11 p.m., Saturdays from 9 a.m.-6 p.m., and Sundays from 9 a.m.-11 p.m. Anatomy lab access is posted on the course syllabus.

Admission to the anatomy lab and the physical therapy areas is limited to provide for student safety. It is the policy of the Clarke University Physical Therapy Program, for safety reasons, **that no student shall be admitted or be allowed to remain in the above areas alone**. Phones are available in/near each area in the case of emergencies. Students should be aware that adherence to the admission policy into these areas is designed to help ensure a safe student environment. Students who provide access to these areas to individuals who do not have direct approval from the appropriate departments or who are found in these areas alone, will face disciplinary action. In addition, students who use equipment without faculty approval, use equipment for which they have not received training, conduct research without Institutional Review Board approval, and/or use equipment to treat individuals will be considered in violation of professional/ethical behavior. The physical therapy faculty will meet to discuss the circumstances of the incident and make recommendations to be forwarded to the Vice President of Academic and Student Affairs. If the student wishes to appeal the decision, he/she must file a letter with the vice president for academic affairs within 10 working days. This letter of appeal must clearly state the student's view of the incident as well as a program the student will follow to remedy the situation.

XXV. SAFETY

A. FIRST AID/CPR

All students in the professional phase of the program are required to have current documentation stating successful completion of a basic first aid and CPR course.

Each student shall hold a current CPR and Basic First Aid certification by October 1st of the first semester of the professional phase of the program. These certifications must remain current until graduation.

B. UNIVERSAL PRECAUTIONS AND BLOODBORNE PATHOGENS

All professional physical therapy students will complete training in Universal Precautions and Bloodborne Pathogens yearly as required by the Occupational Health and Safety Administration. This training will take place during the fall semester.

C. HAZARDOUS MATERIALS

A complete list of all hazardous materials found in the physical therapy department can be viewed in the physical therapy office. A safety manual with Material Safety Data

Sheets (MSDS) for all hazardous materials will be available in the physical therapy resource room.

D. EMERGENCY PROCEDURES

Emergency procedures can be viewed online at Home > Current Students > Campus Safety and Security or URL https://www.clarke.edu/wp-content/uploads/Campus-Emergency-Procedures.pdf. New students are required to complete a quiz to ensure understanding of these procedures.

XXVI. NONDISCRIMINATION/SEXUAL HARASSMENT

Students, faculty, and staff of the Clarke University shall not discriminate against anyone based on one's race, color, religion, sex, national origin, age, or ancestry. In addition, the physical therapy program supports the guideline of not discriminating based on disability or health status and sexual orientation.

Students, faculty, and staff of the Clarke University Physical Therapy Department shall not discriminate against anyone on the basis of disability if such person is a "qualified individual with a disability," as defined by the Americans with Disabilities Act of 1990 and amendments.

Clarke University prohibits sexual harassment of or by students, clinical staff, and faculty. Refer to the Clarke University Sexual Harassment Policy in the Clarke University Student Handbook. Any specific allegations of sexual harassment will be handled according to the procedures outlined in that policy.

XXVII. ORIENTATION

During the first weeks of the fall semester of the first year of the professional program, an orientation session will be scheduled. Students will be given a tour of the physical therapy lab and classroom areas. Policies on first aid/ CPR, hazardous materials, and emergency procedures will also be reviewed. An orientation sign-off sheet will be completed by each student and kept on record in his/her student file located in the physical therapy office.

XXVIII. SCHOLARSHIPS

A. Ostola Scholarship

Joel Ostola died in a car accident on October 30, 1994, and this scholarship is a living tribute in his memory. Joel was a high-school leader and athlete who through his involvement in his church and community enjoyed helping young people realize their potential in sports, especially soccer and wrestling. The employer of Bill Ostola, an occupational therapist and Joel's father, established this scholarship. The eligibility criteria for this scholarship are as follows:

- Applicant must be a first-year Clarke University physical therapy student in good standing in the professional phase of the physical therapy program.
- Applicant must show financial need for the scholarship as evidenced by the Renewal Federal Aid Application Form.
- Those who established this scholarship were dedicated to enabling minority students to join the ranks of physical therapists. If no such minority student qualifies, the scholarship will be awarded to another candidate.

B. Marilyn Ott-Ratay Scholarship

The Ratay family established this scholarship in memory of Marilyn Ott-Ratay who graduated from Clarke College in 1954. As a physical therapist, she had a successful and rewarding career. Her family remembers her as an outstanding mother and wife and they admire her for her professional role as a physical therapist. The eligibility criteria for this scholarship are as follows:

- Applicant must be a second-year graduate Clarke University physical therapy student in good standing.
- Applicant must show excellence within the physical therapy program with significant potential to contribute to the profession either academically or clinically.
- Applicant must have a reputation and character that is a credit to Clarke University.
- Applicant must show financial need for the scholarship as evidenced by The Renewal Federal Aid Application Form.

C. Ruth Powers Endowed Graduate Scholarship in Physical Therapy

The Ruth Powers Graduate Scholarship in Physical Therapy is a one-time scholarship that is available to qualified DPT students who meet the following criteria:

Applicants must:

- Be registered at Clarke University as a full-time DPT graduate student who:
    - Have a GPA of 3.4 or above
    - Have a serious desire to complete her/his education and

earn a degree

- Have need for the scholarship:
  - Federal need is determined by filing the Free Application for Federal Student Aid (FAFSA) by the priority filing deadline of March 1 of each year and, if selected for verification, must submit documents within two-week time frame
- Have a reputation and character that would be a credit to Clarke University

Application and deadline information is available in the physical therapy office. Scholarships are awarded in the Spring semester.

XXIX. CLINICAL EDUCATION POLICIES

Description of Clinical Education

The Clinical Education Experience sequence is the clinical education component of the program and begins following the first year in the professional phase. This sequence is designed to give students the opportunity to apply classroom knowledge and skills in the clinical setting and to achieve entry-level competency in clinical practice. Five full-time Clinical Education Experience courses are required. The first Clinical Education Experience (eight weeks) occurs during the summer break between the first and second year in the professional phase. The second Clinical Education Experience (four/five weeks) occurs during the winter break between the fall and spring semesters of the second year in the professional phase of the curriculum. The third Clinical Education Experience (eight weeks) occurs during the summer break between the second and third year of the professional phase of the curriculum. The final Clinical Education Experiences (sixteen weeks) take place in the spring quarter of the third year of the professional phase of the curriculum.

In order to appropriately plan for a Clinical Education Experience, it is necessary for the clinical instructor to be familiar with the academic preparation of Clarke University students. In the subsequent section, the Clarke University faculty have identified the specific skills and techniques that students are prepared to perform at the various stages of their education.

DPT 631: Clinical Education Experience I

At the completion of the first year in the professional program, students are prepared to:

- Observe universal body substance precautions and patient safety in all examination and intervention procedures.
- Participate in basic examination procedures including:
  - ⇒ Patient interview
  - ⇒ Posture assessment
  - ⇒ Functional task analysis including bed mobility, transfers, wheelchair mobility, pre- gait and gait
  - ⇒ Goniometry
  - ⇒ PROM and end-feel assessment
  - ⇒ Gross and specific manual muscle testing
  - ⇒ Palpation
  - ⇒ Vital signs
  - ⇒ Differentiation between the components of the ICF model: health condition, body structures and functions, activities, participation, and contextual factors
- Participate in treatment techniques including:
  - ⇒ electric and thermal modalities
  - ⇒ massage
  - ⇒ therapeutic exercise including passive and active motion, resisted motion, and stretching
  - ⇒ functional training including bed mobility, transfers, wheelchair mobility, pre-gait, and gait

- Perform documentation in SOAP format which includes appropriate information, using proper terminology and abbreviations

At the completion of the first year in the professional program, students are ***not yet*** prepared to:

⇒ Perform independent care of clients with multiple complex medical issues and/or in intensive care units (students have had only basic exposure to inpatient equipment such as IVs, cardiac monitors, oxygen tanks, hospital bed components, etc.)

⇒ Perform specific orthopedic and neurological testing (These topics are covered in coursework during the second year)

⇒ Perform specific joint mobilization techniques or grading of mobilization (Concepts of joint mobilization have been introduced based on arthrokinematics, but students have not had training in specific techniques)

⇒ Perform complete independent examination and assessment

DPT 632: Clinical Education Experience II

At the completion of the first year and subsequent fall semester of the second year in the professional program, students are prepared to:

- Perform <u>partial</u> patient examinations for patients including:
  - ⇒ Patient interview
  - ⇒ Posture assessment
  - ⇒ Functional task analysis including basic mobility, wheelchair mobility, transfers, pre- gait and gait
  - ⇒ Goniometry
  - ⇒ PROM and end-feel assessment
  - ⇒ Gross and specific manual muscle testing
  - ⇒ Palpation
  - ⇒ General lower extremity orthopedic and neurological testing
  - ⇒ Vital signs
  - ⇒ Differentiation between health condition, body structures and functions, activities, participation, and contextual factors
- Participate in treatment techniques including
  - ⇒ Electric and thermal modalities
  - ⇒ massage
  - ⇒ therapeutic exercise including passive and active motion, resisted motion and stretching
  - ⇒ functional training including bed mobility, transfers, wheelchair mobility, pre-gait and gait
- Perform documentation in SOAP format which includes appropriate information, using proper terminology and abbreviations

Students are ***not yet*** prepared to:

⇒ Perform complete independent examination and assessment

DPT 733: Clinical Education Experience III
At the completion of the second year in the professional program, students are prepared to:

- Perform complete patient examinations for patients including:
  - ⇒ patient interview
  - ⇒ posture assessment
  - ⇒ functional task analysis including mobility, transfers, wheelchair mobility, pre-gait, and gait
  - ⇒ goniometry
  - ⇒ PROM and end-feel assessment
  - ⇒ muscle performance assessment including gross and specific manual muscle testing
  - ⇒ neurological testing including sensation, reflexes, and neural tension testing
  - ⇒ balance and postural control assessment
  - ⇒ palpation
  - ⇒ specific orthopedic, cardiopulmonary, and neurological testing
  - ⇒ vital signs

- Synthesize examination findings and identify impaired body structures and functions, activities and contextual factors,

- Write goals with reasonable time frames that are functional, measurable, and achievable

- Create intervention plan and identify anticipated outcomes and timeframes for common orthopedic and neurological problems

- Perform interventions including
  - ⇒ patient education
  - ⇒ electric and thermal modalities
  - ⇒ therapeutic exercise with and without equipment including passive and active motion, strengthening, flexibility, balance, and coordination.
  - ⇒ functional training including activities of daily living and instrumented activities of daily living.
  - ⇒ manual therapy including joint and soft tissue mobilization
  - ⇒ wound care

- Monitor and respond to changes in patient condition during examination and treatment

- Observe universal body substance precautions and patient safety in all examination and intervention procedures

- Communicate and collaborate with patients, family, other health care providers, and third- party payors in coordinating efficient and effective care

- Perform documentation in SOAP format which includes appropriate information, uses proper terminology and abbreviations, and is completed in a timely fashion

DPT 734-735: Clinical Education Experiences IV-V

At the completion of the first semester of the third year in the professional program, students have finished all PT coursework and are prepared to function in examination, evaluation, intervention, and consultation across age groups and pathologies.

CLINICAL EDUCATION DEFINITIONS

To ensure proper communication, select definitions concerning clinical education are given:

A. *Director of Clinical Education* (DCE). The licensed physical therapist employed by the academic facility that develops, organizes, supervises, and coordinates the clinical education component of the physical therapy curriculum.

B. *Academic Facility* (AF). The accredited educational institution that provides the entry level curriculum in the professional preparation of physical therapy students.

C. *Site Coordinator of Clinical Education* (SCCE). The licensed physical therapist employed and designated by the clinical facility to organize, direct, supervise, coordinate, and evaluate the clinical education program in that facility.

D. *Clinical Educational Facility* (CEF). An accredited or approved health care facility that provides the physical therapy student with a learning laboratory and patient contact for the development of physical therapy competencies.

E. *Clinical Instructor* (CI). The licensed physical therapist employed by the clinical educational facility that is designated by the Site Coordinator of Clinical Education to supervise and evaluate the activities of the physical therapy students.

F. *Letter of Agreement*. The written document which defines the agreement made between the academic facility and the clinical education facility. This document outlines the rights and responsibilities of all parties.

G. *APTA Clinical Site Profiles Report:* APTA Clinical Site Profiles. The document which is completed by the SCCE at the CEF and provides information about the CEF for the DCE and students.

H. *American Physical Therapy Association Clinical Performance Instrument PT* (APTA Clinical Performance Instrument PT). The written document that is completed by the student and the CI at both the halfway point of the Clinical Education Experience and at the close of the Clinical Education Experience.

RESPONSIBILITIES OF PARTICIPANTS

A. Director and Assistant Director of Clinical Education

1. Clinical Education Program Planning and Implementation

a) Develop, review, and revise clinical education policies and procedures.
b) Plan and implement the academic program's clinical education component in collaboration with the program director, academic faculty, clinical faculty, and students.
c) Develop and coordinate the evaluation process for clinical education. Review, revise, and implement evaluation instruments.
d) Receive student performance reports from clinical faculty and recommend a grade for the Clinical Education Experience course.
e) Monitor the academic performance of students to ensure they meet criteria for completing the clinical education experience.
f) Use appropriate intervention strategies with the SCCE and CI in situations where students are demonstrating difficulties while on Clinical Education Experience experiences.
g) Implement immunization and preventative health policies and procedures consistent with federal, state, institutional, and CEF requirements.
h) Negotiate Letter of Agreement with CEFs consistent with institutional policy and state law.
i) Negotiate and implement liability protection of students consistent with institutional policy and CEF requirements.
j) Participate in regional, state, and national clinical education activities/programs.
k) Maintain clinical education records including:
   (1) CEF database
   (2) Clinical Site Information Form for each CEF
   (3) Utilization of CEFs
   (4) Letter of Agreement for each CEF

2. Communication

a) Disseminate information about the academic facility to the clinical faculty. This information should include:
   (1) philosophy and mission of the academic program
   (2) program curriculum
   (3) clinical education policies and procedures
   (4) evaluation tool and criteria

(5) performance objectives for each Clinical Education Experience
(6) student assignments
(7) clinical faculty development opportunities

b) Placement of students in CEFs, to include:
(1) informing students of clinical education policies and procedures.
(2) making information on CEFs available to students to facilitate selection process.
(3) preparing clinical rotation assignments and informing students promptly as well as coordinating mailings to CEFs.

c) Communicate with SCCEs, CIs, and students to assess student performance and progress.

d) Interact with students regarding their clinical performance as needed.

e) Supervise clinical contacts made by academic faculty with students at mid-clinical experience; provide guidelines for information collection.

f) Arrange periodic visits to CEFs as needed to discuss student issues.

3. Clinical Site Development

a) Identify criteria for clinical site selection and utilization.

b) Maintain current files on all CEFs as required by CAPTE.

c) Coordinate, monitor, and update CEF Letters of Agreement and information forms.

d) Maintain sufficient number and diversity of clinical sites to meet clinical teaching needs.

e) Assist clinical centers in development process.

4. Clinical Faculty Development

a) Assist the SCCE's in developing, implementing, and evaluating clinical faculty development programs.

b) Provide training programs for clinical faculty.

c) Involve clinical faculty in preparation of accreditation documentation and outcome performance assessment of students.

B. Site Coordinator of Clinical Education

1. Identify, organize, develop, and coordinate the specific learning experiences within the CEF.
2. Organize, direct, supervise, coordinate, and evaluate the clinical instruction of the student assigned to their CEF.
3. Participate with the DCE in developing, implementing, and evaluating clinical faculty development programs.
4. Maintain communication with the DCE, CI, and the assigned student during the Clinical Education Experience (i.e., notification of student problems and progress).
5. Follow the APTA Guidelines for Coordinators of Clinical Education.
6. Ensure that the clinical site meets the APTA Guideline for Clinical Education Sites.

C. Clinical Instructors

1. Plan for the arrival of the student by sending appropriate CEF information to the student, reviewing student information, and reviewing student goals.
2. Assist SCCE in completion of orientation to the CEF.
3. Provide supervision and guidance to the student.
4. Perform written and verbal evaluations of the student's performance at mid-term and final with completion of necessary evaluative forms.
5. Promptly recognize student performance problems and identify such problems to the student.
6. Contact SCCE and DCE promptly if appropriate remediation's of student performance problems are not met.
7. Follow the APTA Guidelines for Clinical Instructors.

D. Student Physical Therapists

1. Prior to the student's arrival at the assigned CEF, the student is responsible for:

a) Reviewing the responsibilities of the academic educational facility (AF) and the CEF as stated in the Letter of Agreement.
b) Reviewing the APTA Clinical Site Profiles concerning the assigned CEF that is found in the Physical Therapy Department CEF file cabinet.
c) Reviewing the School's Student Handbook and the Program's Graduate Catalog and Handbook and Clinical Education Manual.
d) Paying all fees including tuition and liability insurance.

e) Completing the Student Information Sheet and filing a copy with the DCE.

f) Sending to the CEF a minimum of four to six weeks prior to the assigned starting date:
   (1) letter of introduction
   (2) required health and immunization records as described in each CEF's clinical file by the given deadline.
   (3) Student Information Sheet
   (4) Request for Accommodations if necessary (clinical accommodations may take several weeks to arrange because the implementation is an interactive process between the student, the Disability Services Coordinator, the DCE (and/or Assistant DCE), the CEF and/or the CI. Requesting early is essential if accommodations are to be timely and effective.

g) Making housing and travel arrangements as necessary.

h) Completing any additional requirements specified by the CEF by the given deadline.

i) Responding to any communications from AF and CEF in a professional and timely manner (same day response or within 24 hours).

j) Students are not permitted to contact the clinical site prior to their clinical experience unless specifically directed and approved to do so by the DCE.

2. While at the assigned CEF, the student is responsible for:

a) Adhering to the policies and procedures of the CEF and the physical therapy department.

b) Adhering to the CEF and AF dress code policies.

c) Adhering to the policies and procedures of Clarke University as stated within the student handbook and the Physical Therapy Graduate Catalog and Handbook.

d) Attending the CEF according to the schedule as designated by the CI and SCCE. The student must arrive to CEF on time daily and conform to work hours. Two (2) excused absences are allowed without make-up; excused absences beyond two days require make-up as allowed by the CEF (See Section, Attendance).

e) Notifying the DCE and the SCCE prior to the start of the workday in the event of any absence.

f) Completing a weekly log (see Section, Clinical Education Experience Log) and submitting a copy to the DCE at the end of each Clinical Education Experience.

g) Designing and implementing an in-service education program as required by the CEF.

h) Participating in professional activities (staff meetings, in-services) of the CEF as allowed by the SCCE and CI.
i) Participating in the evaluation of their clinical mastery using the APTA Clinical Performance Instrument and notifying the DCE if there is a lack of progress from midterm to final on the evaluation.
j) Evaluating the effectiveness of the Clinical Education Experience at the CEF and returning a copy of the CEF evaluation form to the DCE.
k) Meeting all the objectives outlined in the Clinical Education Experience Syllabus.
l) Responding to any communications from AF and CEF in a professional and timely manner (same day response or within 24 hours).

3. It is highly recommended that students do not work an additional job during the time of clinical education experiences. The clinical education experiences are a full-time work schedule and require additional work for preparation outside of scheduled clinic time. The department's expectation is that clinical education experiences remain top priority for students. If a student chooses to work during a clinical education experience and there are negative impacts on clinical performance, attendance, or responsibilities as outlined in the DPT Handbook and the Clinical Education Manual, there will be subsequent consequences as appropriate to the situation. Unsatisfactory performance on clinical education experiences.

4. Failure to meet the listed responsibilities may result in one of following:

a) cancellation of the Clinical Education Experience
b) academic probation
c) academic dismissal

The decision regarding the consequence(S) of not meeting responsibilities will be made by the Program Director, the DCE, and the student's academic adviser, in consultation with the SCCE and the CI, if appropriate.

SELECTION OF CLINICAL EDUCATION FACILITIES

The Director of Clinical Education (DCE) is responsible for directing and screening possible CEFs and the type(s) of clinical experience available to ensure high quality learning experiences in a variety of settings meeting CAPTE requirements for depth and breadth across clinical settings for the physical therapy students. This will include, but is not limited to acute care, inpatient rehab, skilled nursing facilities, nursing homes, outpatient orthopedics, neurologic rehab, and pediatric physical therapy.

The process of clinical site selection is as follows:

A. Contact with potential clinical sites by the institution to establish availability of clinical sites and type(s) of learning experiences available.

B. Clinical sites indicating availability are sent the APTA Clinical Sites Profiles form and Letter of Agreement form for completion. These are returned to the DCE for review and necessary AF signatures.

C. DCE (or representative) visits available clinical sites which can provide appropriate learning experiences. The visit should include a tour of the facility, a meeting with the SCCE, and a meeting with the CIs, if available.

D. Based on the information gathered in steps B and C, the following criteria are evaluated. These criteria are drawn from the APTA Guidelines for Clinical Education Sites.

1. Is there a person designated as a SCCE to coordinate the assignments and activities of students?

2. Does the clinical site have specific criteria for selection of CIs?

3. Is there a development program for the CIs? Describe:

4. Does the clinical site have a written statement of philosophy regarding clinical education? If so, is that philosophy compatible with that of the academic facility?

5. Is there a procedure for student orientation to the clinical site? Is there a student manual?

6. Does the clinical site have specific objectives for clinical education?

7. Do students and CIs meet on a regular basis (daily, weekly) to discuss student progress?

8. Do CIs complete an evaluation tool at midterm and final and discuss results with student?

9. What type of learning experiences are offered for students?

10. Does the physical therapy staff demonstrate characteristics such as expertise, contemporary knowledge, flexibility, and positive working relationships?

11. Are there support services available for students (housing, food, parking, desk space)?

12. Is the clinical site accredited by an external agency?

13. Is there clarity in the various roles of personnel at the clinical site?

14. Is the site on e-mail?

15. Letter of Agreement status - will facility complete?

16. APTA Clinical Site Profiles status - is one completed and up to date?

E. If obvious deficiencies exist in a specific area, the DCE will identify the problem and communicate it to the appropriate personnel at the clinical site. The effort of the DCE will be to work with the clinical site in order to develop it as a clinical educational facility. If there is resistance to correction of the deficiencies, the site will not be used by Clarke University as a site for clinical education.

CLINICAL EDUCATION EXPERIENCE ASSIGNMENTS

A. The DCE is responsible for assigning students to their clinical experiences. For Clinical Education Experiences I-III selection will be based on a lottery system. For Clinical Education Experiences IV-V, students will meet with the DCE and discuss their preferences for clinical assignments. The DCE and student will then choose the most appropriate site for the student based on educational needs of the student. The geographical location of a clinical setting will be of secondary importance in site selection; primary importance is given to matching students with appropriate clinical experiences. Once a student has been assigned to a clinical site and specific clinical type, any change to the clinical site or specific clinical type must be initiated by the DCE in consultation with the chair of the program and with consent of the SCCE and CI. The assignments for the Clinical Education Experience Sequence are to be completed during these regularly scheduled times:

1. Clinical Education Experience I: During the spring semester prior to the first year of the professional phase of the program
2. Clinical Education Experience II and III: During the spring semester of the first year of the professional phase of the program
3. Clinical Education Experiences IV - V: During the spring semester of the second year of the professional phase of the program

B. Failure of a student to complete CPR/First Aid or health requirements

(Sections XV and XVI of the Clarke University DPT Clinical Education Manual) by October 1st each year in the professional phase of the DPT program may result in the student forfeiting their Clinical Education Experience lottery pick or special request for clinical site during Clinical Education Experience assignments. He/she will be assigned Clinical Education Experience(s) following the placement of all other students. The only exceptions to this policy are major illness, non-elective surgical procedure, or family emergency. In such cases, the student will be assigned based on preference, as possible.

C. Failure of a student to complete CPR/First Aid or health requirements (Sections XV and XVI of the Clarke University DPT Clinical Education Manual) by October 1st each year in the professional phase of the DPT program will result in a reduction of the course grade in Clinical Practicum during the subsequent semester by one letter grade. For third year students, the reduction will be applied to the grade in DPT 712 Primary Care.

D. If a student is absent during the time of clinical assignments, he/she will be assigned to a facility following the placement of all other students. The only exceptions to this policy are major illness, non-elective surgical procedure, or family emergency. In such cases, the student will be assigned based on preference, as possible.

E. There may be opportunities for a student to partake in a clinical education experience which requires application and/or interview with the clinical site, or other additional steps as determined by the site, to be selected for the clinical education experience. If a student elects to pursue one of these clinical sites for their clinical education experience, the student must follow the following process:

1. The student will schedule a meeting with the DCE to discuss the requirements of the experience and determine appropriateness of site for the student.
2. The DCE will identify the respective faculty member from whom the student will need to get approval to pursue the clinical education experience.
3. The student will share their approval from the identified respective faculty member with the DCE.
4. In the process of application and/or interview, or completion of other professional requirements for acceptance to the experience, the student is required to share all communications between student and the site with the DCE (i.e. email, summary of phone conversations) in the same calendar day that communication is received.

G. Students who have interest in considering/pursuing a clinical residency following graduation from the DPT Program are required to notify the DCE with their expressed interest by at least 2 months prior to the residency of interest's

application deadline or by November 1st of the final year in the DPT program. If a student elects to pursue application for a clinical residency, the student must communicate this intention with the DCE to discuss best practices for the application process. To be eligible for excused absences for potential interviews, the following must be met.

1. The student will schedule a meeting with the DCE to discuss the residency(s) of interest prior to application.
2. The DCE will identify the respective faculty member from whom the student will need to get approval to pursue the residency.
3. The student will share their approval from identified respective faculty member with the DCE.
4. In the process of application and/or interview, or completion of other professional requirements for the residency(s), the student is required to share all communications between student and the site with the DCE (i.e. email, summary of phone conversations) in the same calendar day that communication is received.
5. The student will communicate potential interview dates/times with the DCE prior to confirming the interview.
6. For interviews occurring during classes, course instructors must also give approval for absences. For interviews occurring during patient care hours while on clinical experiences, the DCE must give approval, and the DCE will contact the SCCE to get site approval.

STUDENT AGREEMENT

Following assignment of clinical sites, students are notified in writing of their placement. Students must sign a Student Agreement Form which indicates their knowledge of the assignment and an understanding of their responsibilities. Copies of the stated health and immunization records will be submitted and kept current with the Director of Clinical Education (DCE).

STUDENT INFORMATION SHEET

A. The Student Information Sheet is used to provide information to the assigned SCCE, CI, and the DCE for each experience. This form includes the following components:
   1. general information
   2. transportation status
   3. health status/health insurance
   4. liability insurance
   5. special interests
   6. previous clinical experience
   7. personal goals

B. The physical therapy student is responsible for the following:

   1. completing the Student Information Sheet, including any medical/health disclosures and making two copies for each Clinical

Education Experience.

2. sending one copy of the form to the assigned clinical educational facility and the second to the DCE for each Clinical Education Experience at least four weeks prior to the start date of the Clinical Education Experience.

C. The DCE is responsible for filing a copy of the student data sheet for each Clinical Education Experience.

D. Failure of the student to meet this requirement may result in cancellation of the clinical experience.

TRANSPORTATION/LODGING

The students are responsible for providing their own transportation and lodging for all clinical learning experiences associated with the curriculum. These learning experiences include the Clinical Education Experience sequence and clinical courses which may involve periodic local travel away from the main campus. Therefore, students must have access to a car or other means of transportation to enable them to travel to the clinical sites.

DISCRIMINATION/SEXUAL HARASSMENT

A. Clarke University and the CEF shall not discriminate against any student based on the student's race, color, religion, sex, national origin, age, or ancestry. In addition, the physical therapy program supports the guideline of not discriminating based on disability or health status and sexual orientation. In the case of a student requesting a day off from a clinical site as a result of the observance of a religious holiday, requests should be addressed to the DCE and SCCE for consideration.

B. Clarke University and the CEF shall not discriminate against any student on the basis of handicap if such student is a "qualified individual with a disability," as defined by the Americans with Disabilities Act of 1990 and amendments. The CEFs are required to make reasonable accommodations for students with disabilities.

C. Clarke University and the CEF prohibit sexual harassment of or by students, clinical staff, and faculty. Refer to the Clarke University Sexual Harassment Policy: https://www.clarke.edu/wp-content/uploads/Student-Handbook.pdf page 31). Any specific allegations of sexual harassment will be handled according to the procedures outlined in that policy. Each situation will be dealt with on an individual basis and may result in the removal of a student from the CEF if deemed necessary. Any act of sexual harassment by a Clarke University student may result in dismissal from the program.

CLINICAL DRESS CODE

When students are involved in clinical settings, they must dress appropriately for that facility. They must meet the dress code expectations of the CEF. If no dress expectations are communicated to the student, the student should wear the following:

A. Overall Guidelines

1. All clothes should be neat, clean (no spots or odor), and pressed.
2. Clothing should fit well and allow for comfortable movement and should ensure coverage of tattoos on the torso. Clothing should not be excessively baggy or tight.
3. Clothes should not be tattered or have holes
4. Lab coats should be worn if the facility requires.
5. Nametags should be worn at all times.

B. Pants

1. Wear casual-styled slacks.
2. Not acceptable: Jeans of any style, shorts of any style, tight fitting pants through the buttocks and thighs: such as leggings or "skinny/slim cut" pants.
3. Low-rise pants are not acceptable unless a shirt can adequately provide coverage when completing any squatting or reaching activities. No undergarments should be visible when bending or squatting.
4. Pants should not reveal undergarments when bending over; visible undergarments are not acceptable.
5. Tight fitting pants through the buttocks and thigh are unacceptable unless a shirt can adequately provide coverage.
6. Shorts are not appropriate.

C. Tops

1. Shirts and blouses of various styles that coordinate with slacks, as well as polo-style tops are acceptable. T-shirts are not appropriate.
2. Shirts should not expose the midriff when reaching overhead or bending over.
3. Shirts should not be see-through (revealing undergarments).
4. Shirts that are low cut in front and/or loose are inappropriate unless another shirt is worn underneath.
5. Sleeveless tops are inappropriate unless approved in clinic policy.

D. Scrubs

1. Scrubs are appropriate to wear in practicum. They should not be skintight, and the fit should allow for comfortable patient care.
2. A clinical education facility may or may not allow for scrubs.

E. Shoes

1. Closed-toed shoes are required and must be always worn with socks or stockings.
2. Sandals/open-toed shoes and high heels are not acceptable.
3. Should be clean and professional in appearance.

F. Clarke ID

1. Clarke University name tags must be always worn during clinical practicum and on clinical experiences.
2. If you forget your ID, you should wear a name tag sticker available in the PT office or clinic.

G. Jewelry

1. Jewelry should be traditional/conservative and should be kept to a minimum.
2. Dangling earrings and long necklaces (>18 inches) are not allowed due to safety and practicality issues.
3. Wearing expensive Jewelry is not advised.
4. Students wearing earrings should ensure that they are inconspicuous or very simple.
5. FACIAL JEWELRY
    a) Pierced ears and small nose studs are permitted.
    b) Ear gauging or stretching, and/or septum piercing is not permitted
    c)
    d) Exceptions are made only for cultural or religious mandates.

H. Fragrance

1. Strong smelling perfumes or cologne, scented lotions etc. Should be avoided when treating patients. Light perfume or cologne is acceptable.
2. Deodorant should be worn at all times.

I. Hair

1. Long hair should be secured up and back, so it does not get in the way of patient interactions
2. Hair, beards, mustaches, and sideburns should be clean and neatly styled.

J. Tattoos

1. Students may have visible tattoos within the following guidelines:
    a) Tattoos should be minimal, tasteful, and, when possible, covered by clothing. Offensive tattoos such as those with racism, nudity, violent

acts, and/or vulgar language must be covered.

b) Facial, neck, and hand tattoos will be subject to faculty or clinical site evaluation and may be required to be covered.

2. Due to the cultural sensitivities of tattoo art, any students' tattoos may be considered offensive to patients, customers, or co-workers. Any patient or customer complaint will require the tattoos to be covered.

K. Fingernails

1. Nail polish (regular, gel, shellac) with no chips, can be worn in patient care.
2. Nails should be clean and neatly trimmed to within 1/8" of white fingernail growth showing.
3. No artificial/acrylic nails or overlays are allowed.

CPR/BASIC FIRST AID REQUIREMENT

Each student shall hold a current annual CPR and current biannual Basic First Aid certification taken after August 1 and completed by October 1st for each year in the professional phase of the program. These certifications must remain current until graduation.

HEALTH REQUIREMENTS

A. All physical therapy students are required to have completed all federally mandated/school related immunizations and provide a record of immunizations for participation in clinical experiences in the Clarke University Physical Therapy Program by October 1st of the first semester of the professional phase of the program.

B. Proof of all requirements listed in this section will be required to be upheld by October 1st each year in the professional phase of the program. Failure to do so may result in the student forfeiting their Clinical Education Experience lottery pick or special request for Clinical Education Experience site (see IX of the Clarke University DPT Clinical Education Manual). Failure to complete all health requirements by October 1st each year will result in a reduction of the course grade in Clinical Practicum during the subsequent semester by one letter grade. For third year students, the reduction will be applied to the grade in DPT 712 Primary Care.

C. Clarke University warrants that each student assigned to care for patients has been instructed in universal body substance precautions, proper infection control policies, and HIPAA regulations annually. Clarke University shall furnish proof of the student's universal precautions, bloodborne pathogen training, and HIPAA regulation training to the clinical site. In accordance with HIPAA and the patient's

right to choose. Patients/Clients have the right to refuse treatment by a student. Students are expected to support the patient's right to choose their care provider.

D. Clarke University shall also furnish proof of the student's background check, mandatory reporter training and any additional drug screening requirements as requested by the CEF. The results of a student's background check may preclude participation in Clinical Education Experience(s) and/or clinical practicum. In these circumstances, a replacement site is not guaranteed. If a student is unable to meet the requirements to participate in the required clinical education experience or practicum this will prevent continuation/completion of the Doctor of Physical Therapy Program.

E. Students are required to annually meet all health certification requirements as designated by the clinical site, including but not limited to physical examination, two-step tuberculosis testing (Mantoux PPD test), flu shot (or declination waiver due to allergy), proof of health insurance, and cardiopulmonary resuscitation certification. Required proof will be the responsibility of the student. Students born after January 1, 1957 must have documentation of two MMR vaccinations, proof of chicken pox (month/year) or varicella vaccination, proof of hepatitis B vaccinations, proof of positive rubella, titer, proof of positive hepatitis titer and varicella titer, proof of current Tdap immunization and proof of current First Aid Certification. It is the student's responsibility to show proof of all health testing and to be aware of site-specific requirements.

F. If a student did not receive the Hepatitis B Vaccination series as a child or the Hepatitis B titer was non-reactive/non-immune, evidence that they have received the 1st shot in the Hepatitis B Series is due by September of the first semester of the professional phase in the graduate program. Evidence of receipt of the 2nd shot in the Hepatitis B Vaccination series is required to be completed by November 15th of the first semester of the professional phase in the graduate program for clearance to participate in clinical practicum. Evidence of receipt of the 3rd shot in the Hepatitis B vaccination series is required to be completed by April 15th in the second semester of the professional phase in the graduate program for continued clearance of participation in clinical practicum and patient care services. Students needing to repeat the Hepatitis B vaccination series are required to repeat a Hepatitis B titer in the fall of the second year of the professional phase in the graduate program, at the time of health requirement updates, to demonstrate immunity.

G. If a student is seropositive for hepatitis B surface antigen, they must disclose this to the DCE, SCCE, and CI. These students will be withheld from patient care until there is a written release by a physician and approval of the infection control agency at the clinical site.

H. Documentation of the full COVID-19 vaccination series and booster(s) (NOTE:

Pfizer-BioNTech and/or Moderna have been specifically required by some clinical education facilities) has been required by clinical sites in order to participate in patient care. Choosing to not receive the COVID-19 vaccination may jeopardize your ability to participate in Clinical Education Experiences, and other patient care experiences that may occur in facilities outside of Clarke University. Any clinical site may refuse students who have incomplete vaccinations. The vaccinations required can vary by clinical site. Exemption policies will be specific to the individual facility. Inability to participate in clinical education experiences, and/or other patient care experiences may delay progression within the DPT program and could potentially prevent continuation/completion of the Doctor of Physical Therapy Program.

I. Physical therapy students who are unable to receive certain vaccines due to medical or religious reasons must have a signed and dated waiver form (available on the Iowa Department of Health and Human Services website). Medical waivers must be signed and dated by the student's primary care provider submitted to the Physical Therapy Department by the deadline for health records (October 1st). Waivers will be placed into their permanent physical therapy student file. Requests for exemption from specific vaccinations for personal reasons must be made to the DCE and Program Chair. Any clinical site may refuse students who have medical waivers/incomplete vaccinations. The vaccinations required can vary by clinical site. Exemption/waiver policies will be specific to the individual facility, and the individual facility will determine if a waiver is accepted. Inability to participate in clinical practicum and/or clinical education experiences would prevent continuation/completion of the Doctor of Physical Therapy Program.

J. N95 Mask Fit Testing Requirement: Being fit with an OSHA approved N95 respirator mask following OSHA fit testing guidelines has been required by clinical sites in order to participate in patient care. Students are required to complete N95 mask fit testing on an approved mask. Any costs associated with N95 fit testing is the responsibility of the student.

K. If a student sustains an injury while on the Clarke University campus, the Clarke University Health Services should be notified as soon as possible and the university procedure according to Health Services Clinical Procedure manual will be followed. If a student sustains an injury while assigned to a clinical site, the agency protocol should be followed, the injury reported to the clinical instructor and to Clarke University Health Services as well as the DCE. Needle sticks and mucous membrane/non-intact skin exposure to body fluids constitute an injury. In all instances of injury while on campus or while engaged in required clinical experience, the student should complete an incident report form: if on Clarke University Campus forms are located on the campus security website, if on a Clinical Education Experience a form for their facility should be completed.

Payment for medical treatment necessary following an injury is the student's responsibility.

L. Students are responsible for notifying their DCE, CI and/or SCCE in the case of any absence. In the case of acute illness such as a cold, sore throat, or flu, the student is expected to submit medical documentation that they can return to the clinic. Students must abide by the Clarke University Attendance Policy (see Section XVIII of the Clarke University DPT Clinical Education Manual) of the clinical site regarding illness and attendance.

SOCIAL MEDIA/HIPAA POLICY

There is a consensus among DPT faculty regarding communication and sharing of information related to interventions, patients/classmates/any persons, and/or discussion of cases/patient care/situations via social media or e-mail avenues. Any communication, sharing of information regarding intervention ideas for certain diagnosis and/or individuals or discussion about patient care/situations absolutely cannot be done on any e-mail or social media venues. This includes those social media groups or sites that may be private, closed, discussion boards, or any electronic communication apps or platforms; even those that are considered password protected.

The DPT faculty agree that you may collect intervention ideas on your own (i.e. print off exercises at facilities WITHOUT identifying information) which you can share as hard copies with your classmates when you return to campus following your clinical experiences. In doing this, there should be absolutely no electronic sharing of information of any kind.

Electronic and/or patient/individual identifiable information that is shared or posted in any of the manners we've outlined, or in any other manner that is similar, is a violation of HIPAA and will be grounds for unprofessional and unethical behavior which could lead to probation and/or dismissal from the DPT program as outlined in the DPT Student Handbook. Should students have concerns or get "stuck" and feel that they need assistance with patient care and/or interventions while on a clinical experience, they can seek out faculty assistance using the faculty roster contact information listed in the DPT Student Handbook.

<u>Patients/Clients have the right to refuse treatment by a student. Students are expected to support the patient's right to choose their care provider.</u>

LIABILITY INSURANCE

Prior to the first semester of the professional phase of the program, the physical therapy students are required to obtain malpractice insurance. The cost of this insurance policy is part of the student fees assessed by the University. Students are billed for this

insurance policy in the fall semester of each year in the professional program. Students will be assessed these fees until the completion of the program including any remediation Clinical Education Experiences if required.

ATTENDANCE FOR THE CLINICAL EDUCATION EXPERIENCE SEQUENCE

A. The physical therapy student is expected to attend the clinical educational facility according to the schedule set by the SCCE and the CI. Usually, this is eight hours/day, five days/week for the assigned number of weeks:

1. **Clinical Education Experience I**: Eight weeks (summer after first year in professional program)
2. **Clinical Education Experience II**: Four/five weeks (winter break between fall and spring semester of second year in professional program)
3. **Clinical Education Experience III**: Eight weeks (summer after second year in professional program)
4. **Clinical Education Experience IV-V**: 16 weeks (final semester of third year in professional program)

B.

1. The student is expected to arrive to the location of the Clinical Education Experience by noon the day before the start date of the Clinical Education Experience (ex: if the location of the Clinical Education Experience is Chicago, IL and the start date of the Clinical Education Experience is Jan 2, then the student must be in Chicago, IL by noon Jan 1).
2. The student must arrive at the CEF on time daily and conform to work hours as established by the CEF.
3. The student is expected to attend the Clinical Education Experience for all days as scheduled. The DCE must be notified if any time is missed.
4. Two (2) excused absences are allowed without make-up.
5. Safety in travel is of utmost concern. Use caution with inclement weather. Students are still expected to attend the Clinical Education Experience if the facility is open. If your clinical facility closes or your clinical instructor specifically tells you to avoid travel due to inclement weather, then you will be excused. You must notify the DCE if the site is closed and/or you are not attending the clinical experience.
6. The conditions included in a legitimate absence are: illness for more than two days with a MD note, death in the immediate family, religious observance, inclement weather as described in (5) and Clarke University sponsored activities. You must notify the DCE in any of these instances.

7. The (2) excused absences are not to be taken as personal days.
8. Unexcused absences are not allowed and are grounds for immediate dismissal from the program. Unexcused absences will be determined by DCE in consultation with the Program Director and/or the SCCE and CI. Any missed days will be required to be made up. The student will receive an Academic/Clinical Critical Incident Report and the incident will be discussed among the physical therapy faculty. The physical therapy faculty will meet to review the student's record and make one or more of the following recommendations: placement on probation, failure of the Clinical Education Experience, recommendation for withdrawal and/or dismissal from the program.
9. Excused absences beyond 2 days require make-up as allowed by the CEF.
10. Under certain conditions arrangements may be made for making up lost time as a result of a legitimate absence.
11. It is highly recommended that students DO NOT work an additional job during the time of clinical education experiences. The clinical education experiences are a full-time work schedule and require additional work for preparation outside of scheduled clinic time. The clinical education experiences should be first priority for students. If a student chooses to work during a clinical education experience and there are impacts on performance, attendance, or responsibilities as outlined in the DPT Handbook and the Clinical Education Manual, there will be subsequent consequences as appropriate to the situation which may prevent continuation/completion of the Doctor of Physical Therapy Program.

BACK-UP SUPERVISION

A. A plan must exist for supervision of the physical therapy student at all clinical educational facilities that employ only one licensed physical therapist in the case of the absence of that PT. This backup system is to be utilized only on a
short-term basis and only in emergency situations when the clinical instructor must be absent (i.e., illness or death in the family).

B. The SCCE is responsible for the following:

1. Notifying the student of the backup procedure during orientation.
2. Notifying the student of the backup clinical instructor for the involved day.
3. Notifying the backup clinical instructor of the need to supervise the student for the involved day.
4. Notifying the Director of Clinical Education (DCE) of the plan for the backup supervision.

5. Notifying the DCE when the backup plan is activated.

C. The student is responsible for the following:

1. Knowing the backup supervision plan.
2. Working under the supervision of the backup clinical instructor for the short-term period.

D. The backup clinical instructor is responsible for the following:

1. Organizing, directing, supervising, and evaluating the activities of the student for the short-term period.
2. Reporting to the SCCE the outcome of the involved days.

CLINICAL EDUCATION EXPERIENCE LOG

The Clinical Education Experience Sequence Log is used to keep a weekly record of the student's professional growth in professional behavior, communication, evaluation, program planning, and treatment. The Log is used to promote reflection and to assist the students in assessing their own clinical competence.

A. The physical therapy student is responsible for the following:
   1. Completing the Clinical Education Experience Log on a weekly basis on 3-hole punched paper and bound in your Clinical Education Experience binder. Each log entry should be written in ink or typed and be legible. It should include at minimum:
      a) Record of diagnoses of new patients seen; treatments performed; any other experiences.
      b) Student's personal response/reflection to experiences during the week.
      c) Discussion of strengths/weakness, successes/failures during the week.
      d) Goals for next week.
   2. Sharing the Log with the clinical instructor and requesting signed feedback on a weekly basis.
   3. Submitting the log to the DCE/Assistant DCE at the end of the Clinical Education Experience.
   4. Make the entire Log available to the SCCE and CI on an as needed basis.

B. The CI is responsible for:
   1. Reviewing the student's Log on a weekly basis.
   2. Offering comments within the Log regarding appropriateness of note and student direction.
   3. Sign and date note following review of student's weekly note.

C. The DCE/Assistant DCE is responsible for:
   1. Reviewing the log at the end of the Clinical Education Experience to assess the completion and quality of the log.
   2. Offering feedback to the student, CI, and SCCE as appropriate.

EVALUATION OF STUDENT CLINICAL PERFORMANCE

A. Students will be evaluated by the CI at the clinical site with written reports at minimum of midterm (formative) and final (summative) points of the clinical experience.

B. The Clinical Performance Instrument will be used by the CI for evaluation. This evaluation tool was designed to provide a uniform and consistent national instrument to measure physical therapist student performance for all levels of clinical experience.

C. Site-specific feedback forms, daily or weekly, should be written according to site policy and procedure.

D. At no time following completion of the Clinical Education Experience will a student contact the facility, SCCE, or CI in regard to their performance evaluation without the express written consent of the DCE or Program Director

   Violation of this will be dealt with as unprofessional behavior, Section XVIII-D and may result in dismissal from the program.

CLINICAL EDUCATION EXPERIENCE VISITS

A. The DCE will supervise at least one visit or telephone conference per Clinical Education Experience course for each student. The visit should be made with the student and the clinical instructor and/or the SCCE around the midpoint of each Clinical Education Experience. Such contacts will be made by the DCE or an appointed representative of the DCE. A representative for the DCE may be one of the academic physical therapy faculty. The DCE and/or representative is responsible for the following:

   1. Scheduling the Clinical Education Experience visit or telephone conference with the SCCE and/or CI.
   2. Meeting with the student at their assigned clinical site to discuss:
      a) Types of learning experiences (diagnosis seen, treatment techniques observed and practiced, evaluation techniques observed and practiced, and other specific learning experiences).
      b) Type and frequency of interaction with the CI; degree of supervision.

c) The student's performance (strengths and weaknesses).
d) The effectiveness of the student's academic preparation (additions, deletions, modifications).

3. Meeting with the CI (and SCCE if available) to discuss:
   a) The student comments about the clinical experience (types of learning activities and degree/type of supervision).
   b) The strengths of the student's performance.
   c) The weaknesses of the student's performance.
4. If problem(s) are identified the DCE should discuss possible solution(s) to the problem(s) with the SCCE, CI and the student.
5. Documenting the contact through the use of the Clarke University Clinical Education Experience Visit Form.
6. Filing the Clinical Education Experience Visit Form.
7. Relaying any necessary information to the academic faculty.

B. The CI is responsible for:

1. Approving the date and time of the Clinical Education Experience visit or telephone conference.
2. Completing the midterm evaluation form of the student's performance **prior** to the arrival of the DCE or representative if possible.
3. Meeting the DCE or representative to discuss:
   a) The strengths and weaknesses of the student's performance.
   b) The thorough and effectiveness of the student's academic preparation for the clinical experience.

C. The student is responsible for:

1. Informally assessing their clinical learning experience **prior** to the DCE or representative's arrival.
2. Meeting with the DCE to discuss:
   a) Types of learning experiences (diagnosis seen, treatment techniques observed and practiced, evaluation techniques observed and practiced, and other specific learning experiences).
   b) Type and frequency of interaction with the CI; degree of supervision.
   c) Their own performance (strengths versus weaknesses).
   d) The effectiveness of their academic preparation (additions, deletions, modifications).

D. If problem(s) are determined, the DCE should discuss possible solution(s) to the problem(s) with the SCCE, CI and the student. Strategies such as learning contracts may be used to clarify student expectations.

STUDENT EVALUATION OF THE CLINICAL EDUCATION EXPERIENCE

A. Student evaluation of the clinical education experience is used to assist the development of the clinical educational facility, and to provide information for other students.

B. The Clinical Education Evaluation Form is to be completed by each physical therapy student during the final week of each Clinical Education Experience.

C. Two copies of the form should be made; one is to be given to the Director of Clinical Education (DCE) at the end of the Clinical Education Experience, and the second copy is for the CI and SCCE at the CEF.

GRADING SYSTEM FOR THE CLINICAL EDUCATION EXPERIENCE

A. The grading for the Clinical Education Experience courses is based upon a satisfactory/unsatisfactory system. To obtain credit for the course, the physical therapy student must complete the following:

1. All of the objectives for the course as described in the Clinical Education Experience syllabus.
2. Submit all required evaluative forms to the DCE.
3. Submit weekly Clinical Education Experience Log sheets to the DCE.

B. The clinical experience is evaluated by the clinical instructor at the midterm and at the end of the experience using the APTA Clinical Performance Instrument. Both evaluations are shared with the student at a mutually determined time.

C. The student will also evaluate the clinical experience and the clinical instructor using the Clinical Education Evaluation Form. This evaluation is also shared at midterm and final evaluation. Both the student evaluation of the clinic and the final clinical evaluation of the student shall be filled out prior to the mutually agreed upon meeting time.

D. If the student is not performing at a satisfactory level at any time during the clinical experience, the clinical instructor (CI) or the clinical coordinator of clinical education (SCCE) should contact the Director of Clinical Education (DCE) immediately. The DCE, SCCE, CI, and student will work together to determine the problem(s) and propose solutions to remedy the situation.

E. If the student continues to perform at an unsatisfactory level at the time of the final evaluation, the CI, the SCCE, and the DCE will determine if the

student should receive credit for the Clinical Education Experience.

F. Failure to receive credit in the Clinical Education Experience course will result in the student receiving one of the following grades: W (withdraw), I (incomplete), or F (fail) based on the decision of the physical therapy faculty in consultation with the DCE, SCCE, and CI.

G. If the student receives a "W" or an "I" grade, the student will meet with the student's faculty adviser, the DCE, and the program director to determine the most appropriate form of remediation. Remediation must be completed prior to the student starting the next full-time Clinical Education Experience. Successful completion of full-time Clinical Education Experiences is required for students to be eligible for graduation with a Doctor of Physical Therapy degree.

H. A grade of "F" (fail) of the remediation will result in failure of the course. Refer to the policy on failure of a course in the physical therapy program in the Academic Policy and Procedure Manual for further details. The student's record will be reviewed for appropriate action by the physical therapy faculty.

I. The DCE is responsible for the following:

1. Reviewing the completed log and the evaluative forms.
2. Assigning either a satisfactory or unsatisfactory grade to the student, based upon attendance, evaluative form, and log completion.

J. The CI and SCCE are responsible for the following:

1. Immediate notification of DCE of any problems with student.
2. Assuring that the evaluative form is completed and reviewed with the student at the mid-point and end of the Clinical Education Experience.
3. Sending in the evaluative form to the DCE at the end of the Clinical Education Experience course.

K. The student is responsible for the following:

1. Immediate notification of DCE of any major clinical problems.
2. Completing and sending in the Clinical Education Evaluation Form and the Clinical Education Experience Log to the DCE at the end of the Clinical Education Experience.

STUDENT WITHDRAWAL POLICY

Student withdrawal from a clinical educational facility may occur for the following reasons:

A. Unsatisfactory student performance: According to the clinical educational facility, the student behaves or exhibits characteristics that are detrimental to the clinical site in carrying out its health care responsibilities. In this case, the Site Coordinator of Clinical Education (SCCE) is to direct the request for student withdrawal to the Director of Clinical Education (DCE). If the DCE is not available, the request should be made to the Program Director. The Clarke University PT faculty will respond to the request within two working days.

B. Unsatisfactory clinical education experience: According to the Clarke University PT faculty, if the clinical educational experience does not meet the needs of the student, or there is knowledge of unsafe or unethical patient care at the CEF, the student will be withdrawn. The DCE will contact the SCCE and will discuss the rationale for the necessity of student withdrawal from the CEF.

CLINICAL FACULTY APPOINTMENT

A. Definition:

A clinical faculty appointee is a health professional who has agreed to assist in providing instruction for Clarke University physical therapist students by serving as a Site Coordinator of Clinical Education (SCCE) or clinical instructor (CI).

B. Selection Criteria: a clinical appointee:

- who serves as a CI must be a physical therapist (PT)
- who serves as a SCCE usually is a PT or a physical therapist assistant (PTA)
- should have at least one year experience in clinical practice.
- should be properly credentialed in the state in which they are practicing.
- should demonstrate interest in providing clinical education to PT students.
- should comply with the appropriate responsibilities as outlined in the Clarke University Clinical Education Manual, Section VII "Responsibilities of Participants"

C. Term of Appointment:

The clinical faculty appointment will be annual (from June 1 to May 31). The appointment will be automatically renewed each year given the appointee continues to offer their services to the university.

D. Clinical Faculty Privileges and Benefits: The clinical faculty appointee shall:

- have access to the Clarke University Nicholas J. Schrup Library with checkout privileges.
- be eligible for faculty discounts at the Clarke University bookstore.
- have access to the Robert and Ruth Kehl Center, the

university's recreation and sports complex.

- have access to tuition waiver for three credit hours of undergraduate studies for professional or personal growth during each appointment term.
- be eligible for discounted tuition to attend any continuing education course offered by the Clarke University Physical Therapy Department.
- receive special recognition for services provided beyond expectation as deemed appropriate by the Clarke University PT faculty.

E. Development of Clinical Faculty:
Development of clinical faculty at the CEF results from interaction between the Director of Clinical Education (DCE) and the Site Coordinator of Clinical Education (SCCE). Clarke University Physical Therapy Program will conduct at least one workshop per year at minimal charge for clinical faculty which could include, but is not limited to, one of the following:

1. Clinical Teaching Workshop: This workshop will discuss methods of effective clinical teaching of PT students. Issues related to curriculum modification to improve the effectiveness and preparation of students will be addressed. In addition, other educational issues and topics will be covered.

2. Clinical Research/Clinical Problems Workshop: This workshop will address areas of possible clinical research and how these can be facilitated. The Clarke University faculty is committed to clinical research as a method of professional growth and experience for our students, faculty, and clinical instructors. In addition, this workshop will focus on current problems and discussion of solutions for these and other issues affecting clinical education.

3. Continuing Education Workshop: This workshop will focus on a current topic issue or technique in physical therapy that our clinical education faculty request to have discussed. In addition to utilization of Clarke University's faculty expertise, specialists in the field will come to Clarke University to conduct workshops as can be arranged. These workshops will be conducted at Clarke University and will take place over one to three days as necessary.

F. Clinical Faculty Evaluation:
Clinical faculty who serve as CIs are encouraged to make use of the APTA Self-Assessments for Clinical Instructors as a basis for self-evaluation. External sources of data for evaluation of clinical instructors include the student, SCCE, and DCE. Student feedback is available to the CI both informally during the Clinical Education Experience and formally at the conclusion of the Clinical Education Experience. At the meeting to review the student's final evaluation,

the student will have completed the Physical Therapist Student Evaluation of Clinical Experience and Clinical Instruction. This formalized feedback should be reviewed by the CI and the SCCE of the facility.

The SCCE of the clinical facility is responsible for providing direct feedback to CIs on their performance as clinical teachers. This feedback should be based on direct observation of the CI and student interaction as well as discussions between the SCCE and the student. The SCCE is also responsible for identifying needs for continuing education of the clinical faculty and communication of such needs to the DCE.

G. Clinical faculty who serve as SCCEs are encouraged to make use of the APTA Self-Assessments for Coordinators of Clinical Education as a basis for self-evaluation. External sources of data for evaluation of SCCEs include the student, CI, DCE, and departmental administrators.

Clinical faculty who serve as guest presenters will receive evaluation forms from the students regarding their presentation. In addition, these clinical faculty members will receive direct feedback from the course coordinator regarding the effectiveness of their presentation.

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