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“WELCOME TO THE UNIVERSITY OF UTAH”

For a smooth transition into the University, here is a list of offices to visit and some possible things “to do” before the semester begins:

- **Student Immunization Office**: All new, transfer and readmitted students born after December 31, 1956, are required to submit proof of immunity to the Student Health Service (in addition to the form you submitted to the Department of Physical Therapy). Instructions and forms will be mailed and are to be returned to the Student Health Service by the second Friday of fall semester. Mail the appropriate forms to:
  
  University Wasatch Clinics, Level I
  555 Foothill Blvd.
  SLC, UT 84112

- **The University Counseling Center (UCC)** offers opportunities for personal development that will lead to enhanced learning and contribution to the University. The Center helps students, staff, and faculty resolve existing problems, prevent potential problems, and develop new skills that will enrich their lives. Services address personal, career, and academic learning issues. Formats include individual and group counseling, classes, and workshops.
  
  University Counseling Center
  Student Services Building
  201 South 1460 East Room 426
  Salt Lake City, UT 84112-9061
  [http://www.sa.utah.edu/counsel/](http://www.sa.utah.edu/counsel/)
  Office: (801) 581-6826; Fax: (801) 585-6816

- **Financial Aid Office**, 105 SSB, 581-6211: Provides information and applications for Financial aid and general University scholarships.

- **ID Bureau**, 154 Olpin Union Bldg., 581-2273: Issue student ID card. To obtain your Identification card, please take with you a legal picture ID (driver license, passport, state ID card, or military ID). Your first standard ID card (Ucard) is free; however, there is a $20 fee for replacement of lost, stolen or damaged cards.

- Find **Class Schedules and General Catalog** on the University of Utah website: [www.utah.edu](http://www.utah.edu) or you can purchase general catalog at the University of Utah Bookstore.

- **Academic Calendar**: See [http://registrar.utah.edu/academic-calendars/index.php](http://registrar.utah.edu/academic-calendars/index.php) for the most up to date information.

- **Parking Services**, 1901 E. Research Road, Rm 101, 581-6415: Purchase a parking permit or find out about alternatives to driving to campus.

- **Health Sciences Bookstore**, located in the Eccles Health Sciences Education Building, 26 S. 2000 E., 581-8049. This is where you will purchase your textbooks.

- **Spencer S. Eccles Health Sciences Library**: Study halls, computer centers, and research access. The Computer Center in the basement will provide information about setting up an e-mail account (call 581-8052). The Marriott Library Multimedia Center (lower campus, 1st floor, West Entrance) provides computer short courses (free to students) and information about using the Internet, etc.


- **Child Care Coordinating Office**, 316 Olpin Union, 585-5897, [www.childcare.utah.edu](http://www.childcare.utah.edu). The Child Care Coordinating Office provides programs and services which support the availability and quality of child care for University families. Parents may obtain information on types of care available as well as consumer guides for selecting quality programs for their child.
<table>
<thead>
<tr>
<th>Faculty/Staff</th>
<th>Position</th>
<th>E-Mail Address</th>
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</tr>
</thead>
<tbody>
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INTRODUCTION TO THE DEPARTMENT

HISTORY OF THE DEPARTMENT
The University Of Utah, Department Of Physical Therapy was established in 1969 in the College of Health. At that time there were no full-time faculty, so courses were taught by community physical therapists. By 1975, the Department had grown to three full-time faculty members and an increased number of auxiliary faculty comprised of physical therapists and other health providers. Currently, there are 13 core faculty members and approximately 30 adjunct faculty who teach in the curriculum. The Department has over 900 contracts with sites across the country providing internships for students. The Department is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) and was last accredited in 2008, for which it was given an eight-year accreditation.

INTRODUCTION TO THE DEPARTMENT
Students are awarded the Doctor of Physical Therapy (DPT) degree as the entry level to the profession. The course of study will require approximately 3 years to complete.

FACULTY
The faculty is committed to guide the student to become a professional and competent physical therapist. Faculty members are clinically active in their physical therapy specialties in order to remain in the mainstream of the profession. Along with the professional preparation of students, Department faculty members are expected to conduct research, publish and provide professional service.

The student will find that faculty members donate their talents to professional service at local, regional and national levels. To fully appreciate the responsibilities of a faculty member at the University of Utah, students should know that one of the primary missions, besides teaching, is research. Faculty are expected, particularly at the doctoral level, to be involved in research and publishing in order to meet the requirements for being a faculty member at the University. The current faculty is actively working to move the research agenda of the Department forward.

Currently, the Department houses the Movement Dysfunction Laboratory, Skeletal Muscle Exercise Research Lab and the Motion Capture Core Facility where investigational studies are conducted related to physical therapy concerns. The Department of Physical Therapy and the Department of Neurology are mutually supporting the Clinical Neuromuscular Laboratory where studies are currently being conducted on persons with various muscle diseases. The two laboratories are accessible to students interested in research. The Department also houses the Multiple Sclerosis Exercise Clinic, the Parkinson Disease Exercise Clinic, the Diabetes Exercise Clinic, the CVA/Stroke Exercise Clinic, the Rehabilitation and Wellness Clinic and the Balance and Falls Prevention Clinic. Students interested in participating with faculty members in any of these clinics should meet with the respective faculty representative.

FACULTY OFFICE SPACE
As stated above, faculty are expected, particularly at the doctoral level, to be involved in research and publishing in order to meet the requirements for being a faculty member at the University. For this reason, faculty will have office hours posted outside their office doors. If a student has a need to meet with a specific faculty member, the student has the responsibility to contact the faculty member in order to set an appointment. Faculty phone numbers are posted above the student phone located in the hallway running west off the student commons area. Students must enter and exit the office administration/faculty area through the door located off the front reception area and are not permitted to utilize faculty equipment in the office areas. A biosketch of each of the core faculty can be viewed on the Department's website at www.health.utah.edu/pt.

CURRICULUM
The present curriculum in physical therapy is designed to prepare the student with skills and techniques to be a general practitioner of physical therapy upon graduation. To become prepared in a physical therapy specialty, continuing education should be completed post-graduation. Refer to the APTA website at www.apta.org for further Information related to specialization.
RECORDING (AUDIO, VIDEO, PHOTO) IN CLASS

Recording any component of class (audio, video or photo) is prohibited without permission from the instructor and the course coordinator. Recordings may only be used for personal study and MAY NOT be published online or elsewhere. In cases when recordings could be of benefit to the entire class for study/review, the instructor/course coordinator can make them available to students on password protected websites. **Violation of this policy will result in dismissal from the program**

COURSE OF STUDY

The course of study provides the opportunity to combine didactic information with clinical practice. Class discussions and questions are recommended and invited throughout the educational experience. The specific courses of study are found in the section on academic education.

At the end of each semester students will complete, on-line, a course and instructor evaluation. Likewise at the end of each semester, faculty members will complete an ability-based assessment of each student in addition to grading formal course work.

Because many of the courses and units taught are done so by clinical faculty with busy practices, **scheduling requires a great deal of flexibility on the part of the student and core faculty. The student may be asked to make last minute changes in plans and schedule.** The faculty regrets any inconvenience this may cause the student; however, the primary concern of the Department is an excellent educational experience. The understanding and cooperation of the students in this matter will be appreciated by everyone.

As stated in above, permission must be obtained from a course instructor if a student wishes to record lecture or laboratory session(s). This applies to both audio and videotaping. Permission to share faculty course material must also be approved.

TUITION

**Tuition is subject to change each year.** Students are advised to consult the appropriate Academic Semester Schedule ([http://www.acs.utah.edu/tuition/ia-tuit.htm](http://www.acs.utah.edu/tuition/ia-tuit.htm)) or the University Registrars Office for current rates. Tuition for your summer internship is calculated based on **Graduate Resident** fees and is based on the number of semester hours for which you register during that semester. Additional laboratory and class fees are assessed for certain courses. Students are advised to call the Tuition Office of the University if questions arise: (801) 581-7344. For additional information regarding the tuition deadline & policy changes, go to Income Accounting & Student Loan Services web site on tuition payment changes at [http://www.fbs.admin.utah.edu/index.php/income](http://www.fbs.admin.utah.edu/index.php/income). All **Graduate students who fail to pay tuition by the due date will have their classes cancelled.** This means the classes you have registered for will be deleted from your academic record. Checks returned for insufficient funds will also result in class cancellation.

All unpaid account balances after the due date will be assessed at 20% late fee (not to exceed $60). The **initial tuition billing statement is not mailed to you.** Your tuition bill information is provided electronically on the web by logging into the Campus Information Systems at [http://gate.acs.utah.edu](http://gate.acs.utah.edu). Bills can be accessed through the Financial section of the Student area. Please print a copy of your bill to accompany your check payment. You may also pay online with a credit card or e-check through the same area of Campus Information Systems. **STUDENTS ARE RESPONSIBLE FOR MONITORING TUITION ACCOUNT** through the Campus Information System.

TEXTBOOKS

Textbooks are available at the University of Utah Eccles Health Sciences Bookstore which is located in the Eccles Health Sciences Education Building on the first floor. The address is 26 South 2000 East or a driving map can be accessed at [www.info.campusstore.utah.edu](http://www.info.campusstore.utah.edu). Textbooks used in any class are subject to change. Be sure you are purchasing the correct book for a specific class. You can check with Deb Bachan, Executive Secretary to the Department, during the semester proceeding the semester in question for a list of required textbooks for the upcoming semester.
GRADING POLICIES AND ACADEMIC PROBATION

Each course has a grading policy. If a student is unclear about a grading policy, or what an instructor expects, the student should contact the course instructor for clarification.

Graduate students are required to maintain a 3.0 or higher GPA in required coursework for the Doctor of Physical Therapy degree. A student who demonstrates a GPA of less than 3.0 will be placed on academic probation. A student who remains on academic probation for one year will be dismissed from the program.

A grade of C- or lower, or a No Credit grade (NC), is not accepted in required coursework for the Doctor of Physical Therapy degree. Required coursework includes all courses required on the Program of Study for the Doctor of Physical Therapy degree. Students who receive a grade of C- or lower, or an NC, in a required course are placed on academic probation. These students may be permitted to take other program courses for which the course with a grade of C- or lower or an NC, is not a prerequisite. Students are expected to retake a course within one year of receiving a grade of C- or lower, or an NC. If a student does not successfully pass the retake, he or she will be dismissed from the Program.

If a student receives a grade of C- or lower, or a No-Credit grade (NC), for ANY TWO courses, he or she will be dismissed from the Doctor of Physical Therapy program.

Students now have only 20 business days to appeal grades & other “academic actions”. The date that grades are posted on the web is considered the date of notification. A “business day” is every day the University is open for business, excluding weekends & University-recognized holidays. If the student cannot get a response from the faculty member after ten days of reasonable efforts to contact him or her, the student may appeal to the department chair if done within 40 days of being notified of the academic action.

PROFESSIONAL BEHAVIOR

As a student learning to become a professional in the area of Physical Therapy, the Department expects students to demonstrate appropriate professional behavior in all contexts of their education and to adhere to the Student Code of Professional Responsibility (Appendix A). Students will be evaluated by the faculty with the Professional Abilities Assessment tool (see Appendix B). The Professional Abilities Assessment is designed to evaluate each semester those abilities that are attributes, characteristics or behaviors required for success in the profession of physical therapy. At the faculty discretion, if the generic abilities (or professional behaviors) are met, the total points received for the class will be multiplied by 1.0; if the behaviors are not met, that multiplier decreases. The results of the assessment will be conveyed to the student by the course instructor or Department Chair. Refer to individual course syllabi for further information.

STUDENT APPEALS PROCESS

In order to ensure that the highest standards of academic performance are promoted and supported at the University of Utah, Department of Physical Therapy students must:

1. Meet the academic requirements of a course; and
2. Meet the academic requirements of the Doctorate in Physical Therapy Program.

Students choosing to engage in the appeals process should review Section IV of the University of Utah Student Code (http://www.regulations.utah.edu/academics/6-400.html). The following information has been taken from the Code:

Faculty members are qualified as professionals to observe and judge all aspects of a student’s academic performance, including demonstrated knowledge, technical and interpersonal skills, attitudes and professional character, and ability to master the required curriculum. An academic action, as defined in the Student Code, may be overturned on appeal only if the academic action was arbitrary or capricious.

A student who believes that an action taken in connection with academic performance is arbitrary or capricious should within twenty (20) business days of notification of the academic action, discuss the academic action with the involved faculty member and attempt to resolve the disagreement. If the faculty member does not respond within ten (10) business days, if the student and faculty member are unable to resolve the disagreement, or if the faculty member fails to take the agreed upon action within ten (10) business days, the student may appeal the academic action in accordance with the following procedures. It is understood that all appeals and proceedings regarding academic actions will initiate with the faculty and administrators in the college or program offering the course in question. If the course is cross-listed, appeals and proceedings shall take place with the faculty and administrators offering the section for which the student is registered.

1. Appeal to Chair of the Department or Dean’s Designee: Within forty (40) business days of notification of the academic action,
the student shall appeal the academic action in writing to, and consult with, the chair of the relevant department regarding such academic action. Within fifteen (15) business days of consulting with the student, the chair shall notify the student and faculty member, in writing, of his/her determination of whether the academic action was arbitrary or capricious and of the basis for that decision. If the chair determines that the academic action was arbitrary or capricious, the chair shall take appropriate action to implement his/her decision unless the faculty member appeals the decision. If the chair fails to respond in fifteen (15) business days, the student may appeal to the Academic Appeals Committee.

2. Appeal to Academic Appeals Committee: If either party disagrees with the chair’s decision that party may appeal to the college’s Academic Appeals Committee within fifteen (15) business days of notification of the chair’s decision in accordance with the procedures set forth in Student Code. Guidelines for appeal to Academic Appeals Committee are outlined in the Student Code.

GRADUATION
Students who meet all requirements by the completion of Spring Semester will be eligible to march in graduation and participate in convocation exercises. Exceptions may be made for students who have met all requirements except successful completion of a clinical internship. Students must successfully complete all clinical courses in order to graduate.

RESOURCE FACILITIES
Libraries:
Campus libraries included (see campus map at www.map.utah.edu for location):
- Marriott Library (general campus library)
- Eccles Health Sciences Library

Each library provides textbooks, journals, and references to check out to registered students. Audio/visual and computer facilities are also located in each facility for use by students.

Dr. Ezekiel R. and Edna Wattis Dumke Health Professions Education Building (HPEB): This building, located at 520 Wakara Way, houses not only the Department of Physical Therapy (PT) but also the Division of Occupational Therapy (OT) and the Medical Center Body Donor Program. Medical students also use this facility for medical anatomy labs.

HPEB includes three floors and a mezzanine:
- The top floor (third level) houses faculty offices, three classrooms, a student common area, a student computer area, three private student computer work stations, a copy machine, a physical therapy dry lab and restrooms. There is a telephone (local calls only) located on this floor that is for student use and is provided by the Associated Students of the University of Utah (ASUU). Student information boxes are located in the main office area. This floor has limited off-hours accessibility. It is handicap-accessible through the elevator on the west side of the building.

- The mezzanine, located off of the third level, is used as a quiet study area. This area is also elevator accessible.

- The middle floor (second level) is primarily dedicated to lab spaces and also the student lockers (red). These labs include: the anatomy lab for Physical and Occupational Therapy, two dedicated OT labs, one large shared lab for PT and OT and the Medical School Body Donor Program and anatomy lab. Offices for Dr. Bo Foreman (PT faculty) and the Medical School staff are also located on this level. There is also an Anatomy Museum located on this floor. Restrooms are available on this level. This level has 24-hour, seven-day-a-week access for students to study and is also handicap-accessible by way of the west elevator.

- The bottom floor (first level) has an entrance (handicap accessible), which leads to the elevator to access the other two floors. This entrance is available to students 24 hours a day, seven days a week. The Rehabilitation and Wellness Clinic (also housing the Multiple Sclerosis Exercise Clinic, the Parkinson Disease Exercise Clinic, the Balance and Falls Clinic, and the Diabetes Exercise Clinic) is located on the first floor, along with office space for Dr. Eduard Gappmaier, Dr. Paul LaStayo, Dr. Lee Dibble and Dr. Robin Marcus (PT faculty).
HPEB STUDENT COMPUTER LABS

Students must obtain a University of Utah Network ID to access Computer Resources. Network connectivity provided through the University of Utah Network is governed under the University of Utah Policy and Procedure 1-15 Information Resource Policy and can be accessed at http://www.admin.utah.edu/ppmanual/1/1-15.html. Network traffic will be monitored for security through the University's Institutional Security Office (ISO) and for performance reasons through the NetCom Network Operation Control Center (NOCC).

Computers are secured but not protected. Please monitor the use of the computers and see they are treated with care. There are no additional funds for replacement of these computers. No food or drink is allowed in the computer rooms.

Your Network ID gives you access to e-mail, individual WWW pages, and campus computing resources. The use of these resources must comply with University policy and applicable Federal and State Law. Such electronically available information (1) may not contain copyrighted material or software unless the permission of the copyright owner has been obtained, (2) may not violate University policy prohibiting sexual harassment, (3) may not be used for commercial purposes, (4) should not appear to represent the University of Utah without appropriate permission, or to represent others, (5) may not appear to represent other organizations or companies, (6) may not contain material which violates pornography laws, or algorithms or software which, if transferred, violate United States export laws, (7) may not contain scripts or code that could cause a security breach or permit use of resources in opposition to NetCom or University policy, and (8) WWW pages should clearly show identifying information of the owner of the page and we suggest that it also show date of last revision and an address (e-mail or postal) for correspondence. Be advised that a history of infractions is kept. Any history of violations will be considered in determining what action to pursue. If warranted, serious violations of this policy will be brought before the appropriate University Committee.

Limit your time on any computer to a maximum of 1 (one) hour. Be courteous and observant of the computer needs of your colleagues. If there is a high demand for the computers, consider limiting your time to less than one hour. When you are finished using a computer, you have to log off.

Please report any misuse of the equipment, or malfunctions of the equipment to the Department of Physical Therapy executive secretary. For assistance with personal student computing & network ID, contact the Help Desk at http://www.it.utah.edu/services/helpDesk.

PERSONAL COMPUTER SECURITY

All laptops, USB thumb drives, and USB mobile external storage devices used to conduct University of Utah Health Sciences business MUST be whole disk encrypted. This applies to ALL Health Sciences graduate students and ALL devices regardless of whether they are personally owned or issued by the University. “Used to conduct UUHSC business” is meant to be read broadly. Anything you are doing as part of, or related to, your course work or job is in included. Please see the following sites for further information and encryption suggestions: http://secureit.utah.edu/computer/encryption/encryptionfaq.html; http://www.ucair.med.utah.edu/Miscellaneous/EncryptionPolicy.html

SECURITY AND PERSONAL SAFETY

The Health Professions Education Building (HPEB) is secured by the University “C-Cure” security system. The card readers are controlled by a computer system that records who uses the areas and the amount of time the person is in the area. Other areas of the building are set up with keys and code locks. Your University student ID Card will be recognized by the card readers to allow you access to certain areas of the building. Be aware that certain areas of the building are restricted access. Students are issued other keys and door codes as appropriate.

Call boxes are located at each of the main entrances (south and west) to the Health Professions Education Building in order to call campus security in an emergency. Outside doors and proximity reader doors are not to be propped open at any time! This will send an alarm to the computer system. All alarm reports to the security system will be seriously treated. Students are not allowed on the first level in restricted areas without being accompanied by a faculty or staff member. Students breaching security regulations in the building or compromising other students’ safety are subject to dismissal from the program. It is strongly recommended students do not enter the building alone or stay in the building to study alone after hours or after dark. Personal safety is an important consideration within and surrounding this building. Doors are not to be blocked open as then security is compromised.
SAFE & DRUG-FREE ENVIRONMENT POLICY

The policy of the University of Utah Department of Physical Therapy (Department) and the University Health Sciences Center is to maintain a safe and drug-free workplace to establish, promote and maintain a safe and healthy environment for patients, and a safe, healthy, working and learning environment for employees, students and volunteers. Faculty, students or staff working in a patient-sensitive area may be subjected to a test for drugs if there is reasonable suspicion of a drug loss or diversion event. Students may also be required to submit to a drug test at any of the affiliated clinical internship sites. (Refer to the University of Utah Health Sciences Policy and Procedures Manual for a more detailed description of this policy: www.med.utah.edu/policy).

Policy violations and/or convictions will be referred to the Department Professionalism Committee for informal resolution or presentation as academic misconduct, and may result in disciplinary action. The Department Professionalism Committee will conduct an investigation, as it deems necessary and appropriate in accordance with the committee’s usual standards of due process.

Criminal Actions
As a condition of continued enrollment in the Department of Physical Therapy, students must notify the Department Chair of a guilty plea, a plea of no contest, or conviction of any charge other than a minor traffic violation that occurs between acceptance to and graduation from the Department. This notification must be made no later than five (5) calendar days after any guilty plea, plea of no contest, or conviction of any charge other than a minor traffic violation. Within thirty (30) calendar days of the notification, the Department will take appropriate actions as described above.

Drug Use
It shall be a violation of this policy for any physical therapy student to engage in the unlawful manufacture, distribution, dispensation, possession and/or use of a controlled substance. This includes being under the influence or impaired in activities anywhere in the Department’s educational environment, (e.g., the University of Utah campus, and affiliated clinical sites) or in any manner that violates criminal drug statutes. Unauthorized use or possession of alcohol anywhere in the educational environment is also prohibited.

In appropriate cases, students may be referred to local substance abuse experts for evaluation and/or treatment. In these cases, compliance with evaluation and treatment protocols may be established as a precondition to continued enrollment in the Department. If a student fails to follow the established evaluation or treatment protocol, the case will be re-examined by the Department Professionalism Committee and appropriate sanctions, including disciplinary measures or dismissal, may ensue.

Drug Testing
The University of Utah, Department of Physical Therapy supports the University of Utah Health Sciences Drug Testing Policy.

Grounds for Testing
Applicant Testing: A drug test will be required of any Department applicant once an offer of admission to the Department is accepted.
Internships/Experiences: Students will be tested annually prior to engaging in full time clinical internships. If a clinical site requires a student to use specified testing sites, the results may substitute for Department required testing. In this case, the student must provide the Department with a copy of the results.
Employment: A drug test will be required of any student offered employment in a patient sensitive position within the Department.
Drug Loss or Diversion Event: A drug test may be administered when a drug loss and/or diversion event occurs (identified and/or unexplained controlled substances and/or alcohol missing or diverted from the workplace). A clinical supervisor may require any physical therapy student who had reasonable access to the controlled substances or alcohol during the time of the drug loss or diversion event to submit to a test.
Return to Department curriculum agreement: A negative test result will be required of a physical therapy student returning to the Department after engaging in conduct prohibited by this policy prior to returning to the department. Random drug and/or alcohol tests may be required following return. Physical therapy students in patient sensitive positions may be tested at random as part of a return to work agreement.
Agency Directives: Individuals may be tested as required or requested by state or federal agencies.

Testing Process
At the time a position in the Department of Physical Therapy is accepted by the prospective student, s/he shall be informed about the Department of Physical Therapy Safe & Drug-Free Environment Policy. The physical therapy prospective student will establish an account with Certified Background (CB) for pre-admission drug screening at a certified laboratory convenient to the student. All drug test costs are the responsibility of the student. CB will report testing results directly to the student and the Department. Currently enrolled students needing a drug test prior to engaging in any patient sensitive position at an affiliated clinical education site will contact CB (or as per site-specific procedures) to schedule a drug test at a certified laboratory convenient to the student. All drug test costs are the responsibility of the student. CB will report testing results directly to student and the Department. Currently enrolled students needing a drug test as a condition of employment in a patient sensitive position within the Department will be directed by University Human Resources to a local certified laboratory for testing.

Drug Test Results
A test is positive and the individual has therefore failed the test if the sample contains drugs and/or metabolites for which there is no legitimate explanation other than the use of a prohibited drug or alcohol. In addition, refusing to take a test, failing to report to the designated area for testing, failing to provide a sample suitable for testing and attempting to alter or tamper with the specimen will be interpreted as a failed test. Drug test results are reported to the Department only as pass/fail, indicating the prohibited substance that resulted in the failed test.

All information relating to test results and subsequent substance abuse treatment shall be treated confidentially and will be placed in a file maintained by the Department and physically separate from the student’s academic file. The student’s academic file will include only the pass/fail result from the test and the prohibited substance resulting in a failed test. Within 72 hours after the student has received notice of a failed test, s/he may request, in writing, a retest at a certified laboratory of his or her choosing. The Department reserves the right to independently interpret the test results.

Disciplinary Action

Applicant: Any offer of acceptance to the Department will be revoked if a physical therapy student fails a drug test.

Enrolled student: Any physical therapy student failing a drug test shall be directed to the Department Chair and the Department Professionalism Committee, and processed in accordance with University Code of Student Rights and Responsibilities. A failed test may result in dismissal from the Department of Physical Therapy in accordance with University of Utah Student Code. All incidents will be reviewed on a case-by-case basis.

PARKING AND SHUTTLE SERVICES

Parking around the Health Professions Education Building (HPEB) has a limited number of “A” and “U” passes, disabled parking, and meters. Although a limited number of “U” Stalls are available around HPEB, ample “U” parking lots exist within a 10-15 minute walk from the building. Consult the campus shuttle information on the web at www.parking.utah.edu for exact shuttle times.

In order to maintain a “good neighbor policy” in Research Park, with the Marriott University Park Hotel, the University Orthopedic Center and the School, students may not park in the hotel lot, the Orthopedic Center lot, School of Dentistry garage, or surrounding Research Park business lots. Those who ignore this request may find their cars towed.

Specifically, the parking areas around the HPEB are as follows:
1. Nine (9) parking stalls near the back lower entrance have been earmarked as “Patient Only” stalls. This parking space is needed for patient and research subject use.
2. The remaining stalls on the east end of the lower level are “U” stalls with the exception of the “Disabled Parking” stalls that are clearly marked.
3. DO NOT park in the “No Parking” zones by the dock or the delivery garage door.
4. The far east lot in the front of the HPEB is all “U” parking but please note that the parking space nearest the sidewalk in this area is a “Disabled Parking” stall.
5. The lot located west of the bridge to the front of the HPEB is an “A” permit parking area. This lot will be restricted to “A” permit holders until 8:00pm, after which you may use this lot with a “U” permit.

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FINANCIAL AID AND SCHOLARSHIPS

Financial assistance is offered through the Office of Financial Aid in the Student Services Building: Financial Aid Office, 105 SSB, http://financialaid.utah.edu/, (801) 581-6211. Erica Rojas is Program Manager for professional programs and is this program’s financial aid specialist.

Several scholarships are available through the Department of Physical Therapy. The criteria for awarding any of these sources are available online: http://www.health.utah.edu/physical-therapy/students/scholarships.php. Students will be notified when scholarships are available. All scholarships require FAFSA completion.

ESTABLISHING UTAH RESIDENCY

Following applicable state laws, the Admissions Office classifies all applicants for admission as either residents or nonresidents for tuition purposes. If there is a question about the status, applicants are considered nonresidents until they are officially reclassified. The University honors the resident status determination by other Utah colleges or universities unless the resident classification was obtained under false pretense or the facts existing at the time of the granting of residency have significantly changed. Classification as a resident, either at the time of admission or after the formal reclassification process has been completed, can be reviewed and reversed if there is an error or change in facts that justifies an inquiry. This policy applies even if the error was on the part of the University.

Qualifying as a Resident. Please refer to the University of Utah Institutional policy at web site http://www.sa.utah.edu/admiss.

TEACHING / ASSISTANT OPPORTUNITIES

In some of the classes opportunities exist for students to volunteer as teaching or lab assistants. Information regarding this can be obtained from the specific course instructor.
STUDENT RESPONSIBILITIES

PROFESSIONAL RESPONSIBILITIES

Students in the Department are expected to demonstrate the same academic zeal they had prior to admission. Ongoing review of students by the core faculty will occur to assess progress and performance. Students who are determined to have deficiencies in their ability to become a physical therapist will be reviewed by a Promotions Committee to determine if they should be retained in the Department. The Promotions Committee will consist of the Director, one full-time, one part-time faculty member, and two student officers. To assess the student’s performance, the following general requirements will be reviewed. These are to serve as Department guidelines; however, individual instructors may suggest other performance criteria if necessary. Students will be evaluated against the criteria and not against each other.

1. Students are expected to attend all classes unless exceptions are granted by the instructor.
2. Students are expected to fulfill all of the assignments made by the instructor of the course. Instructors are under no obligation to give make-up assignments unless specifically stated by said instructor.
3. Students are required to take all examinations given by the instructor. Instructors are under no obligation to give make-up exams unless said instructor states they will do so.
4. Students are expected to conduct themselves in accordance with University Student Code Standards, the Department Student Code of Professional Responsibility (Appendix B) and the APTA standards. Students should realize that they not only represent themselves but also the University of Utah, the Department and the profession. Any violation of student standards or professional codes of ethics will be subject to disciplinary review per the University Student Code.
5. Students are expected to address their professors by title unless otherwise indicated by the instructor.
6. Outside employment should not interfere with the progress of the student. If this occurs, the Promotions Committee may advise the student to make a choice between continuing in the Department and pursuing their employment.
7. Students may use the equipment of the Department at the discretion of the Department Administrative Assistant.
8. Students are responsible for all aspects of applications for state licenses, applications to graduate school, applications for the armed services, etc.
9. Students are expected not to cheat or steal. Cheating is defined by the Department as borrowing or giving answers. We expect students to inform an instructor as soon as they suspect someone of cheating or stealing. Students may be dismissed from the program for being found guilty of cheating or stealing.
10. Students who wish to attend APTA sponsored functions that conflict with course-work must make prior arrangements to be absent with each faculty member or clinical instructor a minimum of 30 days in advance.
11. Students must pass every course according to the Department criteria before proceeding to the next semester. Since one course in the curriculum is built upon another, the student must demonstrate minimal entry-level skill for that course before proceeding to the next. Refer to page 4 for Department grading criteria.
12. Students are expected to take the responsibility to notify their instructors when circumstances arise causing one to miss three or more consecutive days of classroom or clinical.
13. The student who misses one day or more of classes is responsible to contact the appropriate faculty or classmate to insure receiving the pertinent notes, handouts, reading and homework assignments. Should a student wish to appeal the decisions of the Promotions Committee, they are to make their appeal in writing to the Dean of the College of Health. In matters related directly to graduate study, the appeal should be made to the Dean of the Graduate School. If the student wishes to appeal a decision made at the Dean level, it will need to be made in writing to the appropriate Vice President.
14. Students must maintain active health insurance during all clinical internships. This is a requirement of the clinical training agreement the Department maintains with each internship site.

DRESS CODE

All students will be expected to dress in the appropriate clothing for lab work, class, clinic, or when representing the University in a clinical setting. In general, that should be interpreted to mean the following:
1. Anatomy lab clothing includes clothing that can withstand cadaver remains and chemicals; e.g., old clothing, old shoes, a protective lab coat and latex gloves. The University Hospital Stores and Supply has lab coats for approximately $5.00 each. Latex gloves may be purchased at the University Health Sciences Bookstore.
2. The attire for clinical practice labs that require physical assessment includes shorts for the men, shorts and bathing suit/halter top for the women.
3. When activities are conducted in a specific clinical setting, the students should dress professionally in clothing appropriate to the
dress code (see specific dress code guidelines in the Clinical Education section of this manual). The patients and clients with whom you interact expect and deserve a certain degree of professionalism. Students generally should present a neat and clean appearance. Examples of non-professional appearance in the clinical setting include, but are not limited to, jewelry worn in tongues, noses and eyebrows, unnatural hair coloring and revealing clothing. Faculty and clinical site personnel may identify other examples of nonprofessional appearance or unsafe clothing, attire, etc.

4. Students are required to wear the U of U health sciences vertical name badge in all patient encounters.

TECHNICAL STANDARDS / ESSENTIAL FUNCTIONS

Adopted May 5, 2008

Introduction
The University of Utah, College of Health, Department of Physical Therapy, Doctor of Physical Therapy (DPT) Program, complies with Section 504 of the 1973 Vocational Rehabilitation Act, as amended, and the Americans with Disabilities Act of 1990, in providing opportunities for qualified individuals with disabilities. At the same time, prospective candidates and current DPT students/interns must be capable of meeting certain technical standards. The following technical standards specify those attributes the faculty considers to be essential in successfully completing clinical education internships, didactic and practical training and in practicing physical therapy safely and responsibly. These standards describe the essential functions that DPT students/interns must demonstrate in the requirements of professional education, and thus, are pre-requisites to entrance, continuation, and completion of training in the Physical Therapy Program. Requests for reasonable accommodation are evaluated on an individual basis.

Technical Standards: The DPT student/intern must possess abilities and skills in five areas:

A. Observation. The DPT student/intern must be able to:
   1. Observe a patient/client accurately at a distance and close at hand, noting non-verbal as well as verbal signals
   2. Visualize and discriminate findings on imaging and other studies
   3. Interpret digital or analog representations of physiologic phenomena, such as EKG’s
   4. Acquire information from written documents, films, slides, videos, or other media
   5. Observe and differentiate changes in body movement
   6. Observe anatomic structures, skin integrity including skin color, texture, odors, bony landmarks, anatomical/pathological structures
   7. Efficiently read written and illustrated materials
   8. Observe and detect the various signs and symptoms of the disease processes and movement dysfunction
   9. Obtain and effectively gather auscultation and auditory data, such as heart and breath sounds, pulses, joint noises, blood pressure, gait, and prosthetic sounds
   10. Discriminate numbers and findings associated with diagnostic instruments and tests and measures

B. Communication. The DPT student/intern must be able to:
   1. Communicate in a culturally competent manner with patient/clients
   2. Communicate effectively and efficiently with all members of the health care team in oral and written English
   3. Communicate clearly with and observe patient/clients and families in order to elicit information including a thorough history from patient/clients, families, caregivers, and other sources
   4. Accurately describe changes in mood, activity, posture, and biomechanics
   5. Perceive verbal as well as non-verbal communications, and promptly respond to emotional communications (sadness, worry, agitation, confusion)
   6. Communicate complex findings in appropriate and understandable terms to patient/clients and their families, and caregivers
   7. Adjust form and content of communications to the patient/client’s functional level or mental state
   8. Engage in a collaborative relationship with patient/clients and families/caregivers
   9. Record observations and plans legibly, efficiently, and accurately
   10. Prepare and communicate precise but complete summaries of individual encounters
   11. Possess sufficient hearing for required diagnostic functions (e.g., use of stethoscope to assess breath sounds, heart sounds, etc.)
   12. Complete documentation forms according to directions, in a timely manner, including manual, electronic, and other recording methods
   13. Demonstrate effective communication skills to provide patient/client/education and with families/caregivers and support personnel
   14. Receive, write, and interpret verbal and non-verbal communication in both academic and clinical settings
15. Demonstrate appropriate interpersonal skills as needed for productive classroom discussion, respectful interaction with classmates and faculty and development of appropriate therapist to patient/client relationships
16. Demonstrate appropriate therapeutic interpersonal communications such as attending, clarifying, motivating, coaching, facilitating, and touching
17. In emergency and potentially unsafe situations, understand and convey information for the safe and effective care of patient/clients in a clear, unambiguous, and rapid fashion, including receiving and understanding input from multiple sources simultaneously or in rapid-fire sequence

C. Motor. The DPT student/intern must be able to:
   1. Stand and walk independently while providing care in practice and internship settings; frequently lift 10 pounds, occasionally lift 10-50 pounds, and more than 50 pounds; with frequent twisting, squatting, and reaching, pushing/pulling, grasping and crawling
   2. Climb stairs and negotiate uneven surfaces including varying terrains/ramps
   3. Perform palpation, percussion, auscultation, and other diagnostic maneuvers while manipulating devices, e.g. goniometer, reflex hammer, IV poles, catheter bags, walkers, crutches, et al
   4. Provide general care and emergency medical care such as airway management, handling of catheters, perform cardiopulmonary resuscitation, and application of pressure to control bleeding, maintaining appropriate infection control procedures
   5. Respond promptly to medical emergencies within the training facility and within the DPT scope of practice
   6. Not hinder the ability of co-workers to provide prompt care
   7. Perform diagnostic and therapeutic procedures (e.g. APTA Guide to PT Practice Tests and Measures and Interventions.)

D. Cognitive. The DPT student/intern must be able to:
   1. Demonstrate clinical reasoning and problem solving
   2. Identify significant findings from history, physical exam, and laboratory data, test and measures, and other sources
   3. Perceive subtle cognitive and behavioral findings and perform a mental status evaluation
   4. Determine appropriate and reasonable tests and measures
   5. Provide a reasoned explanation for likely diagnoses
   6. Construct an appropriate plan of care
   7. Prescribe appropriate therapeutic interventions
   8. Recall and retain information
   9. Deal with several tasks or problems simultaneously
10. Identify and communicate the limits of knowledge to others
11. Incorporate new information from peers, teachers, and the peer-reviewed medical literature in formulating diagnoses and plans
12. Show good judgment in patient/client assessment, diagnostic, and therapeutic planning

E. Social and Behavioral. The DPT student/intern must be able to:
   1. Maintain a professional demeanor
   2. Maintain appropriate professional and ethical conduct (e.g. APTA Code of Ethics)
   3. Be able to function at a high level in the face of long hours and a high stress environment
   4. Develop empathic relationships with patient/clients and families while establishing professional boundaries
   5. Provide comfort and reassurance where appropriate
   6. Protect patient/client confidentiality and the confidentiality of written and electronic records
   7. Possess adequate endurance to tolerate physically taxing workloads
   8. Flexibly adapt to changing environments
   9. Function in the face of uncertainties inherent in the clinical problems of patient/clients
10. Accept appropriate suggestions and criticisms and modify behavior
11. Give and accept criticism appropriately and without prejudice
12. Work effectively under stress and as a part of an interdisciplinary team
13. Delegate responsibility appropriately
14. Develop and maintain respectful working relationships with peers, faculty, professional colleagues, patients/clients, family members and the general public.

I have read and understand the above information and agree to fully comply with the technical standards / essential functions:

Student (Print Name):____________________________ Student Signature:____________________________ Date:____________
ADDITIONAL REQUIREMENTS

1. Students should present a professional image during all communications, including those by electronic means. Therefore, students are required to use their university email address (firstname.lastname@utah.edu) during ALL electronic mail communications pertaining to the program (e.g., with program faculty, program staff, clinical sites, clinical instructors). Student should contact the Health Sciences Help Desk at 801-587-6000 with any questions on how to set up or modify their account. It is in violation of Health Sciences policy (http://regulations.utah.edu/it/rules/Rule4-004D.php) to forward your UMail account to any other third party email service (e.g., Gmail, Yahoo, etc.) & infraction carries applicable fines. Email related questions should be directed to 801-581-4000.

2. No notes are to circulate during classes. Instead, sign-up notices will be posted (i.e., notices about bubble days, T-shirt orders, birthday, congratulations, or get-well cards, etc.) on the bulletin board or at the entry-way.

3. A student may be dismissed from the program secondary to omissions or misrepresentations of any part of their application information.

4. Students are NOT allowed to use the office copy machine. Exceptions to this policy are given only to those students who have permission from a faculty/staff member to do so. These copies must be directly related to the academic program and must not exceed three multiple page copies.

5. Based on needs within the Department, Department policies may be changed following student/faculty input and discussion.

6. As distractors/deterrents from the learning process, the following are prohibited from use in classrooms or labs and are considered below expectations for professional behaviors: telecommunications-cellular phones, texting devices, instant messaging, other devices (i.e. portable gaming devices) as well as using the internet for non-classroom activities (Facebook, Twitter, online shopping).

CLASS ORGANIZATION

<table>
<thead>
<tr>
<th>Position</th>
<th>Responsibilities</th>
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<tbody>
<tr>
<td>President</td>
<td>Act in the capacity of liaison between students and the Student Association Advisor of the Department of Physical Therapy</td>
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<td></td>
<td>Plans budget along with the Treasurer and attends ASUU budget meetings to petition for monies for the Department</td>
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<td></td>
<td>Updates scholarship and job listings notebook</td>
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<td>Relays information to class</td>
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<td></td>
<td>Represents the Physical Therapy Student Association at club activities</td>
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<td></td>
<td>Plans Pinning Ceremony at time of graduation</td>
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<td></td>
<td>Holds office meetings and assists other officers in their capacities</td>
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<td></td>
<td>Presents and listens to ideas that will promote the Physical Therapy program</td>
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<td></td>
<td>Aids in increasing the general public awareness of the program</td>
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<td></td>
<td>Encourages students to become involved in activities</td>
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<tr>
<td>Vice-President</td>
<td>Assists the President in any administrative class duties</td>
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<td></td>
<td>Organizes annual student activities</td>
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<td></td>
<td>• Fund raising events: Put up and take down tennis bubble at Old Farm Home Owners Association Community Center, Salt Lake Tennis Club, Park City Racquet Club. The bubbles are taken down during the spring of each year and put up during the fall</td>
</tr>
<tr>
<td></td>
<td>• Party events: Annual Christmas party. Style, type, extravagance of Christmas party is dependent upon class budget and student creativity</td>
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<td></td>
<td>Assumes responsibilities of the President in the event the President fails to complete the duties or voluntarily gives up the office</td>
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<tr>
<td>Secretary</td>
<td>Assists any other class officer in their individual capacities</td>
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<td></td>
<td>Takes minutes at all student officer meetings</td>
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<td></td>
<td>Corresponds with interested employers and distributes class list of graduating students to raise funds</td>
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<td></td>
<td>Organizes presentation days for interested vendors as a fund-raising activity</td>
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<td></td>
<td>Writes “thank you” notes to any special speakers or guests</td>
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<tr>
<td>Treasurer</td>
<td>Meets with Tami Garff, the Department Administrative Assistant, to discuss procedures for class fund accounting</td>
</tr>
<tr>
<td></td>
<td>Attends ASUU budget meetings with class President during Spring Semester</td>
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<tr>
<td></td>
<td>Assists President in setting up class budget during Spring Semester</td>
</tr>
</tbody>
</table>
Historian
Captures class events on film using photographs or videotape
Organizes a class portrait
Compiles a class yearbook from photographs and any other gathered media
Presents the class history (video/slide show) at the Graduation Pinning Ceremony

Public Relations
Provides an avenue of communication between the Department of Physical Therapy faculty/students and prospective P.T. students and the community
Coordinates volunteer activities between the community and the students such as: Sub for Santa, etc.
Organizes ordering of Physical Therapy shirts for students
Responsible for any appropriate communication opportunities that will promote understanding about physical therapy

Alumni Representative
Serves on the Department Development Board
Provides a link between the students and the local community of physical therapists
Assists in fund raising events to benefit the program
Keeps students informed about any important clinical events occurring in the community
Responsible for writing student information in the annual Department newsletter. Any outstanding achievements or other relevant student information should be included
Assists in any other projects not necessarily annual events

Utah Chapter APTA Liaison
Disseminates chapter information to the students and relays student input to the chapter
Involves the students in the affairs of the Utah Chapter and relays information about the national association activities
Provides information about the physical therapy program to the board to disseminate to the chapter members
Educates students concerning the functions of the National APTA student assembly and the Utah Chapter
Works with the student public relations officer concerning student articles in the Motorpoint
Promotes APTA membership and attendance to state chapter meetings and conferences

STUDENT RUN PRO BONO CLINIC
The mission of the University of Utah Department of Physical Therapy student-run pro bono clinic is to provide quality physical therapy services to underserved and underinsured individuals in the greater Salt Lake area, and to enhance the educational experience of University of Utah physical therapy students through service learning.

ACADEMIC EDUCATION

OVERVIEW
The academic curriculum is composed of formal coursework, both didactic and clinical procedures courses, interspersed with planned clinical education experiences.

DPT COURSE OF STUDY
Please visit http://www.health.utah.edu/pt/prospective/entry/DPT%20Courses.html for course details and description.

CLASS SCHEDULES
We make every effort to keep changes in the schedule to a minimum; however, unforeseen events will occur requiring alterations. In some circumstances, these can be major depending on the semester, the instructor and other extraneous reasons. It is imperative you take the responsibility to determine ahead of time whether changes will be occurring before you finalize your schedules of activities outside of school.
The University of Utah, Department of Physical Therapy Clinical Education Program provides an environment for integrating the knowledge, skills and attitudes necessary to provide quality patient care. The Program focuses on the common process of physical therapy practice involving professional behavior, communication, patient examination, and interventions: graduating entry-level, generalist practitioners. Clinical Education, as an essential component of the overall curriculum, is comprised of early clinical experiences (part-time), formal internships (full-time), and may include optional clinical experiences. Clinical Education is scheduled in a variety of practice settings representing the scope of physical therapy practice and occurs under the direct supervision of licensed physical therapists with a minimum of one-year of professional PT experience. Each clinical education course is designed to correlate with the student’s academic preparation by increasing the number of skills and complexity of problem solving. In the final clinical internship, the intern is expected to integrate all knowledge and skills learned in the classroom, laboratory and prior clinical experiences, achieving entry-level performance and behaviors. Students must exhibit a satisfactory level of performance for each clinical education course to progress in the DPT program. Performance expectations for the experiences and internships are explained and distributed to students and clinical sites in advance.

Each student is expected to actively participate in the clinical education process, sharing in the planning and evaluation of learning experiences. The Department is committed to evaluating the quality of all Program activities. The Clinical Education program incorporates a system of evaluation designed to assess the quality of student performance, clinical faculty performance, and activities of the Director of Clinical Education.

The clinical faculty is regarded as an integral part of the collegial environment in which our students are educated. The Program is committed to a plan for clinical faculty development which is designed to incorporate a variety of elements leading to professional growth. This exchange of services by the academic and clinical faculty promotes a cooperative attitude among all involved in the preparation of our future professional colleagues in physical therapy. The University of Utah offers at a minimum an annual opportunity for clinical instructors to become APTA Credentialed Clinical Instructors & Advanced Clinical Instructors. As a clinical faculty privilege, University of Utah CCCE’s/CI’s may receive a scholarship from the Department equivalent to the APTA member course fee for each course.

The physical therapy program is a rigorous three-year program. Students are required to complete a total of four full-time clinical internships, each eight to ten weeks in length. The first internship is completed during Summer Term following the first academic year, the second during Summer Term following the second academic year, and the third and fourth during Spring Semester of the third year. The standard University schedule is modified during these three terms in order to accommodate the clinical internships. Students are also required to complete one part-time clinical experience during the first academic year. This consists of student clinical observation and/or clinical participation within a physical therapy clinic 4 hours per week during the Spring Semester first year. Additional optional part-time clinical experiences are available.

Internships are coordinated with the DCE while taking student desire, student need for a particular experience, and availability of clinical sites into account. Since the student is being prepared as a “general practitioner of physical therapy," the student fulfills requirements within the following clinical specialty areas:

1. inpatient acute care (or other setting with at least a 50% inpatient acute care component),
2. outpatient orthopedic practice,
3. neurological rehabilitation (pediatric or adult / IP or OP), and
4. geriatrics* or optional* based on student preference and learning needs.

*an optional site can only be chosen if the student can account for significant geriatric experiences within other previous or planned internships.

Students are encouraged to complete at least one of their internships outside the State of Utah. In some cases, if there are not enough in state sites to fulfill a student’s needs, then the student may be placed outside the state.

The Clinical Education Program uses the APTA: Clinical Performance Instrument (PT CPI Web 2) to evaluate student clinical performance. The APTA: Clinical Performance Instrument evaluates professional as well as knowledge-based skills including, but not limited to cognitive and manual skills of patient evaluation, program planning, treatment implementation/modification, discharge planning, patient/family education and special setting skills.
Both clinical instructor and the student use this tool to evaluate student performance and to collaborate to achieve a successful clinical experience. The student is primarily responsible to ensure timely and appropriate completion of the tools, and is responsible to submit all necessary materials to the DCE in order to receive credit/grade for the course. Overall, the Clinical Education Program provides students a structured clinical mentorship throughout the DPT program, leading to competent entry-level practice.

Students must exhibit a satisfactory level of performance for each clinical experience and internship. Grading expectations for the clinical experiences and internships are explained and distributed to students and clinical instructors in advance (note the Quick Reference and Course Syllabi). At any time during the clinical experiences or internships, if safety issues, clinical performance, or professional behavior become a major concern, a student may be immediately withdrawn from the site and the experience.

Clinical Education Internship Sites:
Clinical site selection and development is the responsibility of the Director of Clinical Education. The University of Utah presently has tremendous support for on-going clinical internships in Utah, throughout the United States, and select international placement sites. Clinical sites are chosen on the basis of their reputation, their philosophy of clinical education, the type of facility, unique opportunities offered to students, and the clinical expertise or experience of the clinical instructors. Clinical sites provide clinical site information via the APTA Clinical Site Information Forms (CSIF), which are available for student review along with former intern evaluations. Clinical sites are selected and finalized by September each year for the following calendar year. Selected placements are notified by confirmation letter to the site CCCE. Internship/Experience Request forms for the next calendar year’s placements are distributed in the Spring of each year according to the national voluntary mailing date (March 1st), and are requested back on/before April 30th.

The Clinical Education component is the key integrative aspect for physical therapy practice within the Doctor of Physical Therapy program and the clinical coordinators/instructors are central to the student’s attainment of entry-level skills!

We are very fortunate to have clinical instructors who share their time, expertise, professional values and patients with you, our students, in providing high quality clinical education! Quality clinical education is critical to effectively prepare you as competent physical therapists. It is also a rewarding and exciting component of the curriculum!

Additional information can be found online at http://www.health.utah.edu/physical-therapy/index.php and through the PT Clinical Education Information course site. If you are unable to locate needed information, or need clarification, do not hesitate to contact either the DCE or the Assistant to the DCE.
CLINICAL EDUCATION PROGRAM PHILOSOPHY

The clinical education philosophy is an adjunct to and is built upon the Department of Physical Therapy’s Mission, Vision and Values (http://www.health.utah.edu/physical-therapy/index.php). The program prepares students as generalist physical therapists who are prepared for not only the current level of practice, but also to adapt to future changes throughout their careers. The entire curriculum prepares students to be confident independent generalist practitioners in the multifaceted roles of clinician, teacher, researcher, consultant, administrator, and life-long learner. To this end, students are encouraged to obtain a wide exposure to a variety of practice settings throughout the program.

To obtain a wide variety of exposure to various practice settings, students complete four full-time internships totaling 36 weeks, in a minimum of three different (and most prevalent) settings: acute hospital-based care, neurological rehabilitation, and outpatient orthopedics/ambulatory care. The fourth internship setting is optional, taking into consideration the student’s interests. Within the four internships, the student must also gain a broad exposure to patients in their geriatric years. To provide further exposure to various practice settings, students have the opportunity to complete part-time clinical experiences during their didactic semesters. These experiences foster concurrent academic knowledge integration into clinical skills, as well as, exposure to different practice settings or aspects of the patient care continuum.

We feel strongly that clinical education is an integral component of the physical therapy curriculum serving to not only integrate academic didactic learning into practical clinical application skills, but also to enhance and enrich didactic learning. Clinical education serves to enhance the socialization of the student to professional practice building strong professional core values. Therefore, we use an integrative approach with students completing concurrent part-time clinical experiences (one required and others optional) and full-time internships spread out throughout the curriculum (one full-time internship at the end of the 1st and 2nd academic years, and two following the completion of all didactic education).

The Program in Physical Therapy seeks to address the health care physical therapy needs for the community, state and region. To that end: (1) we place students in internships/experiences locally, throughout the state and region. Students are encouraged, but not required, to complete an internship outside Utah; (2) the majority of our clinical sites are within Utah and neighboring states.

We believe strong relationships with our clinical sites foster optimal and successful clinical education. Good communication, on-site visits, and personal acquaintance with the facility staff/program fosters a better reciprocal understanding of the academic preparation of our students and our understanding of the facility’s programs and staff expertise. This allows us to better match students with sites and facilitate problem solving when difficulties arise. This is another reason why the majority of our clinical sites are located within the local community, state and region.

We believe an optimal clinical education experience is dependent upon the clinical instructors’ knowledge of our program, their interest in educating students, and abilities as clinical educators. To assist in the development of the clinician as a clinical educator, the Department sponsors at least annually, the APTA Clinical Instructor Education and Credentialing Program, and the APTA Advanced Clinical Instructor Education and Credentialing Program. The Director of Clinical Education also provides as requested any on-site education per request fostering the development of the clinical instructor as an educator.

We strive to make the best match possible between available internship/experience positions and the student’s educational needs and interests. Since the goal is education as a generalist practitioner, a well-rounded, varied education is critical. When possible, a student’s personal considerations will be accommodated, but not at the risk of jeopardizing the breadth and depth of a student’s overall clinical education. Clinical assignments are made through a collaborative decision-making process between the Director of Clinical Education, the student and the clinical site. The University, Program, and Director of Clinical Education retain final decision-making authority in order to best meet the education goals of the program.
The clinical education component of the Doctor of Physical Therapy Program is the key integrative aspect for physical therapy practice! This is an exciting opportunity to seek learning in a variety of practice settings. Students need both accumulated hours as well as those hours spread over time in order to integrate coursework into clinical practice and to achieve a breadth and depth of applied knowledge. Take advantage of these opportunities to learn as much as you can!

**Nondiscrimination:**

The University of Utah is fully committed to affirmative action and to the principle of nondiscrimination and equal opportunity in all programs, activities, and employment practices and decisions are made without discrimination, harassment or prejudicial treatment because of race/ethnicity, color, religion, national origin, sex, sexual orientation, gender identity/expression, age, disability, or protected veteran’s status. The University seeks to provide equal access to its programs, services and activities for people with disabilities. Reasonable prior notice is needed to arrange accommodations. Evidence of practices not consistent with these policies should be reported to the Office of Equal Opportunity and Affirmative Action, (801) 581-8365 (V/TDD). Upon request, this information is available in alternative formats, such as cassette, Braille, or large print.

**Equal Opportunity for Individuals with Disabilities:**

The University of Utah seeks to provide equal access to its programs, services and activities for people with disabilities. If you will need accommodations in the class, reasonable prior notice needs to be given to the Center for Disability Services, 162 Olpin Union Building, 581-5020 (V/TDD). CDS will work with you and the instructor to make arrangements for accommodations. All information in this course can be made available in alternative format with prior notification to the Center for Disability Services (http://disability.utah.edu).

**Clinical Experiences (Part-Time):**

Students have the opportunity to complete 1 or more part-time clinical experiences. Each experience is 1CR and an accumulation of a minimum of 45 direct contact hours across the semester. The first experience is required as part of the students’ first fall semester; all subsequent experiences are optional.

The purposes of the first (required) part time clinical experience are to begin acculturation into the profession of PT, practice and integrate knowledge, skills, and professional behaviors learned in the academic setting into the clinical setting, broaden clinical exposure, prepare for full-time clinical internships the following summer, and provide the student the opportunity to develop an appreciation for clinical experiences and for the instructors who provide learning opportunities. During the first part time experience, students typically spend one half day per week (4 hours) for 11-14 weeks during a semester. While the number of hours of experience is critical, students need both the accumulation of hours as well as these hours spread over time in order to integrate coursework into clinical practice and to achieve a breadth and depth of applied knowledge. Therefore students are discouraged from completing all clinical hours over the course of 1 full time week (e.g. over Fall break period)

The purposes of subsequent optional part-time clinical experiences are to broaden the student's clinical exposure and prepare students for options of full-time internships during subsequent terms, provide the student the opportunity to practice and integrate knowledge, skills and professional behaviors learned in the academic setting into the clinical setting, provide the DPT students with exposure to advanced or specialized areas of physical therapy practice within the program, and/or, provide the student the opportunity to develop an appreciation for clinical experiences and for the instructors who provide advanced learning opportunities. Depending on the purpose of each experience, students may spread their over the course of the semester (e.g., integrating & practicing skills learned in the classroom), or chunk hours into a confined period of time (e.g., during Spring or Fall break to gain exposure to different practice setting), or a combination of the two.

**Student Responsibilities:** Learn and review, as necessary, classroom and laboratory material; apply classroom material and laboratory practice in the clinic; identify questions and needs as they occur in the clinic; meet objectives for professional conduct (Professionalism Core Values & Professional Behaviors); meet course requirements; meet departmental policies and procedures; independently assess his/her own performance; assess the clinical education experience; and, provide feedback to the clinical instructor.

**Clinical Instructor Responsibilities:** Plan experiences for the student based on the school’s and student's objectives; demonstrate
effective use of skills identified as objectives for the student as well as facilitate these same skills in the student; assess student performance and provide feedback to the student on an ongoing basis and complete a midterm and final assessment of the student’s professional behaviors (if requested by the program); contact the school if he/she has any issues or concerns at any time regarding student performance

**FULL-TIME CLINICAL INTERNSHIPS:**

Students are expected to complete their clinical internships according to the Department schedule. The standard University schedule is modified in order to accommodate the clinical internships. Remedial or repeated internships may be scheduled outside published internship dates. Due to the number of students out on clinical internships during the summer and the availability of clinical sites, summer internship dates may be flexed to accommodate a clinical site. These cases will be arranged as needed and in collaboration with the student. General dates are as follows:

<table>
<thead>
<tr>
<th>Course</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHTH 7810</td>
<td>10-week internship scheduled to begin 2-3 weeks following the start of PHTH 7840</td>
</tr>
<tr>
<td>PHTH 7840</td>
<td>10-week internship scheduled to begin on the Monday following completion of Spring semester.</td>
</tr>
<tr>
<td>PHTH 7860</td>
<td>8-week internship scheduled to begin on the Monday following the New Year holiday.</td>
</tr>
<tr>
<td>PHTH 7880</td>
<td>8-week internship scheduled to begin on the Monday immediately following the completion of PHTH 7860.</td>
</tr>
</tbody>
</table>

**UNDER NO CIRCUMSTANCES should a student or family member contact a clinical site with the intent to explore the possibilities of completing an internship at that site! If this occurs, the student will lose the opportunity to complete the internship at that site! The DCE or Assistant to the DCE handles all communication with sites.**

**INTERNSHIP SETTING REQUIREMENTS:**

Students complete a total of 36 weeks of full-time clinical internships under the mentorship of an experienced clinician. Internships are coordinated with the DCE while taking student desire, student need for a particular experience, and availability of clinical sites into account. Since students are being prepared as a “general practitioner of physical therapy,” each must fulfill a full-time internship requirement within each of the following clinical settings:

- **inpatient acute care** (or other setting with at least a 50% inpatient acute care component),
- **outpatient orthopedic** or general ambulatory care practice,
- **neurological rehabilitation** (may be pediatric or adult; inpatient or outpatient), and
- **geriatrics** or optional based on student preference and learning needs.

*an optional site can only be chosen if the student can account for significant geriatric experiences within other previous or planned internships.

**ACADEMIC GOOD STANDING:**

All students must be in good academic standing within the physical therapy program, successfully completing all prior coursework and clinical experiences/internships.

**OUT OF STATE INTERNSHIPS:**

Students are encouraged to complete at least one of their internships outside the State of Utah. Due to the number of students completing internships and availability of some clinical specialty sites, there may not be enough in-state sites to fulfill a student’s needs. In these cases, students would then be placed in an internship outside the State of Utah.

**ESTABLISHING NEW CLINICAL SITES:**

Students are often interested in setting up new clinical sites in areas where they have family and housing would be affordable. The decision to establish a formal relationship with a clinical facility is carefully considered based on the following:

- The desire of the clinical staff at the facility to have students
- The belief the student will participate in a high quality experience
- The type(s) of learning experiences available to students
- The likelihood the facility will be utilized on a regular basis for future UUPT students
- The internship needs of the Program
• The cost to the Program to maintain the site

New clinical sites are established **ONLY WHEN:**
• The DCE sees a need for additional sites in a specific area of practice
• The site offers unique opportunities not available at already contracted sites
• The current sites are unable to offer student placement due to changes in staffing patterns limiting the number of students, or for other reasons affecting the clinical education at the site

**UNDER NO CIRCUMSTANCES** should a student or family member contact a potential new clinical site with the intent to explore the possibilities of completing an internship or experience at that site! If this occurs, the student will lose the opportunity to complete the experience or internship at that site! The DCE or Assistant to the DCE handles all communication with sites regarding any clinical placement.

**INTERNSHIPS AT SITES PROVIDING FINANCIAL INCENTIVES:**
A student will NOT be placed at a clinical site funding a portion or all of the student’s education in the Program and/or has hired the student to begin employment upon completion of the physical therapy Program. The funding and/or employment presents a conflict of interest for all parties involved and also presents a bias towards evaluating student performance. A student is REQUIRED to disclose to the Program any such arrangements made with clinical sites and/or employers. This policy will not prohibit students from accepting offers of employment at facilities where they are currently completing an internship or have previously completed an internship.

**INTERNSHIPS AT FORMER EMPLOYMENT SITES:**
A student will NOT be placed at a clinical site where the student has worked or volunteered (more than 40 hours) in the physical therapy department within the last 3 years. A student will also NOT be placed at a facility where the student has been, or is currently being treated as, a patient in the physical therapy department. The Program believes it may be more difficult for a student to establish themselves as a student professional in these settings since former colleagues and therapists may continue to interact with the student within previously established roles and may present a bias toward evaluating the student’s performance.

**RETURNING TO A PREVIOUS INTERNSHIP / EXPERIENCE FACILITY:**
Students may not return to complete an internship at a facility where s/he has previously completed a full time internship. Students may however complete more than one internship within the same larger medical center system when each internship is completed within a different department or specialty setting (acute care, inpatient rehabilitation, burn center, cancer center, pain center, etc.). Students may return to complete an internship at a facility where s/he has previously completed a part time clinical experience only if it is in the student’s best educational interest.

**CONTRACT OR CLINICAL TRAINING AGREEMENTS WITH INTERNSHIP FACILITIES:**
A written legal agreement/contract MUST be in effect with signatures from both the University of Utah and the clinical facility prior to placing a student in a site for an internship. The University has a standard agreement but will also review specific agreements preferred by some facilities. Students may locate copies of the agreements with clinical sites in the PT Clinical Education Information online site. Students are required to read the established agreement **prior to** their clinical internship to familiarize themselves with any specific site requirements. A copy of the standard University of Utah clinical training agreement can be found on Canvas.

**EXPENSES for Clinical Education:**
The unique nature of clinical education does require students to allocate additional funds beyond tuition and fees to cover this requirement within the curriculum. Examples of additional costs may include, but are not limited to, parking, travel, relocation and/or housing expenses (for out of area internships).

**REGISTRATION AND TUITION:**
The student MUST register for all clinical experiences and internships. The student is responsible to acquire all necessary information and register prior to all University deadlines. Students should pay close attention to the University calendar and deadlines, as the standard University schedule is modified in order to accommodate the clinical internships. Registration is required in order to maintain a...
full time student status for the purposes of professional liability insurance and for financial aid. Until registered, the student will not be able to participate in either student internships or part time experiences.

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Course Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHTH 6800</td>
<td>Required Clinical Experience I</td>
<td>1</td>
<td>$10</td>
</tr>
<tr>
<td>PHTH 6820</td>
<td>Optional Clinical Experience II</td>
<td>1</td>
<td>$10</td>
</tr>
<tr>
<td>PHTH 6830</td>
<td>Optional Clinical Experience III</td>
<td>1</td>
<td>$10</td>
</tr>
<tr>
<td>PHTH 6850</td>
<td>Optional Clinical Experience IV</td>
<td>1</td>
<td>$10</td>
</tr>
<tr>
<td>PHTH 7960</td>
<td>Optional Independent Study</td>
<td>1-5</td>
<td>$10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Course Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHTH 7810</td>
<td>Clinical Internship I</td>
<td>9</td>
<td>$150</td>
</tr>
<tr>
<td>PHTH 7840</td>
<td>Clinical Internship II</td>
<td>9</td>
<td>$150</td>
</tr>
<tr>
<td>PHTH 7860</td>
<td>Clinical Internship III</td>
<td>6</td>
<td>$150</td>
</tr>
<tr>
<td>PHTH 7880</td>
<td>Clinical Internship IV</td>
<td>6</td>
<td>$0</td>
</tr>
</tbody>
</table>

*Please NOTE: Differential tuition is applied to Fall & Spring Semester Clinical Internships or Experiences (not Summer)

**RELOCATION:**
Students should anticipate in some cases internships might require geographical separation from family, significant others, friends, and pets. Please be aware this may happen during holidays, or other significant events in a student’s life.

**CANCELLING AN INTERNSHIP:**
*An internship will not be changed once it is confirmed with a clinical site!* If significant extenuating circumstances arise, the student may have the option to cancel the internship. Extenuating circumstances may include student illness or injury, family issues impacting the student’s ability to participate, an alteration in the student’s ability to progress within the program, or a problem at the clinical site (identified by the CCCE or DCE). Cancelling an internship would result in the student completing the internship at a later time in the curriculum – typically following the final internship and therefore delaying graduation. Students should discuss the situation with the DCE as soon as possible if they feel a need to cancel or change an internship due to extenuating circumstances. Under no circumstances should a student directly contact a clinical site to negotiate a change or cancel a planned clinical internship.

**CAUTION:** A student should wait to plan significant life events (e.g., weddings, baby, family reunions/vacations) until internship dates have been confirmed with the site. That being said, the risk always exists that a site may cancel or change the internship at the last minute resulting in rescheduling the internship at an alternate time.

If the CCCE identifies a problem (lack of staff, closing of the clinic, change in management, need for a new contract, etc.) requiring a change or cancellation of an internship, it is the responsibility of the CCCE to inform the DCE as soon as possible. When an internship is cancelled, the DCE will plan alternative options with the student. If the site cancels an internship, the program will do its best (depending on site availability) to place the student at an alternate site during the regularly scheduled internship semester.

Students may not “swap” or exchange clinical internships.

**STUDENT ILLNESS, INJURY, OR EMERGENCIES WHILE ON EXPERIENCES & INTERNSHIPS:**
Students are not considered employees of the clinical site. If the student is injured during an internship, the facility shall provide emergency medical care to the student in case of need, but shall not bear the cost of such care (as per contract). As such, students are required to carry valid health insurance during enrollment in the Program. The policies of the facility will be followed when the filing of an incident report is necessary. In a non-emergent situation, the student may seek medical attention at the healthcare provider of his/her choice. The student is responsible for all costs of medical care received.

**Illness & Medical Appointments:**
Any time missed due to illness or emergency must be reported to the CI and DCE and must be made up. Time off for appointments for
medical and dental care – either for the student or the student’s dependents, should be discussed with the CI prior to making the appointment. The student is expected to schedule appointments outside of clinical time or so time away from the clinical setting is least disruptive to the functioning of the facility.

**ABSENCES OR “TIME OFF” DURING CLINICAL EXPERIENCES & INTERNSHIPS:**

The program does not allow the student any “time off” during clinical education courses other than for professional development opportunities described below. Time off for any reason must be discussed with the CI and coordinated with the DCE. The CI may contact the DCE to discuss options. When a student misses a day from an internship, the CI and the student will schedule the make-up time, and the student must notify the DCE within three working days: the date of the absence, the reason for the absence, and the date of the make-up time. Any planned absence must be approved by the DCE. In all cases, the student will notify the facility prior to the start of the workday or as soon as the student knows of the pending absence, and will speak directly to the CI or CCCE regarding the absence. Failure to comply with this policy may result in a delay in the scheduled completion of the student’s internships.

Travel to a distant internship site (between Internship III & IV ONLY when Internship III & IV are scheduled back-to-back):

If a student requires additional time (other than the 2-day weekend) to travel to a distant internship site, then plans will be made in advance (prior to the beginning of Internship III) for the student to delay the start of Internship IV. The student must plan well in advance with the DCE and the CCCE for Internship IV for alternate internship start-end dates.

**Job Interviews - NOT an Excused Absence:**

*Time off from a clinical internship for the purpose of a job interview is NOT an excused absence.* Interviews should be scheduled at times other than scheduled internship days or hours. If this is not possible, then the student is required to make up all time missed.

**Participation in Opportunities for Professional Development: CONDITIONAL**

1. **Professional Conference - TWO (2) Days Excused Absence**
   
   Students may be excused a maximum of TWO (2) days without penalty from clinical experiences or internships in order to participate in opportunities for professional development such as state, national, or international professional conferences, student conclaves, research symposia, and professional political action events. These opportunities will be considered excused absences. Students are required to obtain prior written approval from the DCE and clinical faculty during the time of their absence. Such absences, however, do not lessen the student's responsibility to meet the expectations of the experience or internship. If the student is not meeting the expectations of the internship, the request to attend the event may be denied. If the student attends an event and does not meet expectations of the experience/internship after the event, the student will be required to make up any missed time, extend the internship to allow for additional time to meet competencies, or fail the internship.

2. **Midvale Pro Bono Clinic – Summer Participation during Internship I or II – TWO ½-day Internship Hour Credit**
   
   Students may be excused from their summer clinical internship hours a maximum of TWO ½-days to compensate for active participation in providing patient care services at the Student Run Pro Bono Clinic in Midvale. Students are required plan ahead to obtain prior written approval from the DCE and clinical faculty. If the student is not meeting the expectations of the internship, the request for internship hour credit may be denied. If the student participates in the Pro Bono Clinic, takes time off from the internship and ultimately does not meet expectations of the experience/internship after the event, the student will be required to make up any missed time, extend the internship to allow for additional time to meet competencies, or fail the internship.

**HOLIDAYS:**

Often holidays such as New Year’s, Easter, Memorial Day, Independence Day, (Pioneer Day in UT), and others occur during the course of an internship or experience. Students will follow the same holiday schedule as their Clinical Instructor; therefore, students may be in clinic on the holiday and may be separated from family / friends on that day. Closure of the University does not excuse the student from participating in the scheduled clinical internship.

**CLINIC HOURS:**

In many cases, student clinical hours may be approximately 8:00am-5:00pm Monday through Friday. The student is expected to follow their clinical instructor's clinic schedule and therefore the schedule may take a variety of formats. Students may not dictate their scheduled clinical hours!! Some common formats are: four 10-hour days; 7 days “on” (10-hour days) / 7 days “off” (students on this schedule will need to work additional days in order to accumulate the requisite internship days/hours); longer days on M, W, F and shorter days on T, TH; and, a combination of five 8-hour days or four 10-hours days spread out throughout the week. Other variations
are possible including weekend hours, start times earlier than 8:00am and leaving time later than 5:00pm. Students are expected to comply with any schedule variation. Students should notify the DCE well in advance of the clinical internship with any special needs that would not allow them to comply with an atypical schedule.

Tardiness will not be tolerated. If a student is late, the CI should discuss the issue with the student when it first occurs and give a verbal warning. If it occurs a second time, tardiness should be documented in the Clinical Performance Instrument, Criteria #2 Professional Behavior (see sample behavior ‘b’) with a verbal warning to the student. If there is a third occurrence, the DCE should be notified and the event documented again in the Clinical Performance Instrument using a Critical Incident Report. Any action taken by the Program and the CI will be communicated in writing to the student.

Students should also realize one must learn to be effective prior to being efficient, and therefore may end up staying later than his/her CI to complete chart reviews, documentation, or other non-direct patient care tasks. The student may not perform physical therapy examination, evaluation or interventions if the CI (or his/her designee) is not on the premises.

Students are reminded they are still students and, as such, they should expect to spend time outside of clinic hours reviewing information and completing assignments. Each clinical internship course will have assignments, as well as it is common and appropriate for CI(s) to assign homework. Students are expected to meet all given deadlines.

EMPLOYMENT DURING CLINICAL EDUCATION COURSES:
We highly recommend students do not maintain employment during full time clinical education courses, but realize that may not be possible or realistic. Depending on the location and/or hours of the clinical experience or internship, the student may need to adjust employment hours or not be able to continue employment. If employment hours conflict with facility hours, the student will be expected to forfeit or change employment hours. The student should NEVER request a clinical site to alter clinical internship hours as a result of employment demands!

APPROPRIATE BEHAVIOR:
Students are expected to adhere to:

- the University of Utah Department of Physical Therapy, Student Code of Professional Responsibility
- the APTA Code of Ethics (http://www.apta.org/Ethics/Core),
- the APTA Guide for Professional Conduct (http://www.apta.org/Ethics/Core),
- the APTA Professionalism Core Values (http://www.apta.org/Professionalism).

In addition to the above, the following are specific suggestions for professional behavior in the clinical setting. While these suggestions may seem common sense, they are printed here because of specific past student situations and have been requested by clinical instructors and sites.

- It is the student’s responsibility to seek all the information needed to comply with the clinical site’s departmental and organizational policies. Students should ask for additional information or seek clarification of information provided. Such policies will concern lunch, breaks, smoking regulations, dress code, fire and emergency procedures, departmental hours, and holidays, etc. Proper orientation is a shared responsibility for the intern and instructor.
- Abide by departmental regulations of the clinical site.
- Arrive on time (early is considered “on time”), keep appointments, and leave at a time agreed upon (in advance) by the clinical instructor. Do not leave “early.”
- Use free time constructively and wisely as mutually agreed upon with the clinical instructor.
- Demonstrate initiative in patient care, departmental functions and in your own learning.
- Accept and contribute constructive suggestions/communications in a professional manner.
- In general, therapists may not accept any gifts or gratuities offered by patients, families, caregivers or vendors (e.g., Jazz tickets). Any such gifts or gratuities offered should be reported to the clinical instructor and handled in a manner in accordance to site policies.
- Students should avoid chewing gum while treating patients. According to OSHA standards, no food should be in patient care areas or eaten while treating patients.
- Students should obtain permission of the clinical instructor before visiting patients after departmental hours. In some facilities, this may be an acceptable practice; in others, it is not. Check beforehand, and comply with those procedures.
• Asking questions of the clinical instructor will not only facilitate learning, but will ensure patient safety and quality care. Be discrete about questions asked in front of the patient, and reserve all questions regarding prognosis for when the patient is not present. Be aware of the clinical instructor’s time constraints in answering questions as well as your obligation to ask those questions.

• Strict adherence to the ethical standards, which protect the patients’ confidence, is required. Do not discuss your patients’ condition(s) outside the clinical setting and with anyone who does not have a “need to know”. Patients may be discussed with classmates and faculty for educational purposes only but avoid identifying them by name (see related HIPAA guidelines regarding de-identification of patient records).

• Attention to common courtesy is essential in the clinical setting. Communication of respect, your display of good listening skills and sensitive verbal communications will be helpful in promoting productive working relationships with your clinical supervisors and peers.

• Students are obligated to report back to the school any ethical or legal compromises noted at their clinical sites.

• Personal cell phones or other electronic communication devices not used for reasonable accommodations of a documented disability must be silenced during class or clinic times.

Further guidelines and information are provided elsewhere in the Clinical Education Manual for successful clinical experiences and internships. The University of Utah is privileged to have the opportunity to intern with our clinical affiliates and expect student interns to have the highest professional regard and respect for these opportunities.

**APPROPRIATE CLINICAL PROFESSIONAL DRESS:**

Appropriate professional attire is important as a representative of the University of Utah, Department of Physical Therapy. Students are expected to wear professional attire for all activities involving clinical contact with patients (including patient volunteer sessions as part of a normal class labs), unless instructed otherwise. Client consideration and professional image are of utmost importance in any clinical situation. Attire should be comfortable and non-restrictive to allow for movement as necessary during patient care while maintaining a conservative modesty.

Students must determine site-specific dress code requirements prior to the first day of the clinical experience/internship. Dressing more conservatively or formally on the first day/week of the clinical is suggested, until the dress code is clarified. If students report to the clinic wearing any inappropriate dress, they may be asked to go home to change, to change in temporary scrubs for the day, or be dismissed for the day with the day needing to be made up later. The following describes our expectations of clinical dress. Students are expected to adhere to these guidelines AND the site’s policies. Examples of Appropriate Clinical Attire:

<table>
<thead>
<tr>
<th>Clothing</th>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tops - Sleeves</strong></td>
<td>Tops any sleeve length except sleeveless*, *Dressy silk knit sleeveless shells, tanks or tops may be worn only if under a jacket or sweater.</td>
<td>Sleeveless tops of any kind including tube-tops, tank tops, spaghetti-strap, halter tops and athletic tops. Bare shoulders or back are not permitted at any time.</td>
</tr>
<tr>
<td><strong>Tops - Styles</strong></td>
<td>Professional business shirts with collars are preferred. Button-down or pull-over shirts with collars (i.e., Polo or Golf shirts, Oxford, Shell, Turtleneck, etc.). Tops without collars should be tailored and made of quality, firmer fabrics that hold their shape, and be in good condition. Tops and blouses in conservative colors and moderate styles. Pull-over and button-down sweaters in good condition. Cardigan sweater sets.</td>
<td>Scrub tops unless working in clinical area. Gym or yoga tops or faded, old or tight-fitting cotton t-shirts. Lacy camisole, sequined tops, or tops made of see-through revealing fabrics. Tropical camp shirts, oversized baggy sweaters, denim shirts, flannel or pajama style tops. Shirts with silkscreen logos or printing of any kind excluding approved shirts with company logo). Neon bright colored tops or wild, abstract prints</td>
</tr>
<tr>
<td><strong>Tops - Styles</strong></td>
<td>Modest tops only.</td>
<td>Tops that reveal the abdomen when standing, lifting or bending over. Tops that expose the cleavage, bra, back, shoulder, chest, lower back or under garments is not allowed. Tops with</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
<td>Notes</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Tops - Styles   | Tops that fit appropriately and look professional.  
Tops worn tucked in.  
Tops worn un-tucked must be professional in nature and designed to be worn un-tucked (i.e., men collared camp-shirts that have a straight hemline or women shell tops or tailored button down shirts with round hemlines). | Tight, clingy, over-sized, or excessively baggy-fitting tops.  
Wrinkled, shrunk, faded, stained (including under arms), or worn-out tops.  
Tops worn un-tucked that are not designed to do so (i.e., rugby tops, jersey tops, dressy button down shirts, etc.)  
*Any top that does not meet Fitting Standards or Clothing Maintenance Standards*                                                                                       |
| Jackets         | Suit-like jacket styles.  
Casual sport jacket styles in conservative colors and classic styles (i.e., Safari jackets, suede jackets, cotton casual jackets).                                                                                                           | Sweatshirts or "hoodies" of any kind worn inside work areas.  
Denim, team, ski or gym jackets.  
Fleece jackets or vests are not allowed in clinical or patient care areas.                                                                                                          |
| Dresses         | Dresses that appear professional and tailored (i.e., Coat-dress, shirt dress with collar, etc.)  
Dresses with modest necklines and hemlines (may not be higher than 2" above the knee when sitting).                                                                                                                                    | Sundresses, tank dresses, flannel dresses, sheer or revealing evening dresses, denim dresses, back-less or strapless dresses of any kind.  
Any dress that stops at mid-thigh or with high immodest slits                                                                                                                      |
| Skirts          | Casual and dressy skirts in moderate colors, patterns and styles.  
Skirts with modest hemlines (May not be 2" above the knee when sitting).                                                                                                                                                           | Denim, leather, flannel or neon colored, costume style skirts.  
Miniskirts, skirts above approved knee length or that stop at mid-thigh.  
See-through skirts worn without lining or a slip.                                                                                                                                  |
| Pants - Styles  | Classic tailored slacks, pants, or trousers.  
Pants made of firmer fabric to maintain a professional appearance (i.e., wool, cotton, and twill). Corduroy if not faded or worn looking. Linen if pressed and not wrinkled.                                                                                     | Denim jeans of any kind or color.  
Leather pants, cargo pants, shorts of any length, cut-offs, overalls, yoga, aerobic or sweat pants.  
Scrub bottoms if not a clinical worker.  
Trendy pants of extreme styles including extra wide or extremely tight, narrow pant legs.  
Faded, torn or stained pants of any kind.                                                                                                                                     |
| Pants - Fit     | Pants in good condition, wrinkle-free and fit well.                                                                                                                                                                                                                                                 | Pant hemlines that touch or drag on the ground.  
Baggie pants worn below the hips or that expose underwear.  
Shrunken or tight pants of any kind. Pants may not pull tight up and around the bottom, leg or abdomen areas.  
Pockets and pleats should lay flat and not pull open                                                                                                                           |
| Footwear - Shoes| Business professional shoes in good, clean condition including: Pumps, flats, espadrilles, boots, loafers, and other leather shoes.  
Closed-toe dress shoes with moderate heel height (3" or less).  
Dressy Peep-Toe shoes permitted in non-patient care areas only.  
Noise resistant shoe soles/ heels are preferred.                                                                                                                                  | Footwear that does not comply with department specific safety regulations.  
Open toe shoes of any kind (including sandals), slippers, or bare feet.  
Flip-flops of any kind including thong-style flip flops, beachwear flip flops, yoga flip-flops, etc.  
Platform or chunky rubber soled shoes.                                                                                                                                            |
| Footwear - Shoes| Closed-toe casual shoes that are in good, polished condition and are conservative in style and in darker color tones. Athletic                                                                                                                                                                         | Dirty, odor-ridden, worn, stained, or bright athletic shoes including yoga, running, sports, etc.                                                                                                                         |
shoes and work boots in quality condition and in neutral color tones are acceptable for approved departments including Loading Dock or clinical areas.

**Footwear - Crocs**
- Crocs in dark or neutral colors (i.e., black, navy) for approved clinical staff and clinical areas only.
- Bright, extreme colored crocs (i.e., orange, pink) worn with scrubs or pants of any kind.
- Crocs with accessories or holes.

**Footwear - Leg Coverings**
- Stockings and hosiery in neutral conservative colors and styles.
- Solid colored leggings in neutral, conservative colors (i.e., black, charcoal) if worn with matching shoe and pant or skirt color (i.e., brown shoes, brown leggings and brown tweed skirt).
- Leggings or stockings in bright colors or bold, busy, print styles, leggings worn as pants (e.g., not under matching skirt).
- Fishnet stockings, dirty or odor-ridden socks.

**Jewelry**
- Jewelry including necklace, rings and earrings that are conservative in style, size and color. Limit two rings per hand in conservative style and color.
- "Clangy" or distracting jewelry of any kind (including loud bracelets or bangles). Large, chunky, bright neon plastic rings or gaudy metal rings

**Jewelry - Body Piercing**
- Limit two earrings per ear lobe in conservative colors and size.
- Ear gages should be plugged closed with plugs matching skin tone.
- Bold, bright (i.e., neon colors) or excessive costume style earrings of any kind. Large chandelier or hoop earrings greater than approximately 1.5 inches in diameter or approximately 1.5 inches in length.
- Earrings worn on upper ear area. Exposed eyebrow, tongue, cheek, lip, nose, chest, back or belly piercing is prohibited.

**Tattoos**
- Clothing styles must cover all visible tattoos.
- Visible tattoos on the body such as chest, neck, arm, abdomen, back and ankle tattoos.

**Name - Badges**
- Badges worn above the bottom of the sternum and at eye-level, free from distracting stickers, pins, etc. Photo ID must be legible and visible at all times.
- Badges worn at or below the bottom of the sternum or that are not visible to staff and patients. Pins, stickers and other distracting adhesives. Lanyards used to hold ID badges are not permitted.

**Grooming Standards**
Grooming is essential for the overall professional appearance of all students. In a hospital environment, including all clinical and non-clinical areas, it is important for students to be clean and well kempt. Co-workers are also affected when working with students who have bad breath, dirty hair and body odor, etc. Listed below are required grooming practices in the workplace:

<table>
<thead>
<tr>
<th>Grooming Technique</th>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Body Odor</strong></td>
<td>Must practice personal hygiene and be free of offensive odor.</td>
<td>Perfume or cologne that might interfere with those who are ill or allergic to such odors or fragrances, particularly in patient care areas. Clothing and body with smoke odor.</td>
</tr>
<tr>
<td><strong>Hair - Head</strong></td>
<td>Must practice personal hygiene and hair must be neat and clean. If working in a clinical environment, long hair must be tied back to avoid patient contact during patient care and / or transportation. Hair colors must be of natural tones.</td>
<td>Extreme trends such as dreadlocks, Mohawks and long spiked hair are not acceptable. Non-natural colors such as pink, blue etc. are not acceptable.</td>
</tr>
<tr>
<td><strong>Hair - Face</strong></td>
<td>Nose and ear hair must be trimmed and maintained. Facial hair including mustache and beard</td>
<td>Excessive beard or mustaches styles (i.e., braided beard hair).</td>
</tr>
</tbody>
</table>
must be short and neatly trimmed and maintained.

**Face - Makeup**
Make-up must appear professional and natural and should be conservative in styles and colors.
Frosted, bright colored eye shadow (i.e., bright green, purple, pink, etc.)
Bright or excessively dark, thick eye liner worn under the eye or on top of the eyelid.

**Head - Gear**
No hats or head coverings may be worn inside (except for approved departments and for those worn for religious and/or medical purposes).
Music headphones or other distracting headgear may not be worn in public areas.

**Face - Glasses**
Reading glasses in conservative colors and styles that are not distracting to our professional appearance.
Sunglasses worn inside the workplace.

**Fingernails**
Short, natural (not artificial) fingernails are allowed. Fingernails must be clean, neatly trimmed, and filed to avoid harming patients or other employees. Fingernail polish in conservative colors may be worn.
Extremely long nails and neon or distracting colors are not acceptable. Artificial nails may not be worn in clinical areas.

**ID BADGES:**
The Program recognizes the importance of the identification of healthcare providers to the consumer and requires students to display proper identification during all patient encounters. Students and/or their CIs are required to inform consumers the student’s role in the encounter and gain informed consent for the student’s participation. The standard University of Utah Vertical Health Sciences Identification Card (U Card) will be used as your ID badge. Students will obtain their vertical U Card during their 1st semester in the Program. Identification badges should always face front (must not rotate). It is to be worn on the upper chest area (defined as the bottom edge of the ID badge being no lower than the level of the sternum, bringing the ID badge closer to the face) and visibly apparent to others. Identification badges are to be worn during all clinical experiences, internships, in-class patient experiences, and extra-curricular patient encounters (e.g., service learning project, working in the wellness clinics). Clinical sites may provide students with facility picture identification. In this case, the student would not wear two badges unless dictated by the clinical site.

**WITHDRAWL FROM INTERNSHIP:**
At any time during the clinical experience or internship, after consultation with the CCCE and the CI(s), the DCE and/or the faculty may withdraw a student from a clinical internship if, in their judgment, the student is performing incompetently or poses a safety threat to patients, the staff of the facility, or him/herself. The CCCE and the CI(s) may immediately remove any student from the premises who poses an immediate threat or danger, or for just cause under the clinical facility’s disciplinary policy. “The student shall be required to follow all the rules, regulations, and procedures of the facility” (as per contract). These rules, regulations, and procedures should be introduced to the student during orientation to the facility or prior to the internship/experience.

**IMMUNIZATIONS:**
Prior to the beginning of the clinical education component of the curriculum (PTH 6800, Clinical Experience I, Fall Semester, Year 1), students will be required to show proof of the following immunizations. A copy will be kept in the Department’s student file. Students are responsible for keeping all immunizations up-to-date and readily available to provide clinical sites with verification of all immunizations. Immunizations should be up-to-date through the completion date of the internship (should not expire during the internship). A clinical facility may have additional criteria or requirements and the student is responsible for communication with the facility to determine any differences and obtaining the requisite test/immunizations. The student is responsible for the costs of all immunizations. If the student does not provide the required information/proof, the clinical facility or the Program has the right to suspend the student’s clinical experience until such information is provided. Students are required to upload all immunization documentation to Certified Background’s Immunization Tracker (www.certifiedbackground.com). See the online “PT Clinical Education Information” site for further details and instructions.
<table>
<thead>
<tr>
<th>REQUIRED</th>
<th>MMR (Measles, Mumps, Rubella)</th>
<th>2 vaccinations OR positive antibody titer. If titer is negative or equivocal, 1 booster will be needed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>REQUIRED</td>
<td>Diphtheria/Tetanus</td>
<td>Submit primary DPT series</td>
</tr>
<tr>
<td>REQUIRED</td>
<td>Tetanus, Diphtheria, Pertussis (Td/Tdap)</td>
<td>Substitute 1-time dose of Tdap after 2005; then boost withTd every 10 years.</td>
</tr>
<tr>
<td>REQUIRED</td>
<td>Hepatitis B</td>
<td>3 vaccinations OR positive antibody titer (lab report required). A student may begin a clinical if the series is in process but must provide documentation of completion. If titer is negative or equivocal, 1 booster will be needed.</td>
</tr>
<tr>
<td>REQUIRED</td>
<td>Varicella (chickenpox)</td>
<td>2 vaccinations OR positive antibody titer OR medically documented history of disease. If titer is negative or equivocal, 1 booster will be needed.</td>
</tr>
<tr>
<td>REQUIRED</td>
<td>Influenza</td>
<td>Annually – shot or nasal spray. Submit documentation of a flu shot administered during the current flu season Oct-Mar.</td>
</tr>
<tr>
<td>REQUIRED</td>
<td>Polio</td>
<td>Completed primary series (at least 3 vaccinations) OR positive antibody titer</td>
</tr>
<tr>
<td>REQUIRED</td>
<td>Tuberculosis (TB) Screening</td>
<td>Negative TB skin test OR 2 step skin test (1-3 weeks apart) OR QuantiFERON Gold Blood Test OR if positive results, must provide a clear chest x-ray results. Annual test is required.</td>
</tr>
<tr>
<td>RECOMMENDED</td>
<td>Human Papillomavirus (HPV)</td>
<td>3 doses</td>
</tr>
<tr>
<td>RECOMMENDED</td>
<td>Hepatitis A</td>
<td>2 doses</td>
</tr>
<tr>
<td>RECOMMENDED</td>
<td>Pneumococcal (polysaccharide)</td>
<td>1-2 doses</td>
</tr>
<tr>
<td>RECOMMENDED</td>
<td>Pneumococcal conjugate 13-valent (PCV13)</td>
<td>1 dose</td>
</tr>
<tr>
<td>RECOMMENDED</td>
<td>Meningococcal</td>
<td>1 or more doses</td>
</tr>
</tbody>
</table>

Please consult with your personal health care provider regarding any immunization updates, as those listed here are general recommendations. If you have other conditions, diseases, risk factors, other recommendations may be appropriate. Other immunization resources:

- Centers for Disease Control: [http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html](http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html)
  For health professionals: [http://www.cdc.gov/vaccines/schedules/hcp/index.html](http://www.cdc.gov/vaccines/schedules/hcp/index.html)

**BACKGROUND CHECKS:**
The University of Utah requires a completed national background check of all individuals who will have direct patient contact. Students are responsible for obtaining a background check at the time of entry into program. Students are responsible for all costs and should keep a copy of the results for their own records. Also, many clinical sites require updated or complete new background checks prior to an experience or internship. Students should be prepared to have several screens completed during the course of the program. Be sure to check with your clinical site for specific requirements. See the online “PT Clinical Education Information” site for further details and instructions. National background check: [www.certifiedbackground.com](http://www.certifiedbackground.com)

**DRUG SCREENS:**
The University of Utah requires drug screens to be completed by all individuals (students and employees) who have direct contact with patients. Students are responsible for obtaining a 10-panel drug screen upon matriculation into the program and prior to every full time clinical internship. Students are responsible for all drug screening costs and should keep a copy of the screening results for their own records. Most clinical sites require drug screens prior to an experience or internship. See the Department Safe & Drug Free Environment policy & the online “PT Clinical Education Information” site for further details and instructions. Drug Screens: [www.certifiedbackground.com](http://www.certifiedbackground.com)
CARDIOPULMONARY RESUSITATION TRAINING:
Students must maintain current CPR certification/recertification valid throughout the physical therapy program and be prepared to show proof of certification to clinical sites. We accept only American Heart Association BLS for Healthcare Providers training.
- University of Utah Clinical Staff Education: http://uuhsc.utah.edu/cse/. Call 801-581-2422 to verify classes, obtain current prices, and to register.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA), INFECTION CONTROL, ENVIRONMENTAL HAZARDS & OTHER RECURRENT ANNUAL TRAINING:
All students must show evidence to clinical sites (upon request) of having completed HIPAA training, infection control, environmental hazards and other training requirements. Training is available through the online “PT Clinical Education Information” Canvas site. All students must complete all training lessons annually (typically in April/May of each year). Beginning with the Class of 2016, students are required to document training completion through the clinical education management system Acadaware (www.acadaware.com).

HEALTH INSURANCE:
Students must maintain and provide evidence of medical health insurance coverage effective throughout the physical therapy program. http://www.studenthealth.utah.edu. Students are required to document valid coverage annually through Certified Background (www.certifiedbackground.com).

PROFESSIONAL LIABILITY INSURANCE:
For participation in any clinical education course or patient experience within any academic coursework, students must provide evidence of comprehensive general liability and professional liability insurance or properly reserved self-insurance. The program purchases adequate insurance coverage for all students in the program and a Certificate of Insurance is available on the online “PT Clinical Education Information” site.

CURRENT CONTACT INFORMATION and COMMUNICATION:
It is the student’s responsibility to provide the Program with a current address and phone number throughout their duration in the Program. The DCE may contact the student at the current (home or cell) phone number to discuss the internship, advise the student of a change in an internship, or for other clinical education related reasons. Students must provide this information to Deb Bachan in writing or by email. If a student is traveling to or between internships, s/he should provide a cell phone contact and/or the phone number of a family member or friend who would be available as a contact.

REMINDER: UMail (University email) is the official form of communication at the University of Utah. Students are required to use their UMail email address for all electronic mail correspondence! Do not forward your Umail account to other email accounts (e.g., gmail, yahoo, Comcast, etc.). Forwarding your Umail account to other services is against the UU Health Sciences policy & infraction carries applicable fines.

STUDENT SUPERVISION:
According to the legal contract with facilities, the facility shall designate an individual (CCCE) to act as liaison with the School, to provide for supervision of the student in accordance with the Physical Therapy Practice Act by a physical therapist with a minimum of one year of clinical experience, and to provide the student and the school with feedback on the student’s performance.

A CI, or his/her designee, must be on the premises at all times when the student in performing physical therapy activities. The student cannot provide physical therapy services if a supervising therapist is not on-site and available for consultation. If a student is assigned to a small clinic with only one physical therapist, the student cannot provide physical therapy services without the physical therapist on-site, as may occur if the therapist is sick.

In the event there is no supervising physical therapist available on-site on any day a student is scheduled to be in the clinic, alternative arrangements must be made for the student’s clinical hours. Options may include observation of another professional, assignment to another clinic for the day, or make-up days after the assignment. Students may participate in co-treatments with other professionals (occupational therapists, speech therapists, for example) if the supervising CI is on the premises; however, the patient must be actively receiving physical therapy care. Students can receive instruction from physical therapist assistants, but the CI or his/her designee
must be on site.

**Student supervision under Medicare A:** in the skilled nursing facility setting, under MDS 3.0, in order to record the minutes as individual therapy when a student is involved in the treatment, only ONE (1) resident can be treated by the therapy student and the supervising therapist. In addition, the supervising therapist cannot be treating or supervising other individuals, and the therapist must be able to immediately intervene or assist the student as needed while the student and resident are both within line-of-sight supervision (e.g., the therapist could be completing documentation while supervising the student and resident).

When a therapy student is involved in the treatment, and one of the following situations takes place, then the minutes may be coded as “concurrent therapy.”

- The student and supervising therapist are each treating a separate resident while the student is in line-of-sight of the supervising therapist
- The student is treating two residents simultaneously, both of whom are in line-of-sight of the supervising therapist, and the therapist is not treating any patients and not supervising other individuals
- The supervising therapist is treating two residents simultaneously (regardless of payer source), both of whom are in line-of-sight, and the student is not treating any residents.

For further guidelines, visit [http://www.apta.org/Payment/Medicare/Supervision](http://www.apta.org/Payment/Medicare/Supervision). For other settings, such as acute care, the CI must provide on-site supervision. Refer to the CMS Federal Register Volume 64, Number 213 or visit [http://www.apta.org/Payment/Medicare/Supervision](http://www.apta.org/Payment/Medicare/Supervision).

**Student supervision under Medicare B:** In order to bill for student services provided to patients and clients with Medicare B, the CI must be present and actively engaged in all decision making related to the patient’s care. The CI may not be engaged in another activity simultaneously. Refer to CMS guidelines: [www.cms.hhs.gov](http://www.cms.hhs.gov) or to the APTA website [http://www.apta.org/Payment/Medicare/Supervision](http://www.apta.org/Payment/Medicare/Supervision).

### GRADING AND CONSEQUENCES OF A FAILURE OF A CLINICAL INTERNSHIP:

The DCE is responsible for assigning internship grades. All internships are graded on a CREDIT / NO CREDIT basis. Grades are assigned based upon the CI(s)’s written evaluation and recommendations, phone conversations and/or site visits with the student and/or CI(s), as well as any other communication between the CI(s), CCCE and the DCE or between the DCE and the student during the internship and with consideration of the entire record and performance of the student. The DCE will consult with the Chair of the Department and/or the faculty when needed.

Clinical Internship and Experience expectations are described in the course syllabus. The expectations for professional behavior are listed and described in the course syllabus, the Student Handbook, the Clinical Education Manual and the Clinical Performance Instrument.

- A grade of CREDIT is assigned if the student demonstrates satisfactory performance meeting course expectations.
- A grade of “Incomplete (I)” or “Independent Work in Progress (T)” is assigned if the student fails to submit the internship documentation or all course assignments by the assigned due date. A grade of Incomplete may also be given if it is determined the student needs additional time at the internship to successfully meet performance expectations.
- A grade of NO CREDIT is assigned if the student demonstrates unsatisfactory performance and does not meet the course expectations. Unprofessional behavior or patient care that is considered unsafe will result in a grade of NO CREDIT. If the student is assigned a grade of NO CREDIT, the faculty will determine the consequences.
- If a student receives a NC in an internship, he/she MUST successfully repeat the internship with a grade of CR in order to progress in the curriculum. The reason(s) for failure of an internship will serve as the basis for remediation.
- Failure to pass the second attempt at the clinical internship will serve as grounds for dismissal from the Program.
THE CLINICAL INTERNSHIP SELECTION PROCESS

PURPOSE

The purpose of this guide is to provide students in the Doctor of Physical Therapy (DPT) Program an overview of the policies and procedures for selecting the clinical experiences and internships during the Program.

This guide will:
- Outline the clinical education experience and internship requirements and expectations
- Outline the sequential timeline and process for experience and internship selections
- Inform students of available clinical sites and opportunities
- Inform students of the roles and responsibilities of the student, Director of Clinical Education (DCE), and the Assistant to the DCE in the selections process

After reviewing this Guide, students will:
- Be prepared to make informed decisions about their clinical education selections in consultation with the DCE.
- Have realistic expectation about the clinical selections process

CONSIDERATIONS IN THE PLACEMENT PROCESS

The Doctor of Physical Therapy Program at the University of Utah prepares students as generalist physical therapists who are prepared to practice in any clinical setting. Students are prepared for not only a current level of practice, but also to adapt to future changes throughout their careers. The entire curriculum prepares students to be confident independent generalist practitioners in the multifaceted roles of clinician, teacher, researcher, consultant, administrator, and lifelong learner. To this end, students are encouraged to obtain a wide exposure to a variety of practice settings throughout the program.

CLINICAL EXPERIENCE AND INTERNSHIP REQUIREMENTS

<table>
<thead>
<tr>
<th>Year</th>
<th>Clinical Experiences</th>
<th>Time Frame</th>
<th>Year</th>
<th>Clinical Internships</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year I</td>
<td>PHTH 6800 (1 CR) Clinical Experience I <strong>Required</strong></td>
<td>4 hrs/week for 10-12 wks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 1-2</td>
<td>PHTH 6820 (1 CR) Clinical Experience II <strong>Optional</strong></td>
<td>4 hrs/week for 10-12 wks or equivalent</td>
<td></td>
<td>PHTH 7810 (9 CR) Clinical Internship I <strong>Required</strong></td>
<td>10 weeks full-time 400 clinical hr equivalent</td>
</tr>
<tr>
<td>Year 1-3</td>
<td>PHTH 6830 (1 CR) Clinical Experience III <strong>Optional</strong></td>
<td>4 hrs/week for 10-12 wks or equivalent</td>
<td></td>
<td>PHTH 7840 (9 CR) Clinical Internship II <strong>Required</strong></td>
<td>10 weeks full-time 400 clinical hr equivalent</td>
</tr>
<tr>
<td>Year 2-3</td>
<td>PHTH 6850 (1 CR) Clinical Experience IV <strong>Optional</strong></td>
<td>4 hrs/week for 10-12 wks or equivalent</td>
<td></td>
<td>PHTH 7860 (6 CR) Clinical Internship III <strong>Required</strong></td>
<td>8 weeks full-time 320 clinical hr equivalent</td>
</tr>
<tr>
<td>Year 3</td>
<td>PHTH 7960 (1-5 CR) Independent Study <strong>Optional</strong></td>
<td>4 hrs/week for 10-12 wks or equivalent</td>
<td></td>
<td>PHTH 7880 (6 CR) Clinical Internship IV <strong>Required</strong></td>
<td>8 weeks full-time 320 clinical hr equivalent</td>
</tr>
</tbody>
</table>
FULL-TIME CLINICAL INTERNSHIP PRACTICE SETTING REQUIREMENTS

Practice Setting Requirements:

- **Inpatient Acute Care** (or mix that includes at least 50% acute care). A portion of this experience must be in a hospital setting including adults and/or children.

- **Outpatient Orthopedics**
  This experience should take place in an ambulatory care environment or private practice.

- **Neurological Rehabilitation** (pediatric or adult; inpatient or outpatient)
  This internship can be in an adult or pediatric inpatient or outpatient rehabilitation facility, skilled nursing facility, or school system. To qualify as a rehabilitation setting, the majority of patients must have neurologic diagnoses/conditions and the staff must include other health care providers (PT, OT, SLP, TR, RN, MD, RD, SW, etc.) working in an interdisciplinary team environment.

- **Geriatric* or Optional*”
  *an optional site can only be chosen if the student can account for significant geriatric experiences within other previous or planned internships. Students may choose to repeat a setting as their optional internship (e.g., a second ortho outpatient internship) or may choose a different specialty area setting (e.g., balance/vestibular, woman’s health, burn, wound care).

Some sites offer a combination of experiences such as rural settings where the therapists see patients in acute care, the outpatient clinic, the school system, and home health routinely during the course of a day and/or week. In these cases, the practice setting assignment will be based on where the majority of the student’s experience will be. This setting assignment will be determined by the Director of Clinical Education in consideration of the individual student’s overall clinical education program.

While the full-time internships do not require any specific order, given the schedule of the didactic curriculum, students will get the most out of their experiences with the following suggested sequencing:

- **Clinical Internship I** Skilled Nursing or Short Term Rehab Facility, Outpatient Ortho, Acute Care
- **Clinical Internship II** Acute Care, Outpatient Ortho, Neurologic Rehab (pediatrics)
- **Clinical Internships III & IV** Neurological Rehab, any other including Optional

STUDENT SPECIAL NEEDS / REQUESTS

Students choose a prioritized list of options for their internships through a collaborative decision-making process with the Director of Clinical Education. Preferences are submitted within the clinical education management system Acadaware. The Director of Clinical Education strives to ensure the best match possible between available internship positions and the students’ needs/interests while not jeopardizing the breadth and depth of a student’s overall clinical education. Therefore, students should make their preference selections only after consulting with the DCE. Given students select their own list of preferred sites, they are able to do the best work at accommodating their own special needs (such as location secondary to transportation constraints, need to remain in Utah for an internship, or other needs requiring individual consideration). There are times however when a student’s preferences cannot be accommodated. The University, Program and Director of Clinical Education retain final decision-making authority in order to best meet the education goals of the Program and the student.
The clinical internship placement process begins approximately 12-18 months in advance and proceeds generally as follows. **UNDER NO CIRCUMSTANCES** should a student or family member contact a clinical site with the intent to explore the possibilities of completing an internship at that site! The DCE and/or the Assistant to the DCE handle all initial placement communications with sites! Students may contact a clinical site or clinical instructor regarding a clinical internship or experience ONLY AFTER the internship/experience has been confirmed with the site by the DCE or Assistant to the DCE.

**SCHEDULE**

<table>
<thead>
<tr>
<th>Month</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>• Consultation time in small groups with DCE for</td>
</tr>
<tr>
<td></td>
<td>▪ Internship II (students in Year 1 for 2\textsuperscript{nd} year)</td>
</tr>
<tr>
<td></td>
<td>▪ Internship III &amp; IV (students in Year 2 for 3\textsuperscript{rd} year)</td>
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<tr>
<td></td>
<td>• Clinical sites requiring applications and/or interviews may be due as</td>
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<tr>
<td></td>
<td>early as January.</td>
</tr>
<tr>
<td>February</td>
<td>• Individual student meetings with the DCE to select specific placement</td>
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<tr>
<td></td>
<td>request completed by the first week of Feb.</td>
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<tr>
<td></td>
<td>• Additional consultation time with DCE as needed</td>
</tr>
<tr>
<td>March</td>
<td>• Placement requests sent to clinical sites (National Mailing Date = March 1) for specific internship positions during the following calendar year</td>
</tr>
<tr>
<td></td>
<td>• Staff contact with sites that have not responded to our request(s)</td>
</tr>
<tr>
<td></td>
<td>• Additional consultation time with DCE as needed</td>
</tr>
<tr>
<td></td>
<td>• Interviews conducted PRN per clinical sites</td>
</tr>
<tr>
<td>April</td>
<td>• Requests returned (responses trickle in throughout April) – National</td>
</tr>
<tr>
<td></td>
<td>Due date is April 30</td>
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<tr>
<td></td>
<td>• Staff contact with sites that have not responded to our request(s)</td>
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<tr>
<td></td>
<td>• Additional consultation time with DCE as needed</td>
</tr>
<tr>
<td></td>
<td>• Interviews conducted PRN per clinical sites</td>
</tr>
<tr>
<td>May</td>
<td>• Students (rejected or not yet placed) review internship options</td>
</tr>
<tr>
<td></td>
<td>• Additional consultation time with DCE as needed</td>
</tr>
<tr>
<td></td>
<td>• Interviews conducted PRN per clinical sites</td>
</tr>
<tr>
<td></td>
<td>• Placement confirmations ongoing as needed</td>
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<tr>
<td></td>
<td>• New incoming class - Students in Year 1</td>
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<tr>
<td></td>
<td>• Orientation to internship process</td>
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<td></td>
<td>• Small group consultation time with DCE to review internship options</td>
</tr>
<tr>
<td>June</td>
<td>• Individual student meetings with the DCE to select specific internship</td>
</tr>
<tr>
<td></td>
<td>placement request completed by the first week of Feb.</td>
</tr>
<tr>
<td>July - August</td>
<td>• Placement confirmations ongoing as needed</td>
</tr>
<tr>
<td>September</td>
<td>• Final internship placements – all finalized</td>
</tr>
<tr>
<td>August - May</td>
<td>• Deal with any last minute cancellations by sites!</td>
</tr>
</tbody>
</table>

**CONSULTATION with DCE**

Students have the opportunity to meet with the DCE as frequently as needed (& the DCE is able). Early in the calendar year, students are encouraged to meet with the DCE to review their clinical education plan. Students interested in going out of state for upcoming internships are encouraged to meet with the DCE during this time. Each student **MUST** meet with the DCE at least once annually to review his/her overall clinical education program and discuss placement opportunities, including DCE recommendations. The DCE strives to ensure the best match possible between available internship positions and the students’ needs/interests while not jeopardizing the breadth and depth of a student’s overall clinical education.

**OUT OF STATE SITES / SITES REQUIRING APPLICATION and/or INTERVIEWS / KNOWN FIRST-COME-FIRST-SERVED SITES**

Students who are interested in planning future internships (at least 1 year in advance) out of state or applying to a site requiring an application/interview process, should meet with the DCE early in Spring semester to discuss options. Following consultation with the DCE, students are asked to submit their site request to the DCE and to the Assistant to the DCE. The DCE/Assistant will contact the
site to request clinical placement. When a site accepts a student placement, the student is COMMITTED AND CONFIRMED to that placement! In the case the site is unable to accept the student, we will work with the student to select an alternate placement. A maximum of three out of state options are allowed, after which the student is then required to select placements within the normal placement process (described below).

LOTTERY PLACEMENT PROCESS**

1. Students choose clinical placement request preferences in ranked order during their individual meeting with the DCE.
2. If a student missed their meeting with the DCE, their place in the lottery pick is skipped until they can arrange a meeting with the DCE.
3. During the individual meeting the DCE reviews all student-site selections. If a student has made an unwise choice that compromises the goals of the program for independent generalist practice, then that student’s request may not be honored.
4. Assistant to the DCE uploads all approved selections to the Acadaware website.
5. DCE & Assistant to DCE sends all placement requests to clinical sites.
6. Students notified when placements are confirmed.
7. Students notified if placement is not accepted and alternate placements are made by the DCE in consultation with the student.

**Every year, a portion of the sites are unable to accommodate a student in a position they previously offered. In these cases, alternate choices are made by the student in collaboration with the DCE.

NOTE – changes/cancellations may happen at any time of the year and students should be flexible and prepared to make alternate choices.

DESCRIPTION OF FACILITY & PRACTICE SETTING TYPES

(This section adapted with permission from Nancy Erikson, Eastern Washington University)

ACUTE CARE

For this requirement students may complete an internship that is full-time within the hospital setting, or may complete an internship in a rural/general practice setting (description below) with at least 50% time spent within the acute hospital.

In the acute medical hospital, caseloads may include adult and/or pediatric patients. Patients may be seen in the intensive care unit, bedside and/or in therapy departments within the hospital. Depending on the hospital, students will see a wide variety of diagnoses and may have exposure to several different units within the hospital (e.g., medical/surgical, intensive care [Intensive Care Unit (ICU), Cardiac Care Unit (CCU), Surgical Intensive Care Unit (SICU), Neuro Critical Care (NCC)], oncology, neurology, transplant, psychology, transitional care unit. A portion of the caseload may be patients post orthopedic surgery (joint replacement, spine surgery, fracture repair, etc.). Physical therapists are frequently the first to get patients up out of bed. Discharge planning is done beginning with the first patient visit and physical therapists determine the appropriate and safe return to home or other living options. Students need strong communication skills to work with patients, families, nurses, occupational therapists, speech language pathologists, physical therapy assistants, discharge planners, physicians and other members of the patient’s health care team.

A primary responsibility for PTs in this setting is to monitor response to activity after a surgery or during recovery from illness. Therefore, knowledge of oxygen saturation, blood pressure, heart rate, respiratory rate and the changes with modification of position or activity is vital. Physical therapists also play an integral part in discharge planning to a safe environment and most conducive to the individual patient’s healing process. You need to be prepared for interruptions from other health care team members working with your patients. Often, you will need to be flexible as your caseload and schedule may change frequently.

Strategies to prepare for an internship in this setting:

- Practice evaluations for an acute care setting – which aspects of an examination would be most important?
- Review all precautions with different lines and management of lines.
- Practice transfers and bed mobility.
- Review lab values – make a “cheat sheet”.
- Prepare to instruct patient and family members in functional activities.
- Be ready for discharge planning – learn about options (Skilled Nursing Facilities, rehab, home health).
- Practice chart reviews.
- Review post-surgical precautions.
- Read chapters in the pathology text regarding cardiopulmonary and respiratory diseases.
- Review medical terminology.

RURAL / GENERAL PRACTICE
Typically, a general practice site will be a small rural hospital with 20–30 inpatient beds. Outpatient service is usually large (may be up to 80% of the PT service); other areas may include acute care, long-term care, home care, industrial and pediatrics. Pediatric clients may be served in the clinic, in schools, in institutions or in their homes. The amount of time students spend in each setting will vary, depending on staffing and size of caseloads.

**OUTPATIENT ORTHOPEDIC**

The orthopedic outpatient clinic may be a free-standing clinic, a clinic within a hospital, or a hospital satellite clinic (affiliated with a hospital but not located within the hospital). Caseloads will primarily be adult general orthopedic cases. A few clinics may be involved with sports medicine or specialize in spine or extremity care. The percentage of sports injuries seen will fluctuate, depending on the season, although some clinics may see a majority of sports related injuries. Some clinics offer specialty services, such as work hardening, hand clinic, women’s health, vestibular or lymphedema treatment.

**Strategies to prepare for an internship in this setting:**

- Demonstrate a strong knowledge of anatomy and biomechanics.
- Practice your examination skills, including special tests.
- Practice palpation skills, especially on the spine.
- Research your specific internship facility – find out the number of patients per day, the most common diagnoses, and the average age of the patients. This information can be found in the Clinical Site Information Form and/or through searching the facility’s web site.
- Review the most common diagnoses, including assessment and treatment.
- Practice the skills needed for assessment and treatment of patients with the most common diagnoses.
- Design a form to use during examination to minimize patient movements.
- Review joint mobilizations and capsular patterns.

**NEUROLOGIC REHABILITATION**

This requirement can be fulfilled in an adult or pediatric inpatient or outpatient rehabilitation facility, skilled nursing facility, or school system. To qualify as a neuro rehabilitation setting, the majority of patients must have neurologic diagnoses and the staff must include other health care providers (PT, OT, SLP, TR, RN, MD, RD, SW, etc.) working in an interdisciplinary team environment.

There are three types of rehabilitation sites: the inpatient rehabilitation unit, the outpatient rehabilitation clinic and sub-acute/skilled nursing facility. Patients will include those with neurologic, orthopedic, cardiac and general medical diagnoses. The proportion and type of neurological diagnoses seen will vary depending on the specific facility. For example, patients with a spinal cord injury are routinely seen in only a few of the rehabilitation sites; primarily at major Level I Trauma hospitals. Patients who have had strokes or hip replacement surgeries are seen more routinely.

**INPATIENT REHABILITATION UNITS:** Inpatient rehab units may be free-standing hospitals, units within hospitals, or a satellite building of a larger medical center. Caseload consists of adult and/or pediatric patients who are transferred from the acute care unit/hospital. Common diagnoses include: stroke, traumatic brain injury, spinal cord injury, Guillain Barre, cardiac diseases, and post surgery (spine, multiple trauma). Patients are seen twice/day for intensive therapies of at least 3 hours per day (PT, OT, SLP). Patients are also seen by the recreation therapy (TR), social work (SW), case management (CM) and other rehab professionals depending on patient need. Working as part of the rehab team and participating in rehab “rounds” or “team meetings” is an important aspect of this learning experience. Length of stay for patients varies, but typically may be anywhere from 1-8 weeks. Discharge is usually to home, perhaps with supportive services. Therapists provide caregiver training and home evaluations.

**Strategies to prepare for an internship in this setting:**

- Review neuromuscular academics.
- Be flexible.
- Work on movement analysis observation skills.
- Be creative with interventions.
- Practice communicating in layman’s terms.
- Review treatment strategies for patients with cognitive impairments.
• Organize your neurological assessment and be ready to perform it.

OUTPATIENT REHABILITATION CLINICS: Outpatient rehab clinics are usually associated with a large hospital facility. The clinic may be in the hospital or located off-site. Caseload consists of adult and/or pediatric patients who are generally seen two to three times per week by the PT. Patients may also be seen by the occupational therapist (OT), speech therapist or other rehab professionals. Patients come for a multidisciplinary approach to rehab. Common diagnoses include stroke, traumatic brain injury, spinal cord injury, multiple sclerosis, Parkinson’s disease, and other neurologic diseases/conditions.

Strategies to prepare for an internship in this setting:
• Review neurologic academics.
• Be flexible.
• Work on movement analysis observation skills.
• Be creative with interventions.
• Practice communicating in layman’s terms.

SUBACUTE /SKILLED NURSING FACILITY: Subacute (or transitional care) units are usually located in skilled nursing facilities (SNF). A proportion of the beds in the facility may provide residential nursing care as well. Approximately 70-80% of the patients seen in PT will be from the subacute unit of the facility. Patients may have a variety of diagnoses, including neurologic, orthopedic, cardiac or general medical. Multiple system medical involvement is common. Most likely, these patients will also be seen by the occupational therapists, speech therapists, social worker or other rehab professionals. Working as part of this rehab team and participating in rehab “rounds” is an important aspect of this learning experience. In subacute units, the majority of the patients return to home in 2-8 weeks; others may be transferred to a type of supported living or skilled nursing facility. Patients seen will be primarily geriatric.

Patients in a Skilled Nursing Facility are usually patients who have been discharged from a hospital but are not yet able to return home because they require physical therapy, occupational therapy and/or speech therapy or have continued nursing needs. Some patients will leave once they meet their rehab goals and others will remain long-term residents. Students will see a wide variety of diagnoses from all systems. There are many opportunities to observe and participate with other disciplines, including occupational therapy, speech, home health, social workers, dieticians, physicians, administrators and nursing. Physical therapy includes therapeutic exercise, gait training, bed mobility, transfer training and balance training. Physical therapy is usually done daily, five times a week or more. Physical therapists do family training, discharge planning, safety evaluations and order equipment.

Strategies to prepare for an internship in this setting:
• Review total hip and total knee post-operative precautions.
• Practice transfers, gait training, bed mobility and balance training techniques.
• Know indications/contraindications for therapeutic exercise.
• Know medical precautions to exercise.
• Think creatively, be flexible and patient.
• Develop interpersonal skills to interact effectively with older patients.
• Review a variety of strategies to help patients accomplish functional tasks. Review orthopedic skills – these are frequently used in this setting.
• Prepare to communicate frequently with occupational therapists, speech language pathologists, respiratory therapists, nurses, nurse’s aides, social workers and physicians.

PEDIATRIC

At pediatric sites, neurologic diagnoses are commonly seen but orthopedic diagnoses may be seen as well. There are basically three types of options available in a pediatric experience.

School system. May include 3 – 12 or birth to 21. This experience will offer the unique perspective of physical therapy delivered in an educational-based model rather than the medical model. It is important students understand this distinction when considering a school-based experience. Physical therapy is a support service available to the children who require extra help/interventions/adaptations to enable them to participate as much as possible in the school with their peers. Physical therapy
could include individual therapy or group based therapy (adaptive physical education). Often physical therapists provide services at more than one location, so students must be willing to be flexible and mobile. Students will likely need their own transportation.

**Strategies to prepare for an internship in this setting:**
- Read about the *Individuals with Disabilities Education Act (IDEA) and Individualized Education Plans (IEPs): information can be found on the web.*
- Be ready to be creative with therapeutic play activities.
- Review autism, attention deficit behavior modification strategies and motivational strategies for working with children.

**Hospital.** Will most likely include outpatient as well as inpatient services. The proportion of outpatient to inpatient will vary depending on the facility. Will be similar to the description of Acute Care. A pediatric inpatient hospital would most often fulfill the acute care requirement.

**Outpatient Clinic.** May be based primarily in an outpatient clinic but services may also include home care, school system contracts and/or residential facility coverage. Students must be willing to be flexible and mobile, and will likely need their own transportation. Students must also be able to meet the physical requirements of working in an outpatient pediatric setting, including sitting, kneeling, lying on the floor and lifting/carrying children comfortably and safely. Common diagnoses include neuro/developmental delays, cerebral palsy and Down Syndrome. Evaluations used include the Bailey, Bruininks Osteretsky Test of Motor Proficiency, the Peabody and others.

**Strategies to prepare for an internship in this setting:**
- Work on family education.
- Be prepared to deal with behavior issues throughout treatment sessions.
- Develop effective communication skills with children and with parents.
- Review assessment tools and standardized tests used in pediatric settings.
- Prepare to work in a collaborative model with occupational therapists and speech language pathologists.
- Be prepared to research new diagnoses.
- Know the developmental sequence (i.e., when babies roll, sit, stand, etc.).
- Spend some time around children who have typical development.
- Evaluate a child who is developing typically using a measure, such as the Peabody.
- Learn basic sign language (yes, no, please, thank you, etc.).

**GERIATRIC**

A geriatric setting may actually be any of the settings described above (with the exception of pediatrics) where the patients/clients seen are older or elder adults. Subacute/Skilled Nursing Facilities are typically seen as specialty geriatric care settings. To fulfill the Geriatric internship requirement, a student must account for significant geriatric experiences within their internships (a student is not required to complete an internship in a subacute or skilled nursing facility).

**OTHER**

Other clinical internship or experience opportunities may include:
- home care,
- women’s health,
- industrial physical therapy
- wound care,
- administration,
- cardiac rehabilitation,
- wellness/prevention,
- aquatics
- chronic pain.
Other types of experiences are also possible.
# Full Time Internship Performance Expectations Quick Reference

<table>
<thead>
<tr>
<th>Intern Year</th>
<th>APTA PT CPI Web Midterm</th>
<th>APTA PT CPI Web Final</th>
<th>Course Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year One</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internship I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PH TH 7810</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 wks Summer</td>
<td>All Criteria:</td>
<td>All Criteria:</td>
<td></td>
</tr>
<tr>
<td>400 clinical hours</td>
<td>Ranging from Beginning to Intermediate performance (Interval 1)</td>
<td>Ranging from Beginning to Intermediate performance (Interval 1-2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Red Flag Items #1-4 &amp; 7</td>
<td>Red Flag Items #1-4 &amp; 7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO cause for Concern Noted</td>
<td>NO cause for Concern Noted</td>
<td></td>
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<tr>
<td></td>
<td>☐ Contact DCE with ANY concerns!</td>
<td>☐ Contact DCE with ANY concerns!</td>
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<tr>
<td><strong>Year Two</strong></td>
<td></td>
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<tr>
<td>Internship II</td>
<td>All Criteria:</td>
<td>All Criteria:</td>
<td></td>
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<tr>
<td>PH TH 7840</td>
<td>Ranging from Advanced Beginning to Intermediate performance (Interval 2-3)</td>
<td>Ranging from Advanced Beginning to Advanced Intermediate performance and beyond (Intervals 2-4)</td>
<td></td>
</tr>
<tr>
<td>10 wks Summer</td>
<td>Red Flag Items #1-4 &amp; 7</td>
<td>Red Flag Items #1-4 &amp; 7</td>
<td></td>
</tr>
<tr>
<td>400 clinical hrs</td>
<td>NO cause for Concern Noted</td>
<td>NO cause for Concern Noted</td>
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<td></td>
<td>☐ Contact DCE with ANY concerns!</td>
<td>☐ Contact DCE with ANY concerns!</td>
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<tr>
<td><strong>Year Three</strong></td>
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<tr>
<td>Internship III</td>
<td>All Criteria:</td>
<td>All Criteria:</td>
<td></td>
</tr>
<tr>
<td>PH TH 7860</td>
<td>Ranging from Advanced Intermediate to Entry Level performance (Intervals 3-5)</td>
<td>Advanced Intermediate to Entry Level (Interval 4-5).</td>
<td></td>
</tr>
<tr>
<td>8 wks Spring (Jan-Feb)</td>
<td>☐ Contact DCE with ANY concerns!</td>
<td>☐ Contact DCE with ANY concerns!</td>
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<tr>
<td>320 clinical hrs</td>
<td></td>
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<tr>
<td><strong>Year Three</strong></td>
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<tr>
<td>Internship IV</td>
<td>All Criteria:</td>
<td>All Criteria:</td>
<td></td>
</tr>
<tr>
<td>PH TH 7880</td>
<td>Ranging from Advanced Intermediate to Entry Level performance (Intervals 4-5)</td>
<td>Entry Level or Beyond (Interval 5).</td>
<td></td>
</tr>
<tr>
<td>8 wks Spring (Mar-Apr)</td>
<td>☐ Contact DCE with ANY concerns!</td>
<td>☐ Contact DCE with ANY concerns!</td>
<td></td>
</tr>
<tr>
<td>320 clinical hrs</td>
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</tbody>
</table>
STUDENT RESPONSIBILITIES
CLINICAL EXPERIENCES & INTERNSHIPS

Clinical education courses are held throughout the academic program to assist students in integrating didactic content into the real-life world of patient care and in becoming entry-level practicing physical therapists.

PART-TIME CLINICAL EXPERIENCES:
These experiences serve to expose students to different aspects and areas of physical therapy and allow students hands-on practice of skills learned during the semester.

PHTH 6800, Clinical Experience I
All students in the program are required to complete Clinical Internship I during the Fall Semester of Year 1. The first year DPT student spends one afternoon a week (4 hours) for 10 weeks throughout the semester in a clinical environment under the direct supervision of a licensed physical therapist. This experience is designed to help students become socialized to the clinical environment, and to practice and integrate knowledge, practical skills, and professional behaviors.

Pre-Requisites: successful completion of summer DPT curriculum and good academic standing in the Department.

Course Requirements:
- Be active participants and self-initiated learners regarding all learning opportunities; attempt to integrate academic knowledge into clinical scenarios; and to practice interpersonal, communication, and professionalism skills with whomever he/she interacts.
- Successful completion of required time within the clinic.
- Successful completion of the Professional Behaviors Assessment by the student and the supervising CI with ratings of at least “beginning” level and progressing readily toward “developing” level.
- Successful completion of all assignments required by the clinical faculty
- Successful completion of all course assignments, including all web-based course assignments and evidence based project (e.g., in-service or other EBP, clinical experience journal).

PHTH 6820 (Clinical Experience II), 6830 (Clinical Experience III), 6850 (Clinical Experience IV, & 7960 (Independent Study), 7970 (Independent Study)
In these optional clinical experiences, the first, second, or third year DPT student spends a minimum of 4 hours for a maximum of 11-12 weeks, or equivalent variations (45 clinical hours) throughout any semester, under the direct supervision of a licensed physical therapist in a specialized clinical experience. This experience is designed to expose students to various specialized practice settings and to allow students to practice skills learned during the semester.

Pre-Requisites: successful completion of all previous coursework within the curriculum and good academic standing in the Department.

Course Requirements:
- Be active participants and self-initiated learners regarding all learning opportunities; attempt to integrate academic knowledge into clinical scenarios; and to practice interpersonal, communication, and professionalism skills with whomever he/she interacts.
- Successful completion of required time within the clinic, verified by clinical instructor.
- Successful completion of a final reflective journal assignment.

Student Responsibilities - Clinical Experiences
Following assignment of selection of a clinical experience site, students will:

PRIOR TO the experience:
1. Become more familiar with the site by reviewing the Clinical Site Information Form (CSIF) posted on the PT Clinical Education Information Course site and any other resources about the facility (web page, previous student evaluations, consultation with DCE, comments from peers).
2. Contact the Center Coordinator of Clinical Education (CCCE) or Clinical Instructor (CI) at the site (via telephone or email) to establish a mutually acceptable weekly schedule for your experience. Students should make this initial contact by the end of the first week of the semester. Begin building a positive relationship with your CI – this begins with your very first contact!

<table>
<thead>
<tr>
<th>DURING the experience:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Start each experience by building a positive and professional relationship with your CI and the staff at the facility. Once you arrive at the facility, remember that you are a guest in the facility and are expected to follow the spoken and unspoken rules, as well as treat everyone with respect.</td>
</tr>
<tr>
<td>4. Dress according to the facility dress code.</td>
</tr>
<tr>
<td>5. During the first two sessions of the experience, students should discuss the goals, objectives and expectations of the experience with their CI, and review with the CI what they are learning during the semester.</td>
</tr>
<tr>
<td>6. Be active participants and self-initiated learners regarding all learning opportunities; attempt to integrate academic knowledge into clinical scenarios; and to practice interpersonal, communication, and professionalism skills with whomever he/she interacts.</td>
</tr>
<tr>
<td>7. Follow HIPAA (Health Insurance Portability and Accountability Act) guidelines at all times. If you are in a situation that seems challenging to HIPAA rules, talk candidly with your CI about the situation and work together on options that will provide appropriate levels of confidentiality.</td>
</tr>
<tr>
<td>8. Be ON TIME EVERY SESSION and DO NOT LEAVE EARLY. Tardiness will not be tolerated!!</td>
</tr>
<tr>
<td>9. If a student is ill, or for any other reason, is unable to make a scheduled clinic session, the student MUST notify the facility prior to the start of the workday or as soon as the student knows of the pending absence, and will speak directly to the CI or CCCE regarding the absence.</td>
</tr>
<tr>
<td>10. Any time missed due to illness or emergency must be reported to the Clinical Instructor and DCE. Time off for appointments for medical and dental care – either for the student or the student’s dependents, should be discussed with the CI prior to making the appointment. It is expected the student will attempt to schedule appointments so time away from the clinical setting is least disruptive to the functioning of the facility. Students may be required to make up any missed time.</td>
</tr>
<tr>
<td>11. Look for ways to contribute by helping the staff, seeking out learning opportunities, demonstrating initiative and being friendly. Scan the environment – help clean up, share space and equipment and pick up obstacles. Be a team player.</td>
</tr>
<tr>
<td>12. Take a notebook and write down questions to ask your CI later, topics to research, medical terms to learn, self-assessment comments, or to discussions with your CI.</td>
</tr>
<tr>
<td>13. Complete all required assignments for the course and assigned by the clinical instructor.</td>
</tr>
<tr>
<td>14. Contact the DCE immediately if you have concerns. Don’t wait – ask for help and work together on strategies or solutions to your question or concerns.</td>
</tr>
<tr>
<td>15. Enjoy every moment.</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>AFTER the experience:</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Send a thoughtful hand-written thank you note to the CI and CCCE expressing your gratitude for their time and energy in contributing to your development as a professional and physical therapist.</td>
</tr>
</tbody>
</table>

**FULL-TIME CLINICAL INTERNSHIPS:**
The full-time internships assist the student to integrate all learned knowledge, skills and behaviors acquired to date into clinical practice. Responsibilities and expectations progress during each internship with entry level competency expected at the end of the Program.

**PHTH 7810, Clinical Internship I**
One, full-time clinical internship, ten (10) weeks (400 clinical hours) in length completed during the summer at the end of the first year in the program. Students practice patient management skills in the clinical environment under the direct supervision of an experienced physical therapist. Students perform patient examination/measurement techniques, evaluate and interpret examination results, determine a physical therapy diagnosis and prognosis, design and implement a thorough plan of care, and evaluate patient outcomes. The student will also practice and progressively develop a variety of professional skills critical for appropriate professional development.

**Pre-Requisites:** Successful completion of all didactic coursework-to-date (Year 1) in the Department, including: Clinical Experience I - PHTH 6800; and good academic standing in the Department.  

**Course Requirements:**
- Be active participants and self-initiated learners regarding all learning opportunities; attempt to integrate academic knowledge into clinical scenarios; and to practice interpersonal, communication, and professionalism skills with whomever he/she interacts.
Successful student performance on all skills in the PT Clinical Performance Instrument (CPI); anticipated to be between beginner and advanced beginner rating.

Successful completion of all assignments required by the clinical instructor

Successful completion of all course assignments, including all web-based course assignments (e.g., reflective journals, peer review of case report, case report, in-service or evidence based project).

**PHTH 7840, Clinical Internship II**

One, full-time clinical internship, ten (10) weeks (400 clinical hours) in length completed during the summer at the end of the Year 2 in the program. Students practice patient management skills in the clinical environment under the direct supervision of an experienced physical therapist. Students perform patient examination/measurement techniques, evaluate and interpret examination results, determine a physical therapy diagnosis and prognosis, design and implement a thorough plan of care, and evaluate patient outcomes. The student will also practice and progressively develop a variety of professional skills critical for appropriate professional development.

**Pre-Requisites:** Successful completion of all didactic coursework-to-date (Year 1 & 2) in the Department, including: Clinical Experience I - PHTH 6800 and Clinical Internship I – PHTH 7810; and good academic standing in the Department.

**Course Requirements:**

- Be active participants and self-initiated learners regarding all learning opportunities; attempt to integrate academic knowledge into clinical scenarios; and to practice interpersonal, communication, and professionalism skills with whomever he/she interacts.
- Successful student performance on all skills in the PT Clinical Performance Instrument (CPI); anticipated to range between advanced beginner and advanced intermediate rating.
- Successful completion of all assignments required by the clinical instructor
- Successful completion of all course assignments, including all web-based course assignments (e.g., reflective journals, evidence-based reports, in-service or evidence based project).

**PHTH 7860 & 7880, Clinical Internship III & IV**

Two, full-time clinical internships, each eight (8) weeks (320 clinical hours) in length completed at the end of all didactic coursework in the Program. Depending on the academic calendar, either of these internships may be extended to 9-10 weeks in length for internship sites that only accept students for longer clinical internships. Students practice evaluation through assessment and measurement techniques and interpretation of those results, and plan and carry out appropriate and thorough treatment programs in the clinical environment under the direct supervision of an experienced physical therapist. The student will also practice and progressively develop a variety of professional skills critical for appropriate professional development.

**Pre-Requisites:** Successful completion of all didactic coursework (Year 1-3) in the Department, including: Clinical Experience I - PHTH 6800, Clinical Internship I – PHTH 7810, and Clinical Internship II – PHTH 7840; and good academic standing in the Department.

**Course Requirements:**

- Be active participants and self-initiated learners regarding all learning opportunities; attempt to integrate academic knowledge into clinical scenarios; and to practice interpersonal, communication, and professionalism skills with whomever he/she interacts.
- Successful student performance on all skills in the PT Clinical Performance Instrument (CPI); anticipated to range between advanced intermediate and entry level rating for Internship III and between entry level and beyond entry level for internship IV.
- Successful completion of all assignments required by the clinical instructor
- Successful completion of all course assignments, including all web-based course assignments (e.g., reflective journals, evidence-based reports, in-service or evidence based project).

**Student Responsibilities – Clinical Internships**

Following confirmation of a clinical internship position, students will:

**PRIOR TO the experience:**

1. Become more familiar with the site by reviewing the Clinical Site Information Form (CSIF) posted on the **PT Clinical Education Information** Course site and any other resources about the facility (web page, previous student evaluations, consultation with DCE, comments from peers).
2. Contact the Center Coordinator of Clinical Education (CCCE) (via telephone or email) **no later than two (2) months prior to the start date.** Begin building a positive relationship with the site – this begins with your very first contact!

3. Follow up the first contact with:
   - Cover letter introducing yourself and your anticipation of a great learning experience.
   - Completed Student Profile (see elsewhere in Clinical Education Manual)
   - Include any documentation or proof of completion of any requirements needed by the site (e.g., immunizations, drug screen, HIPAA training, etc.)

   **All documentation MUST be received by the site no later than one (1) month prior to your start date!**

4. Review the Clinical Education Manual. Bookmark the student resources on the clinical education website for reference while on your internship.

5. Review the practice act in the state(s) where you are completing an internship.

6. Review the Clinical Performance Instrument and be prepared to complete your self-assessment efficiently and appropriately.

7. Review appropriate course material prior to the internship with a focus on clinically relevant topics and skills. Practice skills and problem solving with your peers prior to the internships.

8. Analyze your own learning style but be willing and open to using other styles. Your CI may have a different style and will work with you to find the most effective teaching and learning methodology.

9. Practice your self-assessment skills and be prepared to use them on a consistent basis. Analyze your own performance prior to asking for feedback from your CI. When you request feedback, ask for specific comments on performance rather than asking, “How did I do?”

**DURING** the experience:

10. Start each experience by building a positive and professional relationship with your CI and the staff at the facility. Once you arrive at the facility, remember that you are a guest in the facility and are expected to follow the spoken and unspoken rules, as well as treat everyone with respect.

11. Dress according to the facility dress code.

12. Meet with your CI towards the end of the first week to discuss the goals, objectives and expectations of the internship.

13. Be active participants and self-initiated learners regarding all learning opportunities; attempt to integrate academic knowledge into clinical scenarios; and to practice interpersonal, communication, and professionalism skills with whomever he/she interacts.

14. Follow HIPAA (Health Insurance Portability and Accountability Act) guidelines at all times. If you are in a situation that seems challenging to HIPAA rules, talk candidly with your CI about the situation and work together on options that will provide appropriate levels of confidentiality.

15. Value what you know and what you do not know. Demonstrate humility by being able to say “I don’t know” and use your own resources to locate the answer. Remember, CIs do not expect students to know everything nor do they expect students to function independently. They do expect students to demonstrate initiative by practicing skills on their own time, preparing for new experiences, reviewing theory and academic knowledge and asking questions appropriately.

16. Take responsibility for your education by setting realistic goals, seeking additional learning opportunities, practicing skills, being familiar with the Clinical Performance Instrument and internship expectations per the syllabi, writing down questions for discussion at an appropriate time and providing feedback to your CI.

17. Be efficient with clinic time. You may need to be resourceful in facilitating formal meeting times with your CI, ideally at least weekly. To minimize meeting time, come prepared for all meetings with written goals, questions and comments (complete a weekly feedback form). Wear a watch and be aware of time for effective management of your day and your patient’s time.

18. Self assess through active reflection. Critical components of the clinical education process are evaluation of the student by the CI and self-assessment using the Clinical Performance Instrument and other forms of verbal and written feedback. Seek out the feedback and apply it in the clinical environment without defensiveness – eagerly seek to improve.

19. Don’t expect your CI to know everything or to have all of the answers. Learning is a life-long process and each patient provides unique challenges and life experiences.

20. Be ON TIME EVERY DAY and DO NOT LEAVE EARLY unless previously planned and approved. Tardiness will not be tolerated!!

21. If a student is ill, or for any other reason, the student MUST notify the facility prior to the start of the workday as soon as the student knows of the pending absence, and will speak directly to the CI or CCCE regarding the absence.

22. Any time missed due to illness or emergency must be reported to the Clinical Instructor and DCE. Time off for appointments for medical and dental care – either for the student or the student’s dependents, should be discussed with the CI prior to making the appointment. It is expected the student will attempt to schedule appointments so time away from the clinical setting is least disruptive to the functioning of the facility. Students may be required to make up any missed time. Refer to the POLICIES portion of the Clinical Education Manual for policies regarding student absences from the clinic.
23. Look for ways to contribute by helping the staff, seeking out learning opportunities, demonstrating initiative and being friendly. Scan the environment – help clean up, share space and equipment and pick up obstacles. Be a team player.

24. Take a notebook and write down questions to ask your CI later, topics to research, medical terms to learn, self – assessment comments to add to your CPI, or to discussions with your CI.

25. Demonstrate awareness of your responsibility to the patient and the family. Remember, you joined the physical therapy profession to work with patients and provide evidence based practice.

26. Recognize the value of working with patients across the continuum of care. The opportunity to see patients in different settings is critical to your development as a generalist physical therapist.

27. Seek all learning aspects from each setting regardless of your specific practice interests or plans for practice setting after graduation. As a student, you have the unique opportunity to learn from numerous experienced clinicians in a variety of settings. The knowledge, skills and behaviors you learn in each setting are applicable to the next setting and to your employment after graduation. Reflect on each learning opportunity and consider how to use what you have learned in another situation.

28. Complete all required assignments for the course, submitting assignment on Canvas by the due dates.

29. Complete all assignments given by your clinical instructor in a timely manner!

30. Contact the DCE immediately if you have concerns. Don’t wait – ask for help and work together on strategies or solutions to your question or concerns.

31. Enjoy every moment!

AFTER the experience:

32. Send a thoughtful hand-written thank you note to the CI and CCCE expressing your gratitude for their time and energy in contributing to your development as a professional and physical therapist.
STUDENT PROJECT / INSERVICE

Students are required to complete either a formal evidence-based inservice and/or project of interest during each full-time clinical internship. The inservice/project should be relevant to the staff at the facility and a learning opportunity for the student. Students should expect to spend 10 – 20 hours on the project and should be presented to the clinical faculty/staff at the site. If possible, the student is encouraged do a collaborative project with another student from any discipline.

A. **Inservice option**: complete an evidenced-based educational presentation based on a clinical question from the internship, AND/OR

B. **Project option**: complete an evidenced-based project for the site. This should be a site identified need and will result in a usable product

**Topic and Format**: The topic should be a mutual decision between the student and the clinical instructor(s). It MUST be evidence-based. We highly suggest the topic and format be determined within the first 3 weeks of the internship with an outline and timeline ready to share with the CI(s) by midterm.

Examples from past projects/inservices include:
- Teach staff how to find literature online including setting up RSS feeds on clinical questions
- Synthesize literature on latest surgical updates, modalities or special tests
- Participate in a research project or a portion of a research project
- Create a patient oriented bulletin board
- Create a poster for educational purposes
- Create a patient education video, booklet, brochure
- Research information on health issues related to different cultures within the community
- Develop an information packet regarding community services for individuals with specific diagnoses/conditions or patient populations
- Develop or modify educational information for different cultural groups or patient populations
- Update existing presentations or computerize a presentation
- Create standardized forms for evaluations, progress notes, discharge
- Design new exercise programs or re-design old programs
- Create/modify/update the student information packet for the site
- Design an interdisciplinary student journal club or grand rounds
- Participate in a marketing project
- Participate in an administrative project or a portion of a project
- Find information and costs for a new piece of equipment
- Develop a brochure on accessible public transportation for patients/clients
- Create a caregiver packet
- Participate in, or develop, a screening program (community screening, injury screening for nurses and aides, fall prevention, etc.)
- Develop a system for loaning used equipment (standing frames, outgrown pediatric equipment)
- Design templates for medical equipment letters of medical necessity (with literature justifications)
- Collection of best standardized outcome measures to be used with individuals with a specific diagnosis/condition

Text to be submitted to the DCE: A written narrative (paragraph) on the project/inservice submitted on Canvas course site.
APPENDIX A
Student Code of Professional Responsibility
University of Utah Department of Physical Therapy

While engaged in any Department of Physical Therapy DPT Program activity, you shall:

1. Demonstrate ethical practice behaviors that are in compliance with the standards of the University of Utah Department of Physical Therapy and the American Physical Therapy Association Code of Ethics which states:

<table>
<thead>
<tr>
<th>PRINCIPLE 1</th>
<th>Physical therapists shall respect the inherent dignity and rights of all individuals.</th>
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<tbody>
<tr>
<td>PRINCIPLE 2</td>
<td>Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.</td>
</tr>
<tr>
<td>PRINCIPLE 3</td>
<td>Physical therapists shall be accountable for making sound professional judgments.</td>
</tr>
<tr>
<td>PRINCIPLE 4</td>
<td>Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers and the public.</td>
</tr>
<tr>
<td>PRINCIPLE 5</td>
<td>Physical therapists shall fulfill their legal and professional obligations.</td>
</tr>
<tr>
<td>PRINCIPLE 6</td>
<td>Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.</td>
</tr>
<tr>
<td>PRINCIPLE 7</td>
<td>Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.</td>
</tr>
<tr>
<td>PRINCIPLE 8</td>
<td>Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.</td>
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</table>

2. Abide by the departmental regulations and those of the clinical education facility where you are affiliating.
3. Arrive on time, keep appointments, and leave at a time for all Department activities and during clinical experiences and internships as agreed on with your clinical instructor.
4. Not request or take unnecessary time off from your responsibilities within the DPT Program. See Clinical Education Policies for specific attendance requirements.
5. While on Clinical Education assignments, assertively continue your education by utilizing references in the library of the facility as well as being prepared for your internship by being able to access your own educational references and electronic resources through remote server.
6. Use your free time constructively as mutually agreed upon with your clinical instructor.
7. Demonstrate initiative in patient care, departmental functions, as well as your own learning experience.
8. Accept and contribute constructive suggestions/communications in a professional manner.
9. Respect confidential material and information.
10. Acknowledge the graciousness and generosity of your faculty, department staff, and the clinical instructors and facility staff who host your internship educational experiences. DO NOT ABUSE THIS PRIVILEGE BY ASSUMING THEY ARE THERE TO CATER TO YOUR NEEDS!!
11. Represent the University of Utah Department of Physical Therapy in a mature, responsible, and professional manner. You will be expected to demonstrate appropriate compliance with the Professional Abilities Behavioral Objectives in all instances as a representative of this program.
12. Understand that pertinent information regarding your specific learning needs, whether physical, behavioral or performance related, may be shared with clinical instructors in upcoming internships in order to help guide or facilitate planning the internship and addressing your individual needs.

I have read and understand the above information and agree to fully comply with the above responsibilities:

Sign:__________________________________  Date:_________________
APPENDIX B
Professional Behaviors*

Professional Behaviors are attributes, characteristics or behaviors that are not explicitly part of the profession’s core of knowledge and technical skills but are nevertheless required for success in the profession. Ten Professional Behaviors were identified through a study conducted at the Physical Therapy Program at UW-Madison. The ten abilities and definitions developed are:

<table>
<thead>
<tr>
<th>Generic Ability</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Critical Thinking</td>
<td>The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.</td>
</tr>
<tr>
<td>2. Communication</td>
<td>The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.</td>
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<tr>
<td>3. Problem Solving</td>
<td>The ability to recognize and define problems, analyzes data, develop and implement solutions, and evaluate outcomes.</td>
</tr>
<tr>
<td>4. Interpersonal Skills</td>
<td>The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.</td>
</tr>
<tr>
<td>5. Responsibility</td>
<td>The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.</td>
</tr>
<tr>
<td>6. Professionalism</td>
<td>The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.</td>
</tr>
<tr>
<td>7. Use of Constructive Feedback</td>
<td>The ability to seek out and identify quality sources of feedback, reflects on and integrates the feedback, and provides meaningful feedback to others.</td>
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<tr>
<td>8. Effective Use of Time and Resources</td>
<td>The ability to manage time and resources effectively to obtain the maximum possible benefit.</td>
</tr>
<tr>
<td>9. Stress Management</td>
<td>The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.</td>
</tr>
<tr>
<td>10. Commitment to Learning</td>
<td>The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.</td>
</tr>
</tbody>
</table>

*Originally developed by the Physical Therapy Program, University of Wisconsin-Madison
<table>
<thead>
<tr>
<th>PROFESSIONAL BEHAVIORS</th>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
<th>Post-Entry Level:</th>
</tr>
</thead>
</table>
| **Critical Thinking** - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process. | - Raise relevant questions  
- Considers all available information  
- Articulates ideas  
- Understands the scientific method  
- States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)  
- Recognizes holes in knowledge base  
- Demonstrates acceptance of limited knowledge and experience | - Feels challenged to examine ideas  
- Critically analyzes the literature and applies it to patient management  
- Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas  
- Seeks alternative ideas  
- Formulates alternative hypotheses  
- Critiques hypotheses and ideas at a level consistent with knowledge base  
- Acknowledge presence of contradictions | - Distinguishes relevant from irrelevant patient data  
- Readily formulates and critiques alternative hypotheses and ideas  
- Infers applicability of information across populations  
- Exhibit openness to contradictory ideas  
- Identifies appropriate measures and determines effectiveness and applied solutions efficiently  
- Justifies solutions selected | - Develops new knowledge through research, professional writing and/or professional presentations  
- Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process  
- Weighs information value based on source and level of evidence  
- Identifies complex patterns of associations  
- Distinguishes when to think intuitively vs. analytically  
- Recognizes own biases and suspends judgmental thinking  
- Challenges others to think critically |
| **Communication** - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes. | - Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting  
- Recognizes impact of non-verbal communication in self and others  
- Recognizes the verbal and non-verbal characteristics that portray confidence  
- Utilizes electronic communication appropriately | - Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences  
- Restates, reflects and clarifies message(s)  
- Communicate collaboratively with both individuals and groups  
- Collects necessary information from all pertinent individuals in the patient/client management process  
- Provides effective education (verbal, non-verbal, written and electronic) | - Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups  
- Presents persuasive and explanatory verbal, written or electronic messages with logical organizations and sequencing  
- Maintains open and constructive communication  
- Utilizes communication technology effectively and efficiently | - Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning  
- Effectively delivers messages capable of influencing patients, the community and society  
- Provides education locally, regionally and/or nationally  
- Mediates conflict |
| **Problem Solving** - The ability to recognize and define problems, analyzes data, develop and implement solutions, and evaluate outcomes. | - Recognizes problems  
- States problems clearly  
- Describes known solutions to problems  
- Identifies resources needed to develop solutions  
- Uses technology to search for | - Prioritizes problems  
- Identifies contributors to problems  
- Consults with others to clarify problems  
- Appropriately seeks input or guidance  
- Independently locates, prioritizes and uses resources to solve problems  
- Accepts responsibility for implementing solutions  
- Implements solutions  
- Reassesses solutions | | - Weighs advantages and disadvantages of a solution to a problem  
- Participates in outcome studies  
- Participates in formal quality assessment in work environment  
- Seeks solutions to community health-related problems |
<table>
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<th>and locate resources</th>
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<th>and locate resources</th>
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<tbody>
<tr>
<td>- Identifies possible solutions and probable outcomes</td>
<td>- Prioritizes recourse (analysis and critique of recourse)</td>
<td>- Evaluates outcomes</td>
<td>- Considers second the third order effects of solutions chosen</td>
</tr>
<tr>
<td>- Recognizes the non-verbal communication and emotions that others bring to professional interactions</td>
<td>- Establishes trust</td>
<td>- Demonstrates active listening skills and reflects back to original concern to determine course of action</td>
<td>- Establishes mentor relationships</td>
</tr>
<tr>
<td>- Seeks to gain input from others</td>
<td>- Respects role of others</td>
<td>- Responds effectively to unexpected situations</td>
<td>- Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction</td>
</tr>
<tr>
<td>- Accommodates differences in learning styles as appropriate</td>
<td>- Demonstrates active listening skills and reflects back to original concern to determine course of action</td>
<td>- Demonstrates ability to build partnerships</td>
<td>- Establishes mentor relationships</td>
</tr>
<tr>
<td>- Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to</td>
<td>- Recognizes role as a leader</td>
<td>- Recognizes role as a leader</td>
<td>- Encourages and displays leadership</td>
</tr>
<tr>
<td>- Acts on moral commitment</td>
<td>- Recognizes role as a leader</td>
<td>- Encourages and displays leadership</td>
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</table>

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

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

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

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

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

- Abides by all aspects of the academic program honor code and the APTA Code of Ethics
- Demonstrates awareness of | - Identifies positive professional role models within the academic and clinical settings | - Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to |
| - Demonstrates awareness of | - Identifies positive professional role models within the academic and clinical settings | - Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to |
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| - Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to | - Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to |
of the Physical Therapy profession.

state licensure regulations
- Projects professional image
- Attends professional meetings
- Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers

during all academic and clinical activities
- Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making
- Discusses societal expectations of the profession

other healthcare professionals as necessary
- Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity
- Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development

- Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices
- Discusses role of physical therapy within the healthcare system and in population health
- Demonstrates leadership in collaboration with both individuals and groups

- Participates in program development
- Participates in education of the community
- Demonstrates the ability to practice effectively in multiple settings
- Acts as a clinical instructor
- Advocates for the patient, the community and society

<table>
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<th>Use of Constructive Feedback – The ability to seek out and identify quality sources of feedback, reflects on and integrates the feedback, and provides meaningful feedback to others.</th>
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</thead>
<tbody>
<tr>
<td>- Demonstrates active listening skills</td>
</tr>
<tr>
<td>- Assesses own performance</td>
</tr>
<tr>
<td>- Actively seeks feedback from appropriate sources</td>
</tr>
<tr>
<td>- Demonstrates receptive behavior and positive attitude toward feedback</td>
</tr>
<tr>
<td>- Incorporates specific feedback into behaviors</td>
</tr>
<tr>
<td>- Maintains two-way communication without defensiveness</td>
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<tr>
<td>- Critiques own performance accurately</td>
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<tr>
<td>- Responds effectively to constructive feedback</td>
</tr>
<tr>
<td>- Utilizes feedback when establishing professional and patient related goals</td>
</tr>
<tr>
<td>- Develops and implements a plan of action in response to feedback</td>
</tr>
<tr>
<td>- Provides constructive and timely feedback</td>
</tr>
<tr>
<td>- Independently engages in a continual process of self evaluation of skills, knowledge and abilities</td>
</tr>
<tr>
<td>- Seeks feedback from patients/clients and peers/mentors</td>
</tr>
<tr>
<td>- Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities</td>
</tr>
<tr>
<td>- Uses multiple approaches when responding to feedback</td>
</tr>
<tr>
<td>- Reconciles differences with</td>
</tr>
<tr>
<td>- Engages in non-judgmental, constructive problem-solving discussions</td>
</tr>
<tr>
<td>- Acts as conduit for feedback between multiple sources</td>
</tr>
<tr>
<td>- Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients</td>
</tr>
<tr>
<td>- Utilizes feedback when analyzing and updating professional goals</td>
</tr>
<tr>
<td>Effective Use of Time and Resources – The ability to manage time and resources effectively to obtain the maximum possible benefit.</td>
</tr>
<tr>
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<tr>
<td>- Comes prepared for the day’s activities/responsibilities</td>
</tr>
<tr>
<td>- Identifies resource limitations (i.e., information, time, experience)</td>
</tr>
<tr>
<td>- Determines when and how much help/assistance is needed</td>
</tr>
<tr>
<td>- Accesses current evidence in a timely manner</td>
</tr>
<tr>
<td>- Verbalizes productivity standards and identifies barriers to meeting productivity standards</td>
</tr>
<tr>
<td>- Self-identifies and initiates learning opportunities during unscheduled time</td>
</tr>
<tr>
<td>- Utilizes effective methods of searching for evidence for practice decisions</td>
</tr>
<tr>
<td>- Recognizes own resource contributions</td>
</tr>
<tr>
<td>- Shares knowledge and collaborates with staff to utilize best current evidence</td>
</tr>
<tr>
<td>- Discusses and implements strategies for meeting productivity standards</td>
</tr>
<tr>
<td>- Identifies need for and seeks referrals to other disciplines</td>
</tr>
<tr>
<td>- Uses current best evidence</td>
</tr>
<tr>
<td>- Collaborates with members of the team to maximize the impact of treatment available</td>
</tr>
<tr>
<td>- Has the ability to set boundaries, negotiate, compromise, and set realistic expectations</td>
</tr>
<tr>
<td>- Gathers data and effectively interprets and assimilates the data to determine plan of care</td>
</tr>
<tr>
<td>- Utilizes community resources in discharge planning</td>
</tr>
<tr>
<td>- Adjusts plans, schedule etc. as patient needs and circumstances dictate</td>
</tr>
<tr>
<td>- Meets productivity standards of facility while providing quality care and completing non-productive work activities</td>
</tr>
<tr>
<td>- Advances profession by contributing to the body of knowledge (outcomes, case studies, etc.)</td>
</tr>
<tr>
<td>- Applies best evidence considering available resources and constraints</td>
</tr>
<tr>
<td>- Organizes and prioritizes effectively</td>
</tr>
<tr>
<td>- Prioritizes multiple demands and situations that arise on a given day</td>
</tr>
<tr>
<td>- Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care</td>
</tr>
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<tr>
<th>Stress Management – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.</th>
</tr>
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<tbody>
<tr>
<td>- Recognizes own stressors</td>
</tr>
<tr>
<td>- Recognizes distress or problems in others</td>
</tr>
<tr>
<td>- Seeks assistance as needed</td>
</tr>
<tr>
<td>- Maintains professional demeanor in all situations</td>
</tr>
<tr>
<td>- Actively employs stress management techniques</td>
</tr>
<tr>
<td>- Reconciles inconsistencies in the educational process</td>
</tr>
<tr>
<td>- Maintains balance between professional and personal life</td>
</tr>
<tr>
<td>- Accepts constructive feedback and clarifies expectations</td>
</tr>
<tr>
<td>- Establishes outlets to cope with stressors</td>
</tr>
<tr>
<td>- Demonstrates appropriate affective responses in all situations</td>
</tr>
<tr>
<td>- Responds calmly to urgent situations with reflection and debriefing as needed</td>
</tr>
<tr>
<td>- Prioritizes multiple commitments</td>
</tr>
<tr>
<td>- Reconciles inconsistencies within professional, personal and work/life environments</td>
</tr>
<tr>
<td>- Demonstrates ability to defuse potential stressors with self and others</td>
</tr>
<tr>
<td>- Recognizes when problems are unsolvable</td>
</tr>
<tr>
<td>- Assists others in recognizing and managing stressors</td>
</tr>
<tr>
<td>- Demonstrates preventative approach to stress management</td>
</tr>
<tr>
<td>- Establishes support networks for self and others</td>
</tr>
<tr>
<td>- Offers solutions to the reduction of stress</td>
</tr>
<tr>
<td>- Models work/life balance through health/wellness behaviors in professional and personal life</td>
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<tr>
<th>Commitment to Learning – The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.</th>
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<tbody>
<tr>
<td>- Prioritizes information needs</td>
</tr>
<tr>
<td>- Analyzes and subdivides large questions into components</td>
</tr>
<tr>
<td>- Identifies own learning needs based on previous experiences</td>
</tr>
<tr>
<td>- Researches and studies areas where own knowledge base is lacking in order to augment learning and practice</td>
</tr>
<tr>
<td>- Applies new information and re-interprets and assimilates the best current evidence</td>
</tr>
<tr>
<td>- Respects feedback given to patients/clients according to their learning styles</td>
</tr>
<tr>
<td>- Respectfully questions conventional wisdom</td>
</tr>
<tr>
<td>- Formulates and re-evaluates position based on available evidence</td>
</tr>
<tr>
<td>- Acts as a mentor not only to other PT’s, but to other health professionals</td>
</tr>
<tr>
<td>- Utilizes mentors who have knowledge available to them</td>
</tr>
<tr>
<td>- Continues to seek and review relevant literature</td>
</tr>
<tr>
<td>Welcomes and/or seeks new learning opportunities</td>
</tr>
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<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Seeks out professional literature</td>
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<tr>
<td>Plans and presents an in-service, research or case studies</td>
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</tbody>
</table>

- Demonstrates confidence in sharing new knowledge with all staff levels
- Modifies programs and treatments based on newly-learned skills and considerations
- Consults with other health professionals and physical therapists for treatment ideas
- Works towards clinical specialty certifications
- Seeks specialty training
- Is committed to understanding the PT’s role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)
- Pursues participation in clinical education as an educational opportunity
APPENDIX C
LEVELS OF SUPERVISION (CLINICAL EDUCATION)
(APTA HOD P06-00-15-26 Position)

The American Physical Therapy Association recognizes the following levels of supervision:

**GENERAL SUPERVISION**: The physical therapist is not required to be on site for direction and supervision, but must be available at least by telecommunications.

**DIRECT SUPERVISION**: The physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient/client during each visit that is defined in the Guide to Physical Therapist Practice as all encounters with a patient/client in a 24-hour period. Telecommunications does not meet the requirement of direct supervision.

**DIRECT PERSONAL SUPERVISION**: The physical therapist or, where allowable by law, the physical therapist assistant is physically present and immediately available to direct and supervise tasks that are related to patient/client management. The direction and supervision is continuous throughout the time these tasks are performed. Telecommunications does not meet the requirement of direct personal supervision.
GLOSSARY OF CLINICAL EDUCATION TERMS

Academic Coordinator/Director of Clinical Education (ACCE/DCE): An individual who is responsible for managing and coordinating the clinical education program at the academic institution, including facilitating development of the clinical education site and clinical educators. This person is also responsible for coordinating student placements, communicating with clinical educators about the academic program and student performance, and maintaining current information on clinical education sites.

Academic program: That aspect of the curriculum where students' learning occurs directly as a function of being immersed in the academic institution of higher education; the didactic component of the curriculum that is managed and controlled by the physical therapy educational program.

Accountability: Active acceptance of responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession, and the health needs of society. (Professionalism in Physical Therapy: Core Values; August 2003.)

ADA (Americans with Disabilities Act): The 1990 federal statute that prohibits discrimination against individuals in employment, public accommodations, etc.

Administration: The skilled process of planning, directing, organizing, and managing human, technical, environmental, and financial resources effectively and efficiently. A physical therapist or physical therapist assistant can perform administrative activities, based on recognition of additional formal and informal training, certification, or education.

Affective: Relating to the expression of emotion (e.g., affective behavior).

Altruism: The primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self-interest. (Professionalism in Physical Therapy: Core Values; August 2003.)

Caring: The concern, empathy, and consideration for the needs and values of others. (Professionalism in Physical Therapy: Core Values, August 2003.)

Center Coordinator of Clinical Education (CCCE): Individual(s) who administer, manage, and coordinate clinical instructor assignments and learning activities for students during their clinical education experiences. In addition, this person determines the readiness of persons to serve as clinical instructors for students, supervises clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information about the clinical education program to physical therapy programs.

Clients: Individuals who are not necessarily sick or injured but can benefit from a physical therapist’s consultation, professional advice, or services. Clients are also businesses, school systems, families, caregivers, and others who benefit from physical therapy services.

Clinical education agreement: A legal contract that is negotiated between academic institutions and clinical education sites that specifies each party’s roles, responsibilities, and liabilities relating to student clinical education. (Synonyms: letter of agreement, affiliation contract)

Clinical education consortia: The formation of regional groups that may include physical therapy programs or clinical educators for the express purpose of sharing resources, ideas, and efforts.

Clinical education experience: That aspect of the curriculum where students’ learning occurs directly as a function of being immersed within physical therapy practice. These dynamic and progressive experiences comprise all of the direct and indirect formal and practical “real life” learning experiences provided for students to apply classroom knowledge, skills, and behaviors in the clinical environment. These experiences can be of short or long duration (e.g., part-time and full-time experiences, internships that are most
often full-time post graduation experiences for a period of 1 year) and can vary by the manner in which the learning experiences are provided (e.g., rotations on different units that vary within the same setting, rotations between different practice settings within the same health care system). These experiences include comprehensive care of patients across the life span and related activities. (Synonym: Clinical learning experiences)

Clinical education program: That portion of a physical therapy program that is conducted in the health care environment rather than the academic environment; the sum of all clinical education experiences provided.

Clinical education site: The physical therapy practice environment where clinical education occurs; that aspect of the clinical education experience that is managed and delivered exclusively within the physical therapy practice environment and encompasses the entire clinical facility.

Clinical instructor (CI): An individual at the clinical education site, who directly instructs and supervises students during their clinical learning experiences. These individuals are responsible for carrying out clinical learning experiences and assessing students’ performance in cognitive,* psychomotor,* and affective domains as related to entry-level clinical practice and academic and clinical performance expectations. (Synonyms: clinical teacher; clinical tutor; clinical supervisor)

Clinical Performance Instrument (CPI): American Physical Therapy Association developed student evaluation instruments that are used to assess the clinical education performance of physical therapist and physical therapist assistant students. The Physical Therapist CPI consists of 24 performance criteria and the Physical Therapist Assistant CPI consists of 20 performance criteria.

Cognitive: Characterized by knowledge, awareness, reasoning, and judgment.

Communication: A verbal or nonverbal exchange between two or more individuals or groups that is: open and honest; accurate and complete; timely and ongoing; and occurs between physical therapists and physical therapist assistants, as well as between patients, family or caregivers, health care providers, and the health care delivery system.

Compassion: The desire to identify with or sense something of another’s experience; a precursor of caring. (Professionalism in Physical Therapy: Core Values; August 2003.)

Competent: Demonstrates skill and proficiency in a fluid and coordinated manner in rendering physical therapy care (physical therapist), or those aspects of physical therapy care (e.g., interventions) as directed and supervised by the physical therapist (physical therapist assistant).

Competencies: A set of standard criteria, determined by practice setting and scope, by which one is objectively evaluated.

Cultural competence: Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. “Culture” refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. “Competence” implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Working definition adapted from 68 Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes- Focused Research Agenda, Office of Minority Health, Public Health Service, U S Department of Health and Human Services; 1999.

Cultural and individual differences: The recognition and respect for and response to, age, gender, race, creed, national and ethnic origin, sexual orientation, marital status, health status, disability or limitations, socioeconomic status, and language.

Diagnosis: Diagnosis is both a process and a label. The diagnostic process performed by the physical therapist includes integrating and evaluating data that are obtained during the examination to describe the patient/client condition in terms that will guide the prognosis, the plan of care, and intervention strategies. Physical therapists use diagnostic labels that identify the impact of a condition on function at the level of the system (especially the movement system) and at the level of the whole person. (Guide to Physical Therapist Practice 3.0. 3rd ed. Alexandria, VA: American Physical Therapy Association; 2015; http://guidetoptpractice.apta.org).
Ethical and legal behaviors: Those behaviors that result from a deliberate decision-making process that adheres to an established set of standards for conduct that are derived from values that have been mutually agreed on and adopted for that group.

Excellence: Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge. (Professionalism in Physical Therapy: Core Values; August 2003.)

Evaluation: A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination. No defined number or range of number of visits is established for this type of episode. (Guide to Physical Therapist Practice 3.0. 3rd ed. Alexandria, VA: American Physical Therapy Association; 2015; http://guidetoptpractice.apta.org/)

Examination: A comprehensive and specific testing process performed by a physical therapist that leads to diagnostic classification or, as appropriate, to a referral to another practitioner. The examination has three components: the patient/client history, the systems reviews, and tests and measures. (Guide to Physical Therapist Practice 3.0. 3rd ed. Alexandria, VA: American Physical Therapy Association; 2015; http://guidetoptpractice.apta.org/)

Integrity: Steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do. (Professionalism in Physical Therapy: Core Values; August 2003.)

Intervention: The purposeful and skilled interaction of the physical therapist with the patient/client and, when appropriate, with other individuals involved in care (i.e., physical therapist assistant), using various methods and techniques to produce changes in the condition. (Guide to Physical Therapist Practice 3.0. 3rd ed. Alexandria, VA: American Physical Therapy Association; 2015; http://guidetoptpractice.apta.org/)

Outcomes (assessment of the individual): Performed by the physical therapist and is a measure (or measures) of the intended results of patient/client management, including changes in impairments, functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are expected as the results of implementing the plan of care. The expected outcomes in the plan should be measurable and time limited.

Patients: Individuals who are the recipients of physical therapy direct intervention.


Philosophy: Broad context and theoretical framework provided for program purpose, organization, structure, goals, and objectives; a statement of philosophy under some conditions may be synonymous with a mission statement.

Physical therapist: A person who is a graduate of an accredited physical therapist education program and is licensed to practice physical therapy.

Physical therapist assistant: A person who is a graduate of an accredited physical therapist assistant program and who assists the physical therapist in the provision of physical therapy. The physical therapist assistant may perform physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist.

Physical therapist professional education: First level of education that prepares student to enter the practice of physical therapy.

Physical therapy: Use of this term encompasses both physical therapists and physical therapist assistants.

Physical therapy personnel: This includes all persons who are associated with the provision of physical therapy services, including physical therapists, physical therapist assistants who work under the direction and supervision of a physical therapist, and other support personnel. (Synonym: physical therapy staff)
Plan of care: Statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans. (Guide to Physical Therapist Practice 3.0. 3rd ed. Alexandria, VA: American Physical Therapy Association; 2015; http://guidetoptpractice.apta.org).

Professional: A person who is educated to the level of possessing a unique body of knowledge, adheres to ethical conduct, requires licensure to practice, participates in the monitoring of one’s peers, and is accepted and recognized by the public as being a professional. (See Physical Therapist.)

Professional duty: Professional duty is the commitment to meeting one’s obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society. (Professionalism in Physical Therapy: Core Values; August 2003.)


Provider of physical therapy: This indicates the part of the clinical education experience that is managed and delivered exclusively under the direction and supervision of the physical therapist 70 including within the plan of care physical therapy interventions provided by the physical therapist assistant.

Psychomotor: Refers to motor activity that is preceded by or related to mental activity.


Social responsibility: The promotion of a mutual trust between the physical therapist as a part of the profession and the larger public that necessitates responding to societal needs for health and wellness. (Professionalism in Physical Therapy: Core Values, August 2003.)

Student placement forms: A questionnaire distributed by physical therapy education programs to clinical education sites requesting the number and type of available placements for students to complete clinical education experiences.

Supervision: A process where two or more people actively participate in a joint effort to establish, maintain, and elevate a level of performance; it is structured according to the supervisee’s qualifications, position, level of preparation, depth of experience, and the environment in which the supervisee functions.


Validity: The degree to which accumulated evidence and theory support specific interpretation of test scores entailed by proposed use of a test. The degree to which a test measures what it is intended to measure; a test is valid for a particular purpose for a particular group.

Variety of clinical education experiences: Considers multiple variables when providing students with clinical learning experiences relative to patient care including, but not limited to, patient acuity, continuum of care, use of a PT/PTA care-delivery team, complexity of patient diagnoses and environment, and health care delivery system.
APPENDIX E
Student Handbook Acknowledgement
University of Utah Department of Physical Therapy

STUDENT HANDBOOK ACKNOWLEDGEMENT

I, ________________________________, ACKNOWLEDGE I HAVE BEEN PROVIDED A COPY OF THE

DEPARTMENT OF PHYSICAL THERAPY STUDENT HANDBOOK ON

__________________________, 20_______. I ACKNOWLEDGE AND AGREE THAT I HAVE READ AND

UNDERSTAND THE CONTENTS OF THE HANDBOOK. IF THERE ARE ANY PROVISIONS OF THE HANDBOOK THAT
I DO NOT UNDERSTAND, I WILL SEEK CLARIFICATION FROM THE DEPARTMENT ABOUT THOSE PROVISIONS. I

FURTHER ACKNOWLEDGE AND AGREE TO ABIDE BY THE RULES, POLICIES AND PROCEDURES IN THE

HANDBOOK AND THAT MY FAILURE TO FOLLOW THE RULES, POLICIES AND PROCEDURES MAY BE GROUNDS

FOR DISMISSAL FROM THE PHYSICAL THERAPY PROGRAM.


Student Name (PRINT)


Student Signature


Date