**Disclaimer**

The provisions of this Department of Physical Therapy Student Handbook do not constitute a contract, express or implied, between The University of New England and any applicant, student's family, or faculty or staff member. The University of New England Department of Physical Therapy reserves the right to change the policies, procedures, rules, regulations, and information in this Handbook at any time. Changes will become effective at the time the proper authorities so determine and the changes will apply to both prospective students and those already enrolled. This handbook is a general information publication only, and it is not intended to - nor does it - contain all regulations that relate to students.
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The DPT Program at the University of New England is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) to award the Doctor of Physical Therapy (DPT) degree.

The program aspires to graduate exceptional entry-level clinicians who are prepared to practice in culturally diverse health care settings. The department prepares students for generalist and advanced specialized practice in Physical Therapy.

INTRODUCTION TO THE STUDENT HANDBOOK

The Doctor of Physical Therapy (DPT) Student Handbook outlines the mission, goals and objectives, and philosophy of the Department of Physical Therapy at the University of New England (UNE). It also contains department policies and procedures that affect students enrolled in the DPT program. The policies are intended (1) to protect and make explicit student rights and responsibilities, and (2) to ensure that DPT program operation is consistent with its obligations as a professional physical therapist education program.

Students are responsible for being familiar with the contents and verifying the contents when questions arise. Student appeals of any department decision or action resulting from an academic or conduct review will follow the procedures as outlined in the UNE Student Handbook and/or the WCHP Graduate Program Progression Policies. Similarly, students are expected to abide by the APTA Core Values and Professional Behaviors of accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, and social responsibility.
MISSION, VISION, AND GOALS

The mission of the Department of Physical Therapy supports the missions of the Westbrook College of Health Professions and the University of New England. By preparing students to be physical therapists and contributing members of society, the DPT program fosters achievement of the university mission.

University Mission Statement†1

The University of New England prepares students to thrive in a rapidly-changing world and, in so doing, to improve the health of people, communities, and our planet.

Westbrook College of Health Professions Mission Statement†

The Westbrook College of Health Professions educates a dynamic, collaborative workforce responsive to the evolving needs of society, thus advancing the health and well-being of all people.

Department of Physical Therapy Mission Statement†

The Department of Physical Therapy is dedicated to preparing students for contemporary physical therapy and advances the profession through its steadfast commitment to excellence in academics, clinical education, scholarship, and service.

Department of Physical Therapy Vision Statement 2017†

The Department of Physical Therapy will be highly regarded for its innovative curriculum; diverse student body; international opportunities and initiatives; student and faculty scholarship; inclusivity of faculty, professional staff and students in department life; community partnerships and engagement; and stewardship of its resources.

Doctor of Physical Therapy Program Goals†

1. **Core Attributes:** To promote a culture that fosters a professional, collegial, and collaborative environment in which all people can thrive

2. **Academics:** Foster academic excellence and lifelong learning.

3. **Clinical Practice:** To promote faculty and student involvement in physical therapy clinical practice across the continuum of care in a variety of settings.

4. **Research and Scholarship:** To generate and disseminate new knowledge.

5. **Service:** Promote opportunities for faculty and student engagement in service to local, national, global, and professional communities.

6. **Administration:** Optimize utilization of internal and external resources to maximize the experience of students and faculty.

† † indicates material that also appears in the Faculty Handbook
COMMITMENT TO JUSTICE, DIVERSITY, AND INCLUSION†

Physical therapists are committed to social justice, diversity, inclusion, and anti-oppression. The UNE Physical Therapy Program recognizes these as active values that require all of us to advocate for equality in every aspect of our personal and professional practices. Enacting these values is a process, one to which the UNE Physical Therapy Program is dedicated. We acknowledge that as a department and society much needs to be done to rectify injustices of the past and to achieve social inclusivity and equality practices in the present and for the future. In this department, we strive to create a learning culture that encourages constructive and respectful exchange; one that supports brave and authentic conversations that may make some of us feel uncomfortable knowing that this discomfort is where important change and progress is made. At the same time, we do our best to foster a sense of belonging within the community of the department. We invite students to be honest and curious; to question and contribute to strengthening the department’s commitment to antiracism, anti-ableism, anti-agism, LGBTQ+ rights, recognition of historic and current trauma, and our obligation to culturally and linguistically responsive. We must hold one another accountable to ensure that together, we take the steps necessary to co-create a dynamic culture of inclusion that extends beyond the department and into our many respective communities.

CHOSEN NAMES AND PRONOUNS†

The University of New England department of Physical Therapy is committed to fostering an inclusive environment for every student, staff member, faculty member, or guest that participates in our community. An initial step in this process is to recognize and acknowledge the significance of pronouns and gender inclusive language in our classrooms and university culture as a whole. In practice, this may look like faculty members sharing their own pronouns in person and on their syllabi, as well as creating space for students to share their chosen names and pronouns in the classroom as they are comfortable. The Department of Physical Therapy pledges to create an affirming environment by respecting chosen names and pronouns.

In addition to implementing sharing pronouns in classrooms, we can also work to eliminate everyday gendered language. Some examples of more gender-neutral language include “their,” “everyone,” “folks,” and “y’all.” We will also work to include more examples, case studies, research, and literature featuring voices of transgender and gender-nonconforming people.

As we commit to learning together, the UNE Department of Physical Therapy acknowledges that these changes align with our mission and vision for a more inclusive and affirming community for all.

EQUAL OPPORTUNITY†

UNE operates in accordance with Title IX of the Education Amendments of 1972, the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964 as amended, the Maine Human Rights Act, and all other appropriate civil rights laws and regulations. Neither employment nor study, nor institutional services, programs, and activities should be hindered by such prohibited bias factors as race, sex, sexual orientation, gender identity and expression, ethnicity or national origin, religion, age, creed, color, genetic information, physical or mental disability, HIV status, or status as a veteran. Prohibited bias factors will not be permitted to have an adverse influence upon decisions regarding students, employees, applicants for admission, applicants for employment, contractors, volunteers or participants in and/or users of institutional programs, services, and activities. The University of New England will continue in its efforts to maintain an institutional environment
free of such bias and restates its policy prohibiting the interference of such bias factors in institutional processes. Every member of this university community is expected to uphold this policy as a matter of mutual respect and fundamental fairness in human relations. Every student of this institution has a responsibility to conduct himself/herself in accordance with this policy as a condition of enrollment. Further, every University employee has an obligation to observe UNE policies in implementation of federal and state law as a term of employment. Merit and productivity, free from prohibited bias, will continue to guide decisions relating to employment and enrollment. No person will be penalized for good faith utilization of channels available for resolving concerns dealing with prohibited bias. Within any limits imposed by concurrent jurisdiction of the University of New England and other agencies of the state of Maine, no internal procedure or process for resolution of such concerns will be used for the purpose of abridging the access of any member of this institutional community to the courts or to compliance agencies.

ACCOMODATIONS

UNE seeks to promote respect for individual differences and to ensure that no UNE student is denied benefits or subjected to discrimination due to disability. If you are a student with a qualified disability, the University or department will provide reasonable accommodations for you.

The work to provide adjustments or accommodations is an on-going collaborative process that involves continued communication, reassessment, and modification. Self-disclosure is a necessary first step to receiving modifications or accommodations. This can be done at https://www.une.edu/student-access-center/request-for-accommodations. Available services from the student access center are available at https://www.une.edu/student-access-center/services.

Please also refer to discussion of Essential Technical Standards and testing accommodations on p.10 below.
Compliance with Accreditation

UNE is accredited by the New England Commission of Higher Education, the regional accreditor for institutions of higher education in the six New England states.

The DPT Program at the University of New England is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave, Suite 100, Alexandria, Virginia 22305; telephone:, email: accreditation@apta.org; website: http://www.capteonline.org. The Program has been continuously accredited since its beginnings (first graduating class in 1984). The Program, through its policies and procedures, is committed to assuring compliance with the evaluative criteria established by CAPTE. Accreditation indicates that the institution and program have been carefully evaluated and found to meet standards agreed upon by qualified educators.

Filing a Complaint with CAPTE

Any person may file a complaint with CAPTE if that person believes that the Department of Physical Therapy program at UNE is failing to fulfill its commitment to CAPTE accreditation standards. To file such a complaint, follow this link http://www.capteonline.org/Complaints/

DPT EDUCATION PROGRAM

Description

The program aspires to graduate entry-level clinicians who are prepared to practice in culturally diverse health care settings. The curriculum is devised to prepare students to be a part of a doctoring profession by developing skills to promote evidence-based evaluation, care, and referral. The 106-credit DPT Program is three calendar years (8 semesters) in length and includes a combination of classroom, laboratory, and clinical practicum experiences (see page 8). The curriculum begins with the foundational sciences, through which the student explores and studies normal human structure and function, and fundamental physical therapy techniques. From this critical underpinning, the student engages in the evidence-based approach to the physical therapy management of various health conditions affecting individuals across the lifespan. The curriculum sequence is generally organized according to key body systems (i.e., musculoskeletal, cardiopulmonary, neuromuscular, integumentary). Coursework includes study of the functional and psychosocial impacts of health conditions, relevant medical and surgical interventions, and the physical therapy tests, measures, and interventions utilized within the patient/client management model.

The student is also introduced to the physical therapist's role in disease prevention and health promotion, education, consultation, legislation and policymaking, and administration. The student receives training and engages in scholarly inquiry under the direction and mentorship of a faculty member. The student may also explore topics beyond those required in professional curriculum through elective courses or workshops offered by the Department and College.

Each student completes 3 full-time clinical practica, totaling 36 weeks of clinical experience. Clinical sites around the United States are available to provide a broad base of experiences in a variety of settings. The sites represent the continuum of health care practice settings including acute care hospitals, rehabilitation hospitals, skilled nursing facilities, home health care, outpatient private practices, ambulatory care centers, and school/preschool programs. Full-time clinical practical experiences are integrated in the second and third
professional years, enabling students to apply information learned in didactic courses to patients and clients. In addition, the student will participate in an Integrated Clinical Experience (ICE).

**Graduation Requirements**

To be awarded the degree of Doctor of Physical Therapy, the student must complete each required course, not inclusive of optional or elective courses, with a grade of B- or higher or “Pass” (see Academic Progression Policies for more details). Transfer credits are rarely awarded to students who transfer from another physical therapy program. The PT Program Director will review and award transfer credits on a case-by-case basis.
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<td>PTH 516 – Pathology &amp; Med Management: Cardiovascular</td>
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<td>BIO 502 – Gross Anatomy</td>
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<td>PTH 502 – Kinesiology</td>
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<td>PTH 507 – Introduction to Clinical Medicine</td>
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<td>AY1 – Spring</td>
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<td>PTH 503 – Normal Development</td>
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<td>PTH 504 – Integrated Clinical Experience (ICE)</td>
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<td>PTH 506 – Psychosocial Aspects of Disability and Illness</td>
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<td>PTH 508 – Pathology &amp; Med Management: Musculoskeletal System</td>
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<td>PTH 510 – PT Management of Patients: Disorders of the Musculoskeletal System</td>
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<td>PTH 514 – Scientific Inquiry 1</td>
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<td>AY2 – Fall</td>
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<td>PTH 601 – Clinical Practicum 1</td>
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<td>PTH 602 – Scientific Inquiry 2 (Distance Education Course)</td>
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Comprehensive Examination and Electronic Portfolio

Students are required to take PTH 610 Comprehensive Exam 1 (Year 2 - Spring) and 711 Comprehensive Exam 2 (Year 3 - Spring). As part of PTH 711, students submit an electronic portfolio of activities that document their experiences during the program in professional development, cultural self-awareness and cultural competence, teaching and learning, and health promotion and leadership. The e-portfolio requirement for PTH 711 is introduced to students during the first or second semester of the program, at which time students gain access to their individual e-portfolios. Each e-portfolio is pre-populated with learning objectives, instructions, and helpful resources. Academic advisors serve as the primary point of contact for guidance and feedback for students about their developing portfolios over the course of the program.

Philosophy of Education†

The faculty is committed to excellence in teaching and believes it is their responsibility to facilitate learning by actively involving the student in the teaching-learning process. The faculty strives to create a secure and open environment for learning that fosters the development of critical thinking and problem-solving skills. Further, the faculty believes that education and learning occur inside and outside the educational program.

Clinical education is an integral part of the curriculum – providing opportunities for students to integrate, employ, and refine the knowledge, skills, and attitudes they develop in the classroom (see also Clinical Education Handbook).

By participating in clinical, educational, research, professional, and community activities, the faculty model lifelong learning and professional growth. Program graduates are expected to continue to participate in professional and community activities that prepare them to meet the evolving physical therapy needs of society.

Student Learning Outcomes†

The primary educational outcome of the program is to prepare students for clinical practice wherein physical therapists transform society by optimizing movement to improve the human experience. This program recognizes that movement is a key to optimal living and quality of life for all people that extends beyond health to every person’s ability to participate in and contribute to society. The complex needs of society, such as those resulting from a sedentary lifestyle, beckon for the physical therapy profession to engage with consumers to reduce preventable health care costs and overcome barriers to participation in society to ensure the successful existence of society far into the future. (Vision Statement for the Physical Therapy Profession, 2019)

The Department of Physical Therapy, the Westbrook College of Health Professions, and the University of New England are committed to offering a quality physical therapist education program that complies with the evaluative criteria of the Commission on Accreditation in Physical Therapy Education (CAPTE). The program provides learning experiences to enable students to achieve the following outcomes required for the practice of physical therapy upon graduation:
After completing the DPT curriculum, students will:

1. Integrate concepts from the biological, physical, behavioral, and clinical sciences into physical therapy services

2. Exhibit professional conduct and behaviors that are consistent with the legal and ethical practice of physical therapy

3. Demonstrate compassion, caring, integrity, and respect for differences, values, and preferences in all interactions with patients/clients, family members, health care providers, students, other consumers, and payers

4. Demonstrate culturally sensitive verbal, nonverbal, and written communications that are effective, accurate, and timely

5. Collect and critically evaluate data and published literature to apply in the delivery of care, practice management, and to examine the theoretical and scientific basis for physical therapy

6. Screen patients/clients to determine if they are candidates for physical therapy services or if referral to, or consultation with, another health care professional or agency is warranted

7. Complete a patient/client examination/reexamination and evaluate and interpret the examination data to determine a physical therapy diagnosis and prognosis

8. Employ critical thinking, self-reflection, and evidence-based practice to make clinical decisions about physical therapy services

9. Collaborate with patients/clients, caregivers, and other health care providers to develop and implement an evidence-based plan of care that coordinates human and financial resources

10. Provide services and information related to health promotion, fitness, wellness, health risks, and disease prevention within the scope of physical therapy practice

11. Advocate for patient/client and profession

12. Provide consultative services and education to patients/clients, caregivers, health care workers, and the public using culturally sensitive methods that are adapted to the learning needs, content, and context

13. Employ effective leadership skills in the context of supervising, delegating and mentoring within the profession
POLICIES AND PROCEDURES

The following policies and procedures are intended to augment those policies and procedures governing all students at the University of New England described in the UNE Student Handbook.

All policies and procedures apply equally to in-person or virtual activities conductive by the department.

A. Essential Technical Standards:

Enrollment in the DPT Program assumes certain essential cognitive, emotional, and technical skills. The Essential Technical Standards contain those abilities and skills that degree candidates must possess to engage safely and competently in required learning activities. The abilities and skills are described in five domains: observation skills; communication skills; motor skills (fine and gross); intellectual-conceptual, integrative and quantitative abilities; and behavioral and social/emotional attributes. Students are required to affirm their ability to meet Essential Technical Standards at the beginning of the program, following a change in health condition, and when returning from a leave of absence.

A student’s affirmation that he or she meets the Essential Technical Standards indicates the following:

1. The student can engage safely and competently without restriction in required learning activities occurring in the classroom, skills laboratory, community, or during clinical practica. Such learning activities not only require students to actively practice physical therapy skills from all 5 domains, but at times require students to serve as a “mock patient” for the benefit of classmates’ clinical skills practice.

2. The student can engage safely and competently without restriction during graded course assessments (e.g., exams, lab skills checks and practical exams, assignments).

Students who cannot affirm their ability to meet Essential Technical Standards for any reason and at any point while enrolled as a DPT student may be at risk of poor academic performance, and therefore, of delaying their academic progression or of being dismissed from the program.

The program will provide reasonable accommodations to students who cannot affirm their ability to meet the Essential Technical Standards, but only to those students with documented disabilities who are registered with the UNE Student Access Center while completing the academic and clinical requirements for graduation. Such accommodations from the DPT program can only be provided to students who take the following steps:

1. Report the limiting issue immediately to the Student Access Center for a determination of whether or not accommodations for the limitation can be identified.
2. Provide current course instructors with a copy of the Student Access Center documentation that describes any identified accommodations that might be relevant to their respective courses.

Each instructor then will communicate with the Program Director if the accommodations can be reasonably handled within the context of their course. The Program Director, in turn, will evaluate the recommendations of the current course instructors and decide whether or not future course instructors might also need to evaluate the reasonableness of the accommodations for their upcoming courses. Based on this comprehensive collection of faculty input, the Program Director then will decide whether or not it is reasonable for the student to continue progressing in the program with the accommodations in place.

The Program Director will communicate the outcome of the review process to the student in writing, outlining the specific accommodations that will be made. Course instructors with a need to know about the accommodations, as well as the students’ academic advisor, also will receive a written copy of the review outcome. When accommodations cannot be reasonably made by the program, the student may elect to take a Leave of Absence until the limiting issue resolves and he or she once again can affirm the ability to meet the Essential Technical Standards. If the limiting issue is unlikely to resolve even after a Leave of Absence, the student will be dismissed from the program.

Students who have received accommodations by the program should remember to:

1. Provide a copy of current the Student Access Center documentation to course instructors at the beginning of each new semester in which accommodations are needed.

2. Re-register with the Student Access Center at the beginning of each academic year in which accommodations are needed.

B. Testing Accommodations†:

The Department follows the testing accommodation policy as set forth by the Student Access Center: [https://www.une.edu/student-access-center/services/testing](https://www.une.edu/student-access-center/services/testing)

C. Potential Health Risks and Standard Precautions:

There are numerous health risks associated with being a student physical therapist, including but not limited to 1) exposure to infectious diseases, 2) exposure to toxic substances, and 3) strains and sprains, and trauma from slips, trips and falls. The faculty is committed to educating students in practices that minimize these risks. During new student orientation and annually thereafter, students will review the “Hospital e-Tool: Physical Therapy Module” created by the Occupational Safety and Health Administration at: [https://www.osha.gov/SLTC/etools/hospital/clinical/pt/pt.html](https://www.osha.gov/SLTC/etools/hospital/clinical/pt/pt.html). Students must provide documentation to the Department they have reviewed and understand health risks and precautions by the end of the first week of the first fall semester.
In accordance with the UNE Safety Manual, faculty will provide students with information regarding potential health risks they may encounter within their respective courses, as well as policies and procedures governing use of standard precautions, storage and use of any hazardous materials, safety regulations and emergency procedures. Faculty who teach courses involving community activities will also provide students with this information.

Students must report any injuries sustained during course activities to the course instructor. Injuries sustained while on campus or during other department-sponsored activities must be reported to the Program Director. Injuries sustained while on Clinical Practica must be reported to the CI and the ACCE / DCE. Injuries sustained off campus during non-school related activities or illnesses acquired must be reported to Course Instructors and the Program Director in cases where students’ ability to meet course requirements or Essential Technical Standards has been compromised.

D. Required Training and Testing:

Prior to the start of each semester, students in the program are asked to show proof of compliance with immunization, criminal background check, HIPPA training, CPR training, and related health and safety requirements. Compliance is demonstrated through submission of documentation at https://une.medicatconnect.com/. The deadline for demonstrating compliance typically is set for 2 weeks before the beginning of each didactic semester. Deadlines may vary for clinical semesters. Students are responsible for ensuring that all of their documentation is up to date and can be produced upon request. Students who are not in compliance with any requirement after the posted deadline will be notified, and required to rectify the issue immediately; failure to do so will result in the student being prohibited from attending UNE classes, including clinical practica, until their non-compliance issue(s) have been resolved.

**HIPAA**

The Health Insurance Portability and Accountability Act (HIPAA) was enacted nationally in an effort to protect an individual’s rights to privacy and confidentiality. All students are required to provide documentation to the Department they have successfully completed UNE’s HIPAA training by the end of the first week of the first fall semester and thereafter on an annual basis. Students may also be required to complete HIPAA training at various clinical sites throughout their clinical education experiences. The UNE Student Handbook also contains information on the required annual HIPAA training.

**CPR**

Each student is required to obtain cardiopulmonary resuscitation certification (CPR) for Healthcare Professionals, with hands on training, through the American Heart Association or Red Cross prior to clinical practicum (CP) I. This certification must be maintained throughout the remainder of the DPT program. They must provide documentation to the Department they have successfully completed CPR (health care provider/professional) training by submitting a copy of their card. It is the student’s responsibility to ensure the maintenance of this
certification. Failure to provide verification will result in their inability to begin or continue with the assigned CP.

**Health Requirements**

Students are required to meet all health requirements as designated by the university and clinical facilities where education of UNE DPT students is conducted. The student should consult the University’s health requirements and the [Department Clinical Education Handbook](#) for more detailed information.

**Background Checks and Drug Screening**

Consistent with WCHP Criminal Background Check policy ([Appendix 3](#)), all students are required to have a criminal background check prior to beginning the program. Further information regarding this requirement will come from the Program Director.

Some clinical facilities where education of UNE DPT students is conducted may require further tests such as drug screening and/or follow-up criminal background checks. They may also require site specific training such as Occupational Safety and Health Administration (OSHA) training, etc. prior to the arrival at the site and/or during the course of the educational experience. The student is responsible for any additional costs associated with these tests, screens or training unless specified by the clinical site. Students are informed of any additional tests, screens or training as they have been communicated by the clinical site to UNE.

Students should be aware that information obtained during a criminal background check or drug screening could jeopardize their ability to complete a scheduled clinical experience and/or impact eligibility for licensing as a physical therapist. Any information obtained will be sent to the relevant clinical facility provided the student has consented to this. The student has the right to choose to directly deliver the results to the clinical facility. The clinical facility, not UNE, will determine if the information provided affects a student’s eligibility to participate in a practicum at their site.

**E. Academic Advising:**

Each student is assigned to a faculty advisor at the time of matriculation to the program. Advisors are members of the core faculty who serve as an academic and professional resource. Ordinarily this person continues as the advisor for the duration of the student's time in the program, unless the student or advisor requests a change through the Program Director. Students also are welcome to seek additional mentorship from other faculty members in the program.

Students are responsible to meet with their advisor as needed to discuss their academic progress, including their work on the electronic portfolio associated with PTH 711 Comprehensive Exam 2. Appointments to meet with an advisor should be made directly with the advisor. The faculty advisor will maintain a record for each advisee that includes notes of student meetings, progress and other issues. A list of faculty advisors follows:
F. Student Development Committee (SDC):

The primary function of the SDC is to conduct reviews of student performance to support students’ academic progression. SDC reviews are required in cases where a student is failing to maintain academic standards in the classroom or field placement, is suspected of engaging in professionally inappropriate behavior, or is suspected of violating academic integrity.

The SDC automatically reviews the general performance of each student twice per semester (i.e., at mid-term and at the end of the term) and facilitates a vote of the core faculty approving that students’ progress in the program. The SDC also may review the performance of a student by request when specific concerns arise from faculty (core or adjunct), the student’s advisor, the Program Director (PD), other students, professional staff, clinical instructors, other UNE constituents or stakeholders, or members of the general public. Through the review process, the SDC evaluates the merits of expressed concern(s) and works with a student to develop an action plan, as needed. Action plans identify strategies to resolve an issue, define criteria for success (e.g., performance needed to remove probationary status), describe consequences of
failure to achieve identified goals (e.g. progression delay), and identify responsible parties and expected dates of actions. The SDC communicates the outcome of its review and any recommended action plan to the PD for consideration. The PD communicates to the student in writing the final outcome of the review process, including any change in student status (i.e., good standing, probation, dismissal). Once a student’s action plan has been implemented, the SDC continues to monitor and support the student until the student resolves the identified issues and communicates progress to the program faculty, who eventually vote on successful or unsuccessful completion of the action plan.

The SDC is comprised of at least three faculty members, one of whom typically is a member of the Clinical Education team. Students referred to the SDC are required to participate in the review process, either in person or remotely (i.e., via Zoom or phone conference call). Student participation includes providing information as requested and playing an active role in the development of the action plan. Students may invite their faculty advisor to join them at SDC meetings, if needed. Other support personnel (e.g., parents, friends, or other advocate) are not permitted.

SDC action plans depends on the nature of the student performance issue:

1. **Academic Performance Issues**: The SDC encourages students struggling academically to meet with their advisors to develop an action plan designed to address the student’s learning issues (e.g., consultation with the Student Academic Success Center, Student Access Center, or medical/mental health providers). When necessary, the SDC facilitates course instructors’ development of academic remediation opportunities to provide students with additional time to master course material. When students are unsuccessful with academic remediation, the SDC helps students develop plans to prepare for a future retaking of a course.

2. **Professional Conduct Issues**: The SDC helps students struggling with professional conduct to develop an action plan designed to address the behavioral issue(s). When the conduct issue is minor and an isolated occurrence, action plans are largely student-driven and geared toward helping the student avoid additional problems. Such action plans do not typically include an SDC recommendation for a change in student status. In contrast, when patterns of multiple minor unprofessional conduct issues emerge, or if a conduct issue is more substantial (e.g., academic dishonesty), the SDC may recommend to the PD that the action plan include a change in student status from good standing to probation or from probation to dismissal.

**Probationary Status**

As a consequence of more substantial academic performance or professional conduct issues, the PD may change a student’s status in the program from “good standing” to “probation.” Probation is defined as a relatively short period of time during which a student must quickly return to full compliance with academic and conduct standards. Similar to students with minor issues, students on probation develop and implement an action plan. Although students on probation often may continue to progress in the program, probation
rescinds student eligibility to participate in selected activities outside of the required curriculum (i.e., enrolling in elective courses; holding office as a student class representative; serving as a student ambassador; serving as a graduate assistant). Probation may also limit student options for clinical placement.

In some cases, a student’s progression in the DPT program beyond the current semester may be temporarily suspended pending successful completion of a mandatory remediation plan. Remediation plans are developed by the SDC to provide additional structure, resources, and support to students while they address identified issues. Depending on the nature and timing of the issues, the SDC will determine when a remediation plan must be completed (e.g., during the current semester, prior to starting the following semester, or during a formal Leave of Absence). Students who are in the process of working on a remediation plan may not begin a new semester (didactic or clinical) until the plan has been successfully completed and student progression is approved by vote of the core faculty.

Conditions and an expected time frame for returning to Good Academic Standing from Probation are described in a letter from the PD. Students who violate the terms of their probation (e.g., failing to avoid additional academic performance or conduct issues; failing to complete a mandatory remediation plan) will be dismissed from the program.

G. Academic Progression:

Students enrolled in the DPT Program will adhere to the WCHP Graduate Program Progression Policies (Appendix 1). Students are responsible for familiarizing themselves with these policies. Students seeking clarification of these policies should meet with their advisor or the Program Director.

The policies described below either clarify, operationalize, or add to the WCHP Graduate Program Progression Policies. See Figure 1 for a graphic representation of the PT Program progression policy.

1. DPT students must complete, with a grade of “B-” or higher or “Pass” all courses that meet the requirements for graduation. Elective courses are not included in this policy. Students who earn < B- or “Fail” in a course must retake the course and earn at least a B- or “Pass” to continue progressing in the program. Students who do earn < “B-” or “Fail” in the retaking of a course will be dismissed from the program. Students are permitted to re-take a maximum of two academic or clinical courses in the curriculum. If a student fails a third required course, academic or clinical, with a grade lower than a B- or ”Fail”, the student will be dismissed from the program.

2. When a student earns < B- in a graded course, or “Fail” in a Pass/Fail course, the student is placed on academic “probation.”

3. Students who retake a failed course(s) and successfully pass said course(s) will have their probationary status reassessed at the conclusion of the next full-time didactic semester.
4. All courses with numerical grading, whether required or elective, are considered for the college grade point average (GPA) standard of 3.0 (semester and cumulative).

5. When a student earns a semester or cumulative GPA < 3.0 during a semester when the student is taking two or more didactic courses, he or she is placed on academic “probation.” Students placed on probation for this reason are expected to meet with their academic advisor for guidance about resources and strategies that might help them be successful in the program.

6. Students who are placed on probation for earning a semester or cumulative GPA < 3.0 are expected to earn a GPA > 3.0 at the end of the next full-time didactic semester. GPAs earned during part-time semesters or semesters while on clinical rotation will not be considered for return to “good standing.”

If a student is placed on probation for earning a cumulative GPA < 3.0 subsequently improves their GPA at the end of the next full-time didactic semester, but it remains < 3.0, the student will remain on probation and continue to progress in the program. Students whose cumulative GPA does not improve toward 3.0 may be dismissed from the program per vote of the faculty. Similarly, students who earn a semester GPA < 3.0 at the end of 3 different semesters (consecutive or non-consecutive) may be dismissed from the program per vote of the faculty. Note: Exceptions may be made in the event that the GPA violation occurs during the final semester, and there will be no further full academic coursework. This will be handled on a case-by-case basis with the input of the faculty and the final decision made by the Program Director.

7. Numeric grades that fall between whole numbers will be rounded at the discretion of the course instructor.

8. Students will be expected to abide by additional course policies (e.g. attendance policies, etc.) established by individual faculty members.
H. Conduct Code

Students enrolled in the DPT program are expected to conduct themselves according to the UNE Student Handbook and Conduct Expectations in the WCHP Graduate Program Progression Policies, as well as the following policies. Students are responsible for seeking clarification of any aspect of the conduct code about which they have questions, especially in the event of receiving notice of conduct concerns.
The DPT Program follows the conduct code described in the UNE Student Handbook and the professional conduct code described in the American Physical Therapy Association’s (APTA) Guide for Professional Conduct and the APTA’s Code of Ethics.

The DPT faculty considers professional conduct to be one of the most important requirements for recommending any student for graduation from UNE. Just as professional conduct standards extend to physical therapists’ public and private lives, the requirements for students to adhere to professional conduct standards is not limited to DPT program activities and on campus behavior. The requirement extends to all aspects of the student’s life, including, for example, oral, written, pictorial, or video communication, postings or discussions in any form, inclusive of, but not limited to, on-line social media, email, newspapers, etc.

Details of department management of allegation of professional misconduct are detailed above in the SDC policy.

All documentation related to conduct violations will become part of the student’s permanent record within the department. Conduct violations allegations may also result in referral to the UNE Judicial Process (see page 49 of the UNE Student Handbook).

I. Academic Remediation

Students whose final course grade is a C or C+ will be offered the opportunity to participate in Academic Remediation offered by the department that provides additional time and faculty input to remediate deficient knowledge or skills. Students who accept this option will have their original course grade entered and if they successfully pass the remediation the course grade will be changed via a change of grade form. Academic Remediation will include a final assessment that must be completed successfully before the start of the following semester for a participating student to progress in the program. Participating students are charged a fee through the department to cover the cost of faculty time. If it is not possible for the course coordinator to provide the remediation, then a faculty member with expertise in the content area will be identified by the Program Director.

- Once notified of their eligibility, students must respond to the remediation coordinator within one business day to confirm their intent to participate.

- Within two business days after student confirmation, the remediation coordinator will communicate to the student specific content areas in which the student was deficient and should improve upon in order to demonstrate competence in the course material. The coordinator will also communicate the format of the assessment at the end of the remediation (e.g., written exam, oral exam, etc.).

- Determination of competence is the responsibility of the remediation coordinator. A successful attempt to demonstrate competence will result in a change in the final grade for the original course grade to 80.00%, with a letter grade of B-.
• An unsuccessful attempt to demonstrate competence will result in:
  o No change in the final grade for the original course
  o Student is placed on academic “probation”
  o Student must adhere to the established progression policies pertaining to retaking the course.

During their tenure in the program, students may use the Academic Remediation in two different courses according to the stipulations above. Use of this process to address substandard performance in additional courses requires approval from the program faculty and the Program Director.

Alternatively, faculty may elect to require a remediation after every failed exam. If this remediation plan is available in a course, then remediation after a final course grade is assigned will not also be offered.

J. Clinical Skills Remediation on a Skills Check or Practical Assessment

Clinical procedures that ensure patient and therapist safety are fundamental to physical therapist practice. Students enrolled in required didactic courses that include clinical skills assessments must demonstrate competent, safe skill performance before participating in future Clinical Practica.

Accordingly, students whose performance in one or more sections of a Skills Check or Practical assessment is below the expected level of competence (80%) and/or results in safety concerns will be offered a repeat attempt to improve their performance of the relevant skill(s). Students will be notified of the need for a repeat attempt within 2 business days. The criteria for safety concerns and the timing of the repeat attempt are determined by individual course instructors.

Students who successfully demonstrate competent, safe skill(s) performance on the repeat attempt will earn in a final Skills Check or Practical grade of 80%. Students who are unsuccessful on the retake attempt will retain the original Skills Check or Practical grade. At the end of the course, students with a record of unsuccessful retake attempt(s) and whose cumulative course average is at least 74% (C) will receive an “Incomplete” final course grade. Incomplete grades in this circumstance can only be resolved through the completion of a Academic Remediation, as described in the DPT Student Handbook. Students with a cumulative course average < 74% will not be offered a Remediation opportunity.

Students who successfully demonstrate competent, safe skill(s) performance as part of the Academic Remediation will earn a final course grade of 80% (B-), assuming that any other course grade deficiencies that comprise the Academic Remediation also have been resolved successfully. Students who are unable to demonstrate competent, safe skill performance as part of the Academic Remediation will earn a final course grade no higher than C+, even if their overall cumulative average in the course is higher.
Students who commit 3 or more safety fails in a single course, even after successful repeat performance of each skill, also will receive an C+ final course grade and must successfully complete an Academic Remediation to pass the course.

K. Change of Enrollment Status:

A leave of absence is a period of time when a student is not enrolled in classes but typically intends to reenroll. Because the department understands other things may arise in a student’s life, students may request a leave of absence from the Doctor of Physical Therapy Program. Examples of reasons a student may request a leave include medical conditions, mental health, death in the family, or other emergencies.

Students who wish to change their enrollment status through requesting a leave of absence or withdrawing from a course should meet with their advisor and/or the Program Director. Students must complete the necessary forms and following the procedures available on the website of the Office of the Registrar.

A student who withdraws from any class offered by the Department of Physical Therapy before the course is 2/3 completed shall have a grade of “W” (Withdrawn) entered as the course grade. If the course withdrawal is after the course is 2/3 complete, a grade of “WP” (Withdrawn Passing) or “WF” (Withdrawn Failing) will be entered as the course grade, based on the student’s prorated grade at that point in the semester as determined by the course coordinator/instructor. W and WP grades are not computed as part of the semester or cumulative grade point average. WF grades are computed in semester and cumulative grade point averages as a Failing grade (F).

A return to the program must be negotiated with the Program Director at the time of the Leave request. Before resuming classes, all students returning from a Leave of Absence must:

a. Meet with the Program Director (or designee) to:
   i. Review the DPT student handbook and agree to the contents in writing
   ii. Reaffirm their ability to meet Essential Technical Standards
   iii. Reaffirm the absence of criminal activity and/or positive drug tests.

b. Complete HIPPA certification
c. Complete any other requirements as communicated by the Program Director in the Leave of Absence approval letter.

In addition, returning students are strongly encouraged to meet with their academic advisor to develop an action plan, as needed, to help the student reintegrate into the DPT program.

L. Elective courses:

All students in good academic standing are encouraged to consider taking elective courses, typically offered during the fall semester of the 3rd year. All students will be provided with the deadline for registration. If more students request an elective than seats are available, seats will be filled using a process that meets the needs of students and faculty. Students will be limited to
enrolling in no more than two electives during any academic semester, not including Global Travel Courses.

M. Independent Study:

Independent Study (IS) courses are developed by students in consultation with a supervising faculty member to meet individualized learning objectives in a particular area of focus. They require a department or adjunct faculty member to serve as an advisor. Before developing an IS course, students are required to:

- Be in good academic standing
- Identify a supervising faculty member and discuss their idea for an IS course
- Consult with their advisor to make sure they can handle the additional workload

To proceed with developing an IS course, students must complete the “Independent Study Contract Form” for WCHP Graduate Programs ([https://www.une.edu/registrar/registration/registration-forms](https://www.une.edu/registrar/registration/registration-forms)) with required signatures from the supervising faculty member, academic advisor, Program Director, and Dean.

As with other elective courses, the department course grade standard does not apply to IS courses. However, the IS course grade, if numerical, will be factored into the student’s GPA and therefore may affect progression in the program and academic standing.

N. Attendance:

As members of a graduate professional education program, all students are expected to model professional behaviors. Students are expected to be present, prepared for class, and actively engaged as evidenced by critical thinking and meaningful participation. Absences can and do occur, but students should inform their instructors in advance if they know they will be absent. Excused absences are acknowledged for major unplanned events (e.g. death in the family, emergency health conditions, mandatory military service commitment), and do not include planned events (e.g. scheduled appointments, weddings, vacations, birthdays). An excused absence is required to make up graded activities.

There are some circumstances in which a missed class due to attendance at a PT-related professional conference will be considered an excused absence. If the absence is considered to be excused, the student -

- Must receive approval in advance from the course coordinator; and
- Is responsible for all missed class materials; and
- Will make up all graded course activities according to a time table set by the course instructor

If a student commits to participate in a service or volunteer learning activity, it is expected that the student will honor the commitment in the absence of a serious unforeseen circumstance.
O. **Dress Code:**

All students should be familiar with the WCHP guidelines for professional dress, as described in the WCHP Graduate Program Progression Policies. In the Department of Physical Therapy, each course coordinator will further articulate dress expectations for activities in each course.

P. **Professional Salutations:**

Students should address faculty, guests, and colleagues in a professional manner, given the specific setting and situation. Each faculty member will make it clear in their class how they expect to be addressed (e.g. by degree, first name, etc.). All adjunct faculty and guest lecturers shall be addressed in a professional manner (e.g. Dr., Professor, Mr./Mrs.) at all times, unless they give permission to do otherwise.

Q. **Deadlines:**

Students are expected to meet all deadlines pertaining to various operations of the DPT program, as communicated to them by course coordinators or instructors, clinical education faculty and staff, PT administrative staff, or the Program Director. When extenuating circumstances prevent the on-time submission of required course assignments, clinical education paperwork, meetings, or other information, students are expected to immediately contact the person who established the deadline with a plan for rectifying the situation. Students who miss course-related deadlines should consult the course syllabus for a description of grade-related consequences. A pattern of missed deadlines, regardless of when or in what circumstances they occur, may be considered a professional conduct violation.

R. **Audiovisual Recording of Class Sessions:**

The lecture and lab content of courses in the DPT curriculum are considered the intellectual property of course instructors and guest lecturers. Students must receive permission to make audio or video recordings of class or lab sessions. If granted, permission to record does not confer permission to share, post, or otherwise distribute the recording to any other person (including classmates), in any format, in either a public or private location. Students must seek additional permission from the instructor or lecturer to do so.

S. **ExamSoft Testing:**

Students will take all DPT course exams electronically via laptop computer. Students will access this system using ExamSoft “Examplify” software.

In taking electronic exams, students have the following responsibilities:

a. Students are required to possess a laptop in working order that meets the required specifications listed for Examplify software on the ExamSoft website:
Windows:

Mac

Please note that even though the ExamSoft website indicates that you can use an iPad to take an electronic exam, the UNE DPT program will not allow you to do so.

b. On the day of an examination, students should:
   o Assure the laptop is virus free
   o Have an A/C power cord available
   o Ensure the laptop battery has a full charge (at least 2 hours) in the event there is a power disruption during the examination
   o Ensure that the internal clock is set to the correct date and time (EST or EDT)
   o Disable sleep/hibernate mode prior to the scheduled examination
   o Disable or whitelist antiviral software

c. Students must install and maintain a current version of ExamSoft’s Examplify application on any laptop that will be used during an exam. The Examplify download is available after logging into ExamSoft at https://ei.examsoft.com/GKWeb/login/unept

d. Students are expected to download the examination prior to arriving to take the exam. Students who have not downloaded the examination prior to arrival will not be provided extra time to take the examination.

e. With the exception of a laptop, power adapter, all personal belongings must be placed at the designated area immediately before each exam. This includes food/beverage, mobile phones, watches, calculators, or any other devices/materials which are not explicitly authorized. Phones must be turned off or placed in silent mode and left with belongings. The room clock or proctor’s watch is the basis for timing the exam. While students may utilize the exam timing feature in Examplify to assist with timekeeping, the room clock or proctor’s watch is the official exam timer. The Examplify exam timer may be incorrect due to a delayed exam start, computer reboots or other factors. Students must complete and submit their examination when instructed by a proctor.

f. Students should place all belongings at the designated area and take their seat. The student should be seated with the laptop on and Examplify opened so that he/she is ready to enter the exam password immediately at the start of the exam. Students arriving late and/or not having Examplify open and ready at the start of the exam will not be granted additional time to complete the exam.
Students who experience computer issues after the examination has started must call for a proctor to help resolve the issue.

h. Students may not exit the exam prior to showing the proctor the green Examplify screen, unless he/she is leaving to use the restroom. In this instance, individual students may only leave once during an exam. No more than one student may leave the exam at the same time for reasons other than finishing the exam. When leaving, students are expected to enable the Examplify “Hide Exam” function so it cannot be viewed by a classmate.

ExamSoft Technological Issues

Technology accommodations and other technological issues will be dealt with as follows:

1. **Student is unable to download and install Examplify**: Students unable to download or install Examplify must notify both the course coordinator(s) and the designated ExamSoft administrator 24 hours prior to the start of the examination. This will help enable diagnosis and resolution of the issue prior to when the exam is scheduled.

2. **Student’s laptop is undergoing repair**: It is recognized that student laptops may need to be taken to external repair services for warranty work, etc. In such cases, the student will take a paper-based examination.

3. **Student arrives to exam with non-working laptop (e.g. will not connect to Internet, will not boot, will not open Examplify, etc)**: In such situations, the student will be permitted to take the exam on paper.

4. **Student arrives to exam without a laptop**: Any student arriving without their laptop will be permitted to take the exam on paper, with a verbal warning not to repeat the behavior. Repeat occurrence(s) may be considered a professional conduct violation.

5. **Student is unable to upload exam**: Because students must show a green screen prior to leaving the exam room, upload issues will be addressed immediately by the course coordinator, proctor, or designated ExamSoft administrator.

T. **Designated Work Days during Semester 7**:

The schedule for the fall semester in the 3rd year of the program includes a “DPT work day” each week on which no classes (with the exception of Scholarship classes) are held. The purpose of the weekly work day is to allow students time to work on DPT projects, engage in DPT learning activities, meet with scholarship project team, or attend meetings outside the normal class or lab schedule.

DPT work days should be reserved for academic, scholarship, and service-learning activities that progress students toward meeting the expectations and learning outcomes of the Doctor of Physical Therapy. Activities required for DPT courses will typically take priority over DPT
extracurricular activities. The attendance policy and other policies delineated in this handbook apply on work days.

U. Evaluation of Courses, Instructors, Program:

Evaluation of courses are used to improve the physical therapy curriculum, course designed, and teaching activities of each course. Course evaluations are used as part of faculty members’ annual performance appraisal and as part of reappointment, promotion, and tenure. The purpose of the evaluation is to provide constructive feedback to faculty in areas in which a person does particularly well or in areas in which improvement is possible. Students who complete the CourseEval when requested will have immediate access to their transcript and course grades. A “transcript hold” will be placed on student transcripts for students who do not complete course and faculty evaluations.

In addition, before graduation, students are asked to complete a Comprehensive Program Survey, which evaluates all aspects of the physical therapy program. In addition, student focus-groups are conducted to obtain additional feedback throughout and at the conclusion of the program.

V. Equipment and Use of the Skills Laboratories:

The skills laboratories will be available at times when regularly scheduled classes are not in session for study and practice. Skills laboratories have UNE ID card access, allowing students to enter the laboratory rooms for practice outside of class time without seeking entrance assistance from faculty.

Students should notify the Department administrative staff if their ID card is not properly programmed to provide entry into the identified skills laboratories.

Students are expected to clean up the laboratory after use to include:

1. Placing used linens in the laundry basket.
2. Returning equipment to the appropriate storage location.
3. Ensuring that the room has been straightened up, windows closed (e.g., Blewett 012) and that the laboratory door is locked when exiting the room.
4. Sanitizing used equipment and surfaces

In order to promote a safe and positive learning environment, it is expected that DPT students will engage in safe and acceptable behavior during all supervised and unsupervised use of the skills laboratories. Students may only use Department of Physical Therapy equipment for practice after the equipment has been presented in a physical therapy class. Students are not to use any equipment that has not yet been presented in a physical therapy class. Practice is only allowed with other physical therapy students who have also been trained in the use of the respective equipment. Likewise, students may only practice examination and intervention procedures that have been presented and practiced in a physical therapy class. Practice is only allowed with other physical therapy students who have also been trained in the use of the
examination or intervention procedures. Students engaging in unsafe or unprofessional behavior may lose their unsupervised access privileges to the laboratories. Students may also be held responsible for damage to equipment and supplies if the damage is related to inappropriate use.

It is the policy of the Department to insure 1) routine maintenance and safety inspections of equipment on an annual basis and 2) repair or replacement of defective equipment as appropriate. If equipment is broken or damaged, please notify the course coordinator and/or the Department of Physical Therapy Administrative Assistant immediately.

W. Informed Consent for Teaching and Learning Activities, Images, and Materials:

Any patient or guest participating in teaching and learning activities sponsored by the Department must give their written consent to do so (Appendix 6). The activities include, but are not limited to: being interviewed, being photographed, videotaped, or tape recorded, allowing faculty to demonstrate examination and treatment procedures, and allowing students to practice examination or treatment procedures or conduct research. The activities may occur at the University or in the community.

Many courses in the physical therapy curriculum involve a laboratory component. In these labs, it is expected that each student participates by practicing the techniques taught. Most often, students will work in pairs or small groups during this practice time. Additionally, on occasion an individual student may be asked, but not required, to act as the 'model' for demonstration purposes. It is vitally important that each student feels safe and respected while in class and lab. If a student does not feel comfortable with having a classmate practice on him or her, or acting as a model for demonstration, the student should discuss the matter with the course coordinator. Please also refer to the discussion of Essential Technical Standards above.

When using images or other materials during Clinical Practicum, the student is expected to follow the clinical facility’s policies and procedures for obtaining informed consent. In the absence of facility policies and procedures regarding informed consent, students should use the Department’s form pending approval from the clinical facility manager. Further detail regarding the use of images or other materials during clinical practica is found in the Department’s Clinical Education Handbook.

X. Medical Advice:

Students shall not ask any faculty member, including full-time or adjunct faculty or guest speakers, for medical advice regarding a medical problem before, during, or after a class or lab session. This includes medical problems of the student, acquaintance, family member, etc. If a student would like to discuss a medical problem with any faculty member, an appointment should be made in advance at the faculty member’s convenience.

Y. Student Files and Personal Identifiable Information:
It is the policy of the Department faculty and staff to insure the confidentiality of student records and personal identifiable information. An electronic file for each enrolled student is kept. Faculty are responsible for ensuring that a copy of any correspondence, letters, written communication, etc. to the student or about the student be placed in the student file. All faculty and staff are responsible for ensuring that all files on student advisees and other confidential materials are stored in secure electronic and/or hard copy files congruent with University and federal/state policies, e.g. the Family Educational Rights and Privacy Act (FERPA). To further protect the confidentiality of files housed in the Department, the main office will be locked when no one is present.

Other personal identifiable information, including but not limited to, University email addresses, contact information, username and password accounts used in University online programs such as Brightspace and U-Online, is also protected congruent with University and federal/state policies (e.g. FERPA).

Z. **Use of Department Equipment and Administrative Support:**

The Department has administrative support personnel to support the daily operations of the DPT program, located in the Physical Therapy Department Office in Proctor Hall, Room 214. Student requests for office supplies or assistance, including duplication of materials for class presentations or in-services, must be submitted to the course instructor for approval before submitting to an administrative support personnel. Photocopyers are located in the library for students’ personal use.

Students may use department telephones and fax machine when given permission by faculty or administrative support personnel in an emergency or for school-related business. The Physical Therapy Department refrigerator and microwave are for use by faculty and staff only. Student facilities are located in Blewett Hall (lower level, lounge area).

AA. **Membership in the American Physical Therapy Association:**

All students are expected to join the American Physical Therapy Association (APTA) and to maintain membership throughout the professional program. Students are also encouraged to participate at the state and national level. This is excellent preparation for a student's future role as a physical therapist. APTA student membership information is available on-line.

BB. **Social Media:**

In line with the APTA Standards of Conduct in The Use of Social Media Position Statement, the DPT Program views websites, blogs, and other information published on media accessible by the public positively and it respects the rights of students to use them as a medium of self-expression. If you choose to identify yourself as a student in the UNE PT Program or to discuss matters specific to the Program, please bear in mind that although the information will typically be viewed as personal expression, some readers may nonetheless view you as a de facto spokesperson for the Program.
Students should also remember that social media postings are available for review by PT clinical sites, residency programs, and employers. What is posted in the present, whether as personal expression or professional discourse, has the potential to impact career opportunities either positively or negatively in the future. Students should not assume that simply deleting a post or hiding it will permanently remove it from view by others.

When using social media, students should adhere to the following guidelines:

- UNE computers and electronic systems are limited to business use only.
- Be mindful that you are an informal ambassador for the Program and it is the hope of the Program that you will represent it in a positive way.
- Make it clear that the views expressed are yours alone and do not represent the views of the PT Program or its faculty.
- If you blog or publish information about the Program you should include/disclose that you are a student in the Program.
- Understand that you assume full responsibility and liability for your public statements.
- Do not disclose patient information/pictures or proprietary information without consent. You must abide by non-disclosure and confidentially policies, including those of the Board of Physical Therapy Licensure, the American Physical Therapy Code of Ethics, and HIPAA at all times.
- UNE and PT Program logos should be used only as allowed by the Program and/or University.
- Making discriminatory, defamatory, libelous, or slanderous comments when discussing the Program, faculty, staff, patient/clients, clinical sites, and fellow students is unacceptable.
- Social networking and blogging are subject to all other student policies, including harassment and anti-bias policies/statements.
- When in doubt, consult the faculty or Program Director for guidance about the appropriate use of social media.

If the information you publish via social networking and blogging is accessible to the general public, the PT Program hopes your comments will be truthful and respectful of the Program, its faculty and staff, patients/clients, clinical sites, and fellow students. If you are going to criticize individuals, consider discussing the criticism personally before making it public. The Program will not tolerate statements about the Program, faculty and staff, patients/clients, clinical sites, and fellow students that are defamatory, obscene, threatening, or harassing.

Failure to comply with this policy may lead to discipline, up to and including, dismissal from the program, and if appropriate, legal action.
Licensure and the National Physical Therapy Exam (NPTE)

Taking the National Physical Therapy Exam (NPTE) (often referred to as “The Boards”) and becoming licensed to practice as a physical therapist in a state are two separate - but linked – processes. In some states the processes are more closely linked. The Federation of State Boards of Physical Therapy (FSBPT) is the organization that coordinates the examination process and provides a wide variety of resources related to the exam and to the licensure process. The NPTE can be taken anywhere, then you choose where to submit your scores to apply for licensure. This involves several steps.

1. The UNE PT Program will create your FSBPT profile and provide you with log-in information.
2. The UNE PT Program will validate graduation. This is a mandatory step, required prior to registering for the NPTE. This is done during the second week of March in the year that you graduate. We will not validate graduation any earlier than that.
3. You submit all required components for NPTE registration.
4. You take the exam.
5. You apply for licensure in the state you expect to practice in.

Some states may require a letter from UNE (with or without a UNE seal) for either the NPTE or licensure. If you need one, your request/the form should be sent to the Administrative Assistant in the PT Department who will get it taken care of for you, send it to the state, and provide you with a copy. You can also go directly to the UNE Registrar's Office to take care of this.

Students are encouraged to explore the FSBPT website early on so that they understand the process and are familiar with their individual (state-specific) requirements and requirements for the NPTE. The FSBPT Journey Map is a very helpful overview of the process that will tell you whether or not the state you choose has additional requirements that need to be met to take the NPTE. If you have questions regarding those requirements you should contact that state licensing board directly. [https://pt.fsbpt.net/UserJourneyMap](https://pt.fsbpt.net/UserJourneyMap)

The FSBPT offers the NPTE four times per year (January, April, July, October). The UNE curriculum and calendar are designed to prepare graduates to take the July exam - following graduation and receipt of degree.

**Taking the NPTE April Exam**

Students are allowed to request permission - and PT Program verification - to take the NPTE in April, prior to graduation. Permission will be granted if all of the following criteria are met:

- 3.5 overall GPA
- No previous class failures
- Not on probation
• Completion of CP 3 OR Determination that they are on track to successfully complete CP3 by the time of the exam (this must be determined in consultation with the clinical education faculty)
• No comments or concerns from CP3 CI about exam interfering with clinical placement

If all criteria are clearly met, the student must send an email to the Program Director confirming/assuring that they have met each of the criteria and request permission to take the April exam. The student will receive a confirmatory response.

If all of the above criteria are not met, the student must meet with their Advisor to discuss. Should the Advisor think it is appropriate, the student can submit a written petition* which their Advisor will bring to the faculty for a vote. The student will be notified of the decision as quickly as possible. *Financial constraints/issues should not be included as part of the petition.

All requests/petitions to take the April exam must be submitted to the Program Director by March 15.

Some states allow students to take the exam prior to graduation, and some DO NOT allow you to take the NPTE early if you intend to apply for licensure in that state. Please see the follow link for state-specific restrictions/requirements. Permission will not be granted for states in which this is not allowed.
https://www.fsbpt.org/Free-Resources/Licensing-Authorities-Contact-Information
GENERAL INFORMATION

Membership in the DPT Student Council

The DPT Student Council serves as the primary vehicle through which students communicate collectively with the DPT program faculty, the College and University Administration, UNE academic programs, UNE Graduate Student Government, the APTA, and various community organizations. Through the council, students gain access to a variety of professional development, community service, and fund-raising opportunities. All students are strongly encouraged to participate.

At the beginning of the fall semester, the DPT Student Council will elect class representatives. Students must be in Good Standing with the department, college, and university to be eligible to serve in leadership positions on the DPT Student Council. Offices include:

- President
- Vice President
- Secretary
- Treasurer / Graduate and Professional Student Association (GAPSA) Councilor
- GAPSA Senator
- APTA Liaison
- Interprofessional Student Advisor Team (IPSAT) Representative
- Social Media Officer

The responsibilities of these individuals may include, but are not limited to:

1. Communicating on behalf of the class at faculty meetings and/or faculty retreats
2. Serving on Department ad hoc committees
3. Representing the program on the UNE Graduate Student Government and Interprofessional Student Advisory Team (IPSAT).
4. Communicating with liaisons at the APTA, Maine Chapter of the APTA, and other outside groups.

A list of class representatives and current officers of the DPT Student Council is kept in the DPT program office.

Department News and Student Information

The Department web site provides links to various resources relevant to prospective and current students in the DPT program including but not limited to:

1. The University Catalog
2. Recruitment and admissions information
3. University academic calendars
4. Essential technical standards
5. Acceptance and matriculation rates
6. Student outcomes, including graduation rates, employment rates, pass rates on licensing examinations, and other outcome measures
7. Costs for DPT Students
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10. Student Health Care
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Department of Physical Therapy

Clinical Education Handbook

Academic Year 2021-2022
Addendum to the DPT Student Handbook

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<tr>
<th>Alia Sullivan PT, DPT, GCS, CEEAA</th>
<th>Tara Paradie PT, MS</th>
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Introduction

As a section of the DPT Student Handbook, the Clinical Education Handbook is intended to be a resource for students and clinical faculty as students participate in their clinical education experiences. The handbook is divided into two distinct sections. Section One discusses the clinical education experience in the Physical Therapy Program and outlines the clinical education policies and procedures. Section Two contains appendices. Clinical faculty and students will be supplied with updates to the Clinical Education Handbook as warranted.

Clinical education is an experiential learning process that is an integral part of the physical therapy curriculum. Attainment of competencies as a physical therapist is dependent upon integration of didactic and clinical education experiences. While didactic education provides a basis for the development of appropriate problem-solving abilities and a knowledge base, clinical education provides an opportunity for application of the knowledge, skills and attitudes that characterize an entry-level practitioner.

UNE Clinical Education is committed to UNE’s Equal Opportunity Policy. See details of policy. UNE will make reasonable accommodations for students with disabilities. Students should notify the Student Access Center as soon as possible regarding any special needs. See details of process and policy.

The UNE DPT Program’s Clinical Education team is dedicated to working with all students to learn and meet their needs, and maximize their clinical learning opportunities. This team is committed to working collaboratively with students, to advocate and support students on their educational journeys.
Section One: The Clinical Education Experience

Descriptions and Definitions

Clinical Education is an essential component of the Physical Therapy Program. Clinical education experiences assist students in developing the skills and attributes necessary to practice as independent health care practitioners. The UNE’s Department of Physical Therapy has signed Clinical Education Agreements with clinical sites throughout the United States. These sites represent a variety of practice settings that enable students to be prepared as practice generalists. Students in the DPT Program participate in three, full time clinical education experiences that are sequenced intermittently throughout the curriculum. Each experience is generally twelve weeks in length and may be a continuous 12-week experience or a divided rotation to encompass more than one clinical setting. Students also participate in an Integrated Clinical Experience during the first year of the program.

Students complete their first full-time clinical education experience in the fall semester of their second year. The 12-week experience occurs after completion of coursework focused on the musculoskeletal and cardiopulmonary systems. Students have also completed foundational skill training and introductory neuroscience courses. The intermediate 12-week clinical education experience occurs in the summer semester of the students’ third year. At this point students have completed coursework focused on the neuromuscular system across the lifespan.

The terminal 12-week clinical education experience occurs in the spring semester of the third year immediately prior to graduation. Students have completed coursework focused on the integumentary system.

Sequencing of clinical education experiences throughout the professional component is designed for the following:

- To provide students with the opportunity to practice skills shortly after they are learned.
- To evaluate student performance at a variety of points in the curriculum.
- To continue the problem-oriented building process in clinical education.

Clinical Education Course Descriptions

Complete syllabi for each course is located in appendix 23, 24, and 25.

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Clinical Education Definitions

Per ACAPT Physical Therapy Education Glossary (Appendix 11) The following definitions are provided to ensure optimal communication for all parties involved in clinical education:
• **Director of Clinical Education (DCE)** Academic faculty member who is responsible for planning, directing and evaluating the clinical education program for the academic institution, including facilitating clinical site and clinical faculty development in conjunction with the ADCE.

• **Assistant Director of Clinical Education (ADCE):** Academic faculty member who works in conjunction with the DCE for planning, directing and evaluating the clinical education program for the academic institution, including facilitating clinical site and clinical faculty development.

• **Clinical Education Faculty**
  A clinical education faculty member is a health professional who has agreed to provide instruction for a UNE PT student by serving as a CI or SCCE.
  - **Selection Criteria for Clinical Education Faculty Members:**
    - Demonstrated interest in providing clinical education to PT students
    - Minimum of one-year experience in clinical practice (or 6 months + if sharing a student with another CI with >1-year experience)
    - APTA credentialing as a CI is recommended and desired, but not required
    - PT licensed/credentialed in the state in which they are practicing

• **Site Coordinator of Clinical Education (SCCE):** A professional who administers, manages, and coordinates clinical assignments and learning activities for students during their clinical education experience. In addition, this person determines the readiness of persons to serve as preceptors and clinical instructors for students, supervises preceptors and clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information to academic programs

• **Clinical Instructor (CI):** The physical therapist responsible for the physical therapist student and for directly instructing, guiding, supervising, and formally assessing the student during the clinical education experience. When engaged in full-time clinical education designated to meet the minimum number of weeks required by CAPTE, the clinical instructor must be a licensed physical therapist with a minimum of one year of full time (or equivalent) post-licensure clinical experience.

• **Clinical Education Site:** A health service delivery agency or other setting in which clinical education experiences are provided for physical therapist students. The clinical education site may be, but is not limited to, a hospital, agency, clinic, office, school, or home and is affiliated with the educational program(s) through a contractual agreement

• **Clinical Education Agreement:** A formal and legally binding agreement that is negotiated between academic institutions and clinical education sites or individual providers of clinical education that specifies each party's roles, responsibilities, and liabilities relating to student clinical education

• **Clinical Performance Assessment:** Formal and informal processes designed to appraise physical therapist student performance during clinical education experiences. Assessment may be formative or summative in nature and performed for the purposes of providing feedback, improving learning, revising learning experiences, and determining successful attainment of student performance expectations during clinical education experiences

• **Clinical Performance Evaluation Tool:** A valid, reliable, and multidimensional clinical performance assessment tool utilized to determine if, and how well, a student meets established objectives during clinical education experiences

• **Clinical Practicum (CP):** A clinical education experience in which a student is engaged for a minimum of 35 hours per week. Full-time clinical education experiences designated to
achieve the minimum number of weeks set forth by CAPTE are directed by a physical therapist clinical instructor.

- **Integrated Clinical Education (ICE):** Integrated clinical education is a curriculum design model whereby clinical education experiences are purposively organized within a curriculum. In physical therapist education, these experiences are obtained through the exploration of authentic physical therapist roles, responsibilities and values that occur prior to the terminal full time clinical education experiences. Integrated experiences are coordinated by the academic program and are driven by learning objectives that are aligned with didactic content delivery across the curricular continuum. These experiences allow students to attain professional behaviors, knowledge and/or skills within a variety of environments. The supervised experiences also allow for exposure and acquisition across all domains of learning and include student performance assessment. For integrated clinical education experiences to qualify towards the minimum number of full-time clinical education weeks required by accreditation (CAPTE) standards, it must be full time and supervised by a physical therapist within a physical therapy workplace environment or practice setting. ICE=Integrated Clinical Education

**Roles of Academic Faculty, Clinical Faculty, and Students**

Clinical education requires mutual endeavors by the academic faculty, the clinical faculty, and the student to achieve the common goal of clinical competence. The student is responsible for recognition and communication of their own abilities and limitations according to academic level, previous clinical experiences, and personal attributes. The academic faculty is primarily responsible for didactic preparation, coordinating appropriate placement of students in clinical facilities, and collaborating with clinical faculty to maximize individual student performance. The clinical faculty is primarily responsible for providing appropriate learning experiences and evaluating the student's performance. Please refer to the Appendices C and D for additional information on the roles, responsibilities, and expectations of stakeholders in clinical education.

a. **Responsibilities of Stakeholders in Clinical Education**

**DCE/ADCE:**
- Assign students for 3 full-time clinical experiences and 1 ICE that encompass: management of patients/clients typical of those commonly seen in practice across the lifespan and continuum of care; common practice setting opportunities for involvement in interdisciplinary care; interaction with PT role models whose practice is consistent with APTA’s Code of Ethics for the Physical Therapist (Appendix 6); and experiences that are supportive of the achievement of expected student outcomes.
- Involve the students in the selection process of clinical education experience sites as appropriate.
- Prepare students for clinical education through meetings and clinical education seminar coursework. Provide policies and procedures concerning clinical education.
- Assign and communicate placements for the clinical education experience with the student and the clinical education site.
- Managing cancellation or change in clinical site placement.
- Provide the site-required student information to the clinical site prior to the start of each clinical education experience.
- Complete a mid-term visit or phone/video conference during each full-time clinical experience and discuss evaluation of student clinical performance with clinical faculty and student.
• Offer assistance to clinical education faculty and student as needed during a clinical education experience.
• Collaborate with the student and clinical faculty when student performance is unsatisfactory or when student physical and/or mental health compromises the essential functions required by the DPT Program.
• Assign a grade for each clinical education experience following consultation with the clinical education faculty and the student.
• Provide clinical sites with feedback about their clinical education program. This may be derived from student assessments of their clinical experience and/or input from the DCE/ADCE or other faculty.
• Contribute to the professional development of the Clinical Education faculty and assist clinical sites with development and management of effective clinical education programs. This includes:
  o Offering each CI a Community Faculty UNE ID and library access;
  o Working with the feedback received during the mid-term meeting when the CI/SCCE is asked how UNE can help them grow;
  o Providing bookstore vouchers or CI credentialing vouchers (when applicable).

**Clinical Education Site/Clinical Education Faculty**

• Provide the student with an orientation to the facility including: facility and department rules and policies including HIPAA and OSHA, procedures concerning handling of emergency codes (fire alarms, incident reports, etc.), layout of the department and facility, working hours, dress code, reporting of absences, educational opportunities (clinics, in-services, rounds), recordkeeping systems, evaluation processes, etc.
• Provide the student with a skilled CI who has a minimum of 1-year experience, or a CI with <1-year experience sharing CI responsibilities with a CI mentor with >1-year experience, is an effective and ethical clinical teacher/practitioner/communicator, and is committed to the clinical education process. It is preferable, but not required, that each CI has completed the APTA CI Education Credentialing course and possesses skill in communication, principles of supervision, formative and summative evaluations, and planning learning activities.
• Provide a clinical environment that allows for effective teaching and learning. This may mean that the CI has modified the workload at the beginning of the clinical experience in order to allow the CI and student to have teaching and learning time together. It is expected that the teaching and learning will be a shared responsibility of the student and the CI.
• Assess the student’s level of ability and skill/knowledge within the specific setting. Utilize the CPI for the purpose of evaluating student performance and for providing formative and summative feedback. The CI will use the scoring suggestions provided in the instructions for use of the tools and document performance effectively.
• Promote student’s use of evidence-based practice and integration of academic skills/knowledge and behavior with the realities of clinical practice. Preparing students to be effective and efficient life-long learners in clinics is an important extension of the academic learning.
• Provide practice opportunities that encompass all roles and responsibilities of a physical therapist within the setting inclusive of:
  o **Professional practice expectations:** accountability, altruism, compassion/caring, integrity, professional duties, communication, cultural competence, clinical reasoning, evidence-based practice, and education.
  o **Patient/client management expectations:** screening, examination, evaluation, diagnosis, prognosis, and development of plans of care/interventions.
**Practice management expectations:** prevention, health promotion, fitness and wellness, management of care delivery, practice management, consultation, and social responsibility and advocacy.

- Provide role-modeling and constructive feedback to the student, with opportunities for discussion of student’s attempts to develop an effective approach of addressing ethical, moral and communication issues that may arise.
- Provide effective communication with UNE regarding the status of the clinical education program, including substantive changes, and student performance/status.
- Obtain consent from patients/clients to have a PT student be involved in clinical care.
- Provide information to students regarding location and cost of emergency services should they be needed while the student is at the facility.

**UNE DPT Student:**

- Maintain current health insurance throughout their clinical experiences.
- Complete all pre-requisite academic and health requirements prior to the start of their clinical education experience or by any established deadline from the clinical facility.
- Provide evidence of current Basic Life Support (BLS) for Healthcare Providers CPR certification and all health requirements as identified by UNE Student Health Services. In addition, some clinical education sites may require additional testing or health documentation. It is the student’s responsibility to fulfill these and any other additional requirements in a timely manner prior to the commencement of each clinical education experience. The cost of additional tests is to be incurred by the student.
- Contact the SCCE prior to the start of the clinical education experience to discuss questions they might have (hours, dress code, etc.) and to inquire about any special requirements that need to be completed prior to the commencement of their clinical education experience. The clinical education staff will assist the student in completing any special requirements as needed. However, the student is responsible for ensuring the requirements are completed by the deadline established by the clinical facility.
- Students are responsible for costs of transportation, housing, meals, uniforms, and other expenses associated with each clinical education experience. It is advisable to plan for these expenses early in the program. Clinical education experience assignment will not take these costs into consideration.
- Abide by the policies and procedures of the clinical education site regarding dress code, working hours, assigned workdays, holidays, patient care guidelines, documentation, attendance, and attendance at rounds, team meetings, staff meetings, in-service training, etc. Assigned work hours may vary and can include weekends, holidays, and 10+ hour days.
- Attendance at clinical is mandatory. If there is an excused absence, or a day missed due to illness, these days must be made up. These arrangements will be made in consultation with the DCE/ADCE, CI, and/or the SCCE.
- Review the clinical site files to become informed about specific requirements for dress, health examinations, pre-clinical assignments, etc. of the clinical center when available.
- Complete a Student Data Form (Appendix 13) prior to each clinical education experiences. This provides the CI/SCCE with pertinent information about individual goals, learning styles, prior learning experiences, and competency. Some sites will request additional information prior to the beginning of the clinical education experience.
- Complete an in-service or similar presentation during each clinical education experience.
- Complete the required Clinical Performance Evaluative Tools or other tools as required by the clinical site, at the specified times during each clinical education experience. These evaluations should be discussed with the CI.
• Complete the Clinical Experience and Clinical Instruction student evaluations/surveys at the end of the clinical education experience.
  o The set completed through JUN is shared with the CI and site by the Clinical Education team (Appendix 14)
  o The set completed with Survey Monkey is confidential between the student and the UNE DPT Clinical Education Faculty and not shared with the CI or site (Appendix 28)
• Complete all other required paperwork for each clinical education experience as outlined in the course syllabus. A grade for the clinical education experience can’t be provided until the DCE/ADCE has received and reviewed all required paperwork.
• Assume responsibility for maximizing learning during each clinical education experience as evidenced by:
  o Commitment to learning
  o Clear and timely communication with appropriate co-workers
  o Continuous regard for all
  o Effective utilization of information
  o Informed, responsible decision-making
  o Effective provision/utilization of feedback
  o Regular self-assessment

Clinical Education Policies and Procedures

Sites for Clinical Education Experiences
The Department of Physical Therapy maintains strong clinical partnerships and has signed Clinical Education Agreements with clinical education sites throughout the United States. The agreements are reviewed and approved by UNE administration (i.e., CFO, Dean) and are established for a period of one year or more. The sites are sought out and selected to provide students with access to patients that are representative of those commonly seen in practice, in a variety of practice settings. The Department of Physical Therapy does not affiliate with clinical education sites outside the United States, but is exploring those opportunities. Students are required to complete full-time clinical hours in both inpatient, and outpatient settings. Each of the three full-time clinical placements will differ substantively from one another. Students will be placed at facilities that fall into these categories:

• **Inpatient Setting** (long-term care/sub-acute facility, rehabilitation facility, or acute care facility): Patients in these facilities are residents for anywhere from 1 day to 6+ weeks. Their length of stay is dependent on the severity of their diagnosis. The diagnoses may include neurological, orthopedic, medical/surgical, cardiopulmonary, and/or vascular disorders. The student will be exposed to different aspects of PT including typical patient care, discharge planning, billing aspects, working with other disciplines, part of an interprofessional team, and administrative processes.

• **Outpatient/Ambulatory Care Settings:** Patients in these facilities are seen as needed in the clinic. They do not reside at these facilities. The diagnoses may include neurological, orthopedic, medical/surgical, cardiopulmonary, and/or vascular disorders. The student typically focuses on patient care, discharge planning, billing aspects, and incorporating pertinent community resources into their care plan.

• **Other Settings:** Special interests that the student may have such as pediatrics, pelvic health, wellness/fitness, occupational health, manual therapy, home health, school-based care, etc. may be addressed in this category. Practice in these areas can occur in either
inpatient or outpatient facilities. Placement at one of these settings increases the variety across the students’ clinical experiences.

The overall goal is to place students at affiliating sites that offer learning opportunities consistent with the student's current academic preparation.

**Clinical Education Opportunities for each Clinical Education Experience**

Students are provided with an availability list that identifies available clinical sites that have agreed to take one or more UNE PT students for a specified clinical education experience. These clinical experience opportunities are obtained by asking our clinical partners to take students and compiling a list of available placements for UNE PT students. Per an informal national agreement between PT Programs in the United States, this request is sent out in March for the year to follow.

**Student Review of Available Sites**

Students can gather information on the available sites through individual research, meetings with the DCE/ADCE, other faculty, and/or from the Student Site Files that can be found in Brightspace. The Student Site Files contain a variety of information that can assist students in the decision-making process. The Site Folder contains the CSIF and evaluations of the clinical site from previous students (if applicable).

**Process for Student to Request a Site**

If students desire a clinical education experience at a particular site, there are 3 mechanisms in which to communicate interest to the UNE Clinical Education Team.

1. Students may attempt to create one new site for each fulltime clinical experience. This is a site UNE does not yet have an existing relationship with.

2. Students may indicate express interest in a site UNE has an existing relationship with.

3. Students may provide information for a site they have a connection with, and would like to explore the appropriateness of pursuing a clinical placement at this site

These three mechanisms of sharing interest in a site are optional, and are in addition to the regular site assignment process. The following outlines the process for each of these three mechanisms.

**Process for Student New Clinical Education Site Creation**

All students are given the opportunity to create one new site for each full-time clinical experience. If a student wants to create a new site, they must complete the form (Appendix 17) and submit this to the DCE/ADCE during the identified timeframe. New Site Creation is solely the responsibility of the DCE/ADCE. Contacting proposed clinical sites is only to be done by DCE/ADCE. Students are NOT allowed to contact the sites during this process, or at any time in an effort to solicit a clinical placement. The DCE/ADCE will determine if the site is appropriate. If the requested site can take a student, the requesting student will be placed at that site, and must complete the assigned full-time clinical experience at that site. Regardless of the outcome of the request, each student may only request one new site for each full-time clinical experience.

Criteria for deeming a new site acceptable are based on the APTA Guidelines for Clinical Education Sites. Each site is evaluated by the DCE/ADCE using the rubric found in Appendix 27. New Site Development Form evaluates:

- If the site has an SCCE
- The type of facility it is (inpatient, outpatient, acute, etc.)
- If the clinical site is open for 35 hours or more a week
- If the clinical site already has a formal student program established and if so, what model do they use for supervision
• The number of physical therapists work at the site
• Level of CI experience. It is recommended that CIs have one year of previous clinical experience or work in a direct mentoring relationship with a more seasoned CI if less than one year.
• CI APTA credentialing
• Site willingness to complete requested evaluations
• Other information as indicated

Acquisition of new clinical education sites is dependent primarily on the needs of the clinical education program. If the DCE/ADCE and clinical facility decide to enter into an affiliation together, then the formal process of becoming a contracted clinical site is begun. This process takes time, and if a contract cannot be secured for the site prior to the assigned student start date, alternative arrangements may be made for student placement.

**Student Interest in Existing Clinical Partnerships**
Students complete a form (Appendix 10) to indicate interest in a clinical education site that UNE has an existing relationship with. Sites with previous UNE partnerships are not eligible for requests as a “new site.” Submitting interest in a site UNE has a relationship with does not guarantee placement at this site, but is simply an indicator of future interest. This form is merely for communication with the DCE/ADCE and holds no weight regarding future placement.

First year students may complete this form in October of the first semester for placement of CP1 sites, and again in March of the first year for placement of CP2 sites

Second year students may complete this form in March of their second year for placement of CP3 sites

**Student with a Connection with a Clinical Site**
Students with connection to a clinical site of interest may complete a form (Appendix 10) to indicate to the UNE Clinical Education Team interest in the site they have a personal connection with. Indicating this interest will trigger communication between DCE/ADCE and student to assess if this is appropriate to pursue, taking into consideration the possible existence of a conflict of interest, and any other pertinent information known of the site and/or the needs of the student. Students are not allowed to contact sites on their own to seek out clinical placements. This process allows students to discuss their connections with DCE/ADCE at specific times each year. Submitting interest in a site a student has a connection with does not guarantee placement at this site.

First year students may complete this form in October of the first semester for placement of CP1 sites, and again in March of the first year for placement of CP2 sites.

Second year students may complete this form in March of their second year for placement of CP3 sites.

**Clinical Education Experience Placement Process**
All students will complete the steps outlined below. If a student has requested a new site, they will participate in the typical placement process outlined below unless and until the requested new site confirms their ability to take the student. The Clinical Experience Placement Process begins approximately 6 months prior to the clinical education experience.
1. Students will be provided a list of clinical sites that are available for the upcoming clinical education experience.
2. Students will review and research the sites on the list.
3. Each student indicates 8 preferences for clinical site placement in the student portal of JUN.
4. Students will be matched with a clinical site placement by the DCE/ADCE, with consideration of the following factors:
   a. Student preferences, Site/Student compatibility, needs of the class, needs of the program, Clinical Education requirements (travel, different settings), prior clinical education experiences, faculty input, academic and professional performance.
   b. Factors not considered: personal student finances, housing availability, marital status, or student transportation.
   c. If multiple students express interest in the same site, the above factors in bullet “a” will be considered. If after consideration, all factors between students remain equal the student will be selected for the site via a random generator.
   d. It is not a guarantee that a student will be placed at a site indicated in their list of 8 preferences.
      i. If a student is placed at a site not in their preference list, DCE/ADCE will notify the student prior to posting the placements.
   e. Clinical placement sites are not optional. In an effort to utilize all placement resources, there are occasions where students are placed at sites that are not preferred or expected. Students may not refuse a clinical placement. If a student decides not to attend the assigned clinical placement they may take a leave of absence (LOA) and be placed for that clinical education experience the following calendar year when it is offered to the upcoming class.
5. Students, friends of students, and family members are not permitted to contact clinical sites for the purpose of soliciting placement.
   a. Violation of this process ensures the student will not be placed at the site solicited.
6. Once the selection process has taken place, the student cannot switch their clinical experience location.
7. Once the placement process is finalized, each facility is notified in writing of the student(s) who will be attending that clinical experience, the dates they will be attending, and (if applicable) the desired clinical rotation for that affiliation.
8. Clinical facilities may cancel or change an experience for a variety of reasons - at any time - prior to the start of an affiliation. These cancellations are beyond the control of the Program and therefore the Program does not assume responsibility for expenses the student may have incurred (e.g. scheduled airfare, housing deposits). Should a site be cancelled, the DCE/ADCE will communicate this as soon as possible and work with the student to ensure the best possible alternative placement.

**First Come/First Serve Offers**
Some sites offer UNE a clinical education experience on a “first come/first served (FC/FS)” basis. This is determined by the site and means the facility does not reserve that spot exclusively for UNE. Periodically, the DCE/ADCE will announce a spot to the class, and place students at a FC/FS spot earlier than the placement timeline in order to secure the spot.

**Travel Requirements**
In order to ensure that every student has the opportunity to stay local to UNE for at least one clinical experience, each student is required to travel at least 1.5 hours away from UNE for at least one of their clinical experiences. The distance is determined by utilizing google maps and
comparing the site address to the UNE Portland Campus address. Students may travel for more than one clinical experience but must at least travel for one.

**Clinical Education Experience Expenses**
Students are responsible for providing their own transportation to all clinical experiences. While not a requirement, students are strongly advised to have a car available for clinical experiences. Lack of a car is not considered when placing students for clinical. Students are also responsible for their own housing arrangements and living expenses. It is very likely that students will be required to travel outside of New England for at least one of their clinical education experiences. Students should anticipate additional living expenses totaling $2,000-3,000. Students are also responsible for any expenses related to additional paperwork or items required by their clinical site (criminal background check, drug screen, etc.).

**Conflict of Interest**
At the discretion of the DCE/ADCE Students may not be placed at the following clinical sites to avoid potential conflicts of interest:
- If a site is providing them with scholarship or tuition assistance, or where they have a contractual arrangement, unless the assistance is contingent on them completing a clinical education experience at the facility. This must be discussed and verified by the DCE/ADCE.
- If a member of the student's family has some jurisdiction over the site’s physical therapy practice (e.g. Chief Executive or Financial Officers of a hospital or organization, a physician who refers patients to physical therapy, individuals directly employed by the physical therapy department, family members who serve on the Board of Directors for a facility).
- If the student has been or is currently employed as a physical therapy aide, physical therapist assistant, rehab aide or receptionist at a site.
- If the student has completed observation hours at a site.

Students are required to disclose any known or potential conflicts of interest to the DCE/ADCE. Concealment, and subsequent discovery of this information, will result in a grade of "F" for that clinical education experience.

**Requirements Prior to Clinical Education Experience**

**Health Requirements**
Students are required to meet all health requirements as designated by the clinical site and the university. These may include but are not limited to:
- A physical examination
- Yearly tuberculosis clearance
- Documentation of adequate titer:s for: measles, mumps, rubella, and varicella
- Documentation of hepatitis B vaccination and titer, or record of declaration of this
- Documentation for childhood polio vaccine
- Documentation of COVID19 vaccination
- Any other tests that are required by the clinical site
- UNE’s health requirements can be found here

Students who have not met the health requirements will not be allowed to participate in clinical education experiences. Students must have a review of their immunizations by the UNE Student Health Center prior to each clinical education experience. Students must obtain documentation of
compliance and have it available to send to their clinical site, or have it to give to the Clinical Education Office as needed. The student must sign a medical release before the Clinical Education Office shares this information with the clinical site.

In some cases, a site’s requirements may exceed the UNE DPT Program requirements. For example, a site may require a varicella titer. It is the student’s responsibility to determine the requirements for their specific clinical education experience (found in JUN), and complete them prior to the start of clinical. Students will be in contact with their SCCEs, as instructed by UNE, prior to the start of the clinical education experience, and should confirm the necessary requirements at this time. Failure to complete the specified requirements in a timely manner may result in a student's experience being delayed or canceled, and possibly failure of the clinical education experience.

**CPR**
Each student is required to obtain [Cardiopulmonary Resuscitation (CPR) certification, Basic Life Support (BLS) for the Healthcare Provider](https://www.heart.org/en) from the American Heart Association or Red Cross, with at least partial in person training, prior to the first full-time clinical education experience and must subsequently maintain CPR certification throughout the remainder of the DPT Program. Students must provide documentation to the PT Department of current CPR certification. Students must keep a copy of their CPR certification available to provide to their clinical sites as needed. It is the responsibility of the student to ensure the maintenance of this certification. Failure to provide verification will result in student’s inability to begin or continue with assigned clinical education experience.

**HIPAA**
The Health Insurance Portability and Accountability Act (HIPAA) was enacted nationally in an effort to protect individuals’ rights to privacy and confidentiality. All students are required to successfully complete UNE’s HIPAA training each year. Students also receive education about the implications of HIPAA for patient care during their first semester in the PT program. It is the responsibility of each clinical site to orient students to the implications of HIPAA for their site, as well as, specific policies and procedures pertinent to their site during each clinical experience. Refer to the UNE Student Handbook for requirements with regard to HIPAA training.

Students should be aware that patient information utilized in case studies, the didactic curriculum, or any other purpose must be de-identified (see section 164.514 of HIPAA). The following specific identifiers of individual patients or of relatives, employers, or household members of patients must be removed:

- Names
- All geographic subdivisions smaller than a state
- All elements of dates (except year) for birth date, admission date, discharge date, date of death and all ages over 89 and all elements of dates (including year) indicative of such age
- Telephone and fax numbers
- E-mail addresses
- Social security numbers
• Medical record numbers
• Health plan beneficiary numbers
• Vehicle identifiers and license plate numbers
• Device identifiers and serial numbers
• Photographs or any comparable images

Students are advised to consult with their clinical instructors regarding site policies when utilizing patient information for didactic purposes.

Students can maintain confidentiality by doing the following:
• Hold in confidence any information about patients and families that comes to your attention.
• Refrain from public hallway, cafeteria, or elevator conversations about patient care.
• Access only those records or parts of records that you and/or your CI indicates are pertinent for performance of your clinical responsibilities.
• Refer any requests for patient information from unauthorized sources to your CI or his/her supervisor.
• Do not photocopy or take visual images of any part of a medical record without seeking written permission and following institutional policies for doing so.
• Communicate any questions about confidentiality with your CI
• Learn and follow the procedures established at your facility to meet HIPAA requirements.

Other Tests/Requirements
Some clinical education facilities may require further tests like a criminal background check, drug screening, OSHA training, etc. prior to the arrival at the site and/or during the course of the clinical experience. The student is responsible for the cost of any further testing. Students are informed of the specifics of extra testing as they have been communicated to UNE. It is possible UNE will not have been informed of all requirements. The student should verify the site requirements with the SCCE when making initial contact for each clinical education experience. Failure to properly complete all requirements may result in a delayed start, cancellation of clinical, or failure of the clinical education experience.

Students should be aware that information obtained from the criminal background check could jeopardize their ability to complete a scheduled clinical experience and/or impact eligibility for licensing as a physical therapist. Information obtained during this background check will be sent to the site only with the student’s consent. The student has the right to choose to deliver the results of this background check to the site themselves. UNE will not be responsible for determining if the results of a background check are acceptable. The clinical site requesting the background check will make this determination based on their facility’s policies.

Students are required to have health insurance coverage. Students can elect to enroll in a health insurance plan offered through the University or may have their own personal or family health insurance coverage. Students enrolled in clinical education experience are not considered employees of the clinical site and are therefore not covered under the Workman’s Compensation
Act. In the case of an incident requiring immediate medical attention, the clinical site may provide emergency care at the student's expense.

**Student Liability Insurance**
Students registered for clinical education experiences are provided liability coverage through the University. The supplied liability plan covers students for one million dollars per occurrence and three million dollars per aggregate. Some facilities require a student to have a greater amount of coverage. In this circumstance, the student will be required to pay the additional cost for the extra coverage.

**Student Privacy Rights**
All student health information is shared with the clinical facilities only after a student completes a Release Form allowing the department to do so. The student has the right to refuse to share information; however, this may jeopardize their ability to continue on the clinical education experience. If a student is required to complete additional forms or obtain additional testing (criminal background check, drug screen, etc.) they have two options for sharing this information with the clinical facility. The student can bring it to the UNE PT Department and it will be sent to the SCCE with the student packet that contains all the other necessary information. They may also choose to send the information directly to the site themselves. The student is aware that it is their responsibility to be sure all of the requirements are completed prior to beginning their clinical education experience. If they fail to do so, they may delay the start of their clinical education experience, result in cancelation of the clinical, or failure of the clinical education experience.

Information about academic standing is not shared with the clinical education faculty at the site. This is considered confidential information and can only be provided to the site by the student, or in special circumstances, by the DCE/ADCE, with written permission of the student.

**Information Security/Patient Rights**

**Use of Patient Non-Protected Health Information and Clinical Facility Information**
Students wishing to obtain information such as patient care protocols, administrative information, audit processes or any other information belonging to the facility, need to first request this from the CI and, if approved, from the department manager or supervisor. An explanation regarding the reason for the request, as well as the intended use of the information, should be provided. If the facility has a policy, procedure, or practice in place, this must be followed. If the request is not approved, the information should not be copied or physically removed from the clinical site.

**Use of Patient Images and Materials**
Students wishing to use images or other materials that could identify patients and family members need to follow the facility’s policy for doing so. This generally entails speaking with the CI and the department manager first. If initial approval is received, the next step may be having another person (such as the CI) speak with the patient about this request. If the patient agrees to the proposed use, a formal, written facility release, signed by necessary parties, will need to be completed. Students should not initiate conversations about such a request with a patient before speaking with a CI and/or manager.
Patient Right to Refuse/Decline Care
All patients have the right to refuse care provided by a PT student. Any refusal or declination must be honored by the CI and student. A CI has the responsibility to inform the patient that a student may be involved in his/her care and seek permission for this. The student must also always identify themselves as a student. They must not misrepresent themselves as a physical therapist.

Student Policies at Clinical Sites

Dress Code
Students must be neatly groomed and dressed in a professional manner at all times when in the clinic. Business casual clothes with a nametag should be worn unless the clinical facility requires alternate attire. When in doubt, students are expected to inquire in advance about specific dress code requirements at a particular facility. The Site Coordinator of Clinical Education and/or the Clinical Instructor determine the "appropriateness" of the student's grooming and attire. Students should refrain from wearing excessive jewelry that may interfere with patient treatment. Discrimination toward students based on clothing or hairstyle will not be tolerated. Students with concerns should contact DCE/ADCE for support and/or necessary intervention.

b. Professional Demeanor/Cell Phone Usage
Professional behavior is expected at all times in a clinical education experience. It is expected that students will employ professional behavior guidelines with patients, caregivers, coworkers, and facility staff. Professional behaviors are assessed at midterm and final, and students are expected to reflect on their own professionalism throughout the clinical experience. Failure to behave in a professional manner can result in failure of the clinical education experience.

Use of cell phones is not allowed in the clinical environment. If used during lunch breaks or prior to the start of the workday, please ensure that they are turned OFF when returning to work, and left in a locker or other designated location. This also means that text messaging is not permitted. Students are only allowed to have their cell phones on their person while at their clinical facility if their CI has requested the student uses their phone for clinically related reasons.

Work Schedule and Absences from Clinical Education Experience
Students are expected to follow the schedule of their clinical instructor. Typically, students are required to work 40 hours per week while on a clinical education experience. On rare occasions, and only due to a site request, a student may be approved to work 35-39 hours per week; however, the DCE/ADCE MUST approve this. At times, this may necessitate students working early mornings, evenings, holidays or weekends. Students should make sure that other responsibilities do not interfere with their ability to comply with their clinical instructor's schedule. Students are routinely required to complete formal or informal assignments during evening hours.

Dates of clinical education experiences:
Students are expected to attend clinical during the scheduled dates of the clinical education experience. Most students will be scheduled to be on their full-time clinical during the same 12-week block of time. Occasionally, a student may be placed at a clinical site with shifted dates due to the needs of the clinical site. In the case of clinical placement in the public school system,
students may have clinical education experiences that extend beyond the traditional 12-week assignments due to school vacations that may occur while the student is assigned to the site. Arrangements regarding how to cover those missed hours is determined by the DCE/ACDE and CI/SCCE. Students who are placed in a school system may expect an extension of the clinical experience dates.

Students are not permitted to request a change in the dates of their clinical for any reason, or request time off for personal reasons. If there is a life event scheduled to take place during a student's scheduled clinical and the student feels it is important to attend, they must discuss this with the DCE/ADCE as soon as they are aware of this event. Students must present these requests to the DCE/ADCE, and not directly to their SCCE/CI. Both the Academic and Clinical Faculty involved will work together to determine if this request is approved. Missed time due to attending a life event must be made up at the discretion of the SCCE/CI/DCE/ADCE.

Clinical attendance is **MANDATORY. Only illnesses, personal emergencies, and approved attendance at professional conferences/educational experiences are considered excused clinical absences.** In the event of illness or personal emergency, the student is required to notify the clinical instructor **AND** the DCE/ADCE prior to the start of the workday. All absences require make-up time at the discretion of the CI/SCCE/DCE/ADCE. Failure to report absences to the DCE/ADCE, and/or any inappropriate absences will result in referral to the SDC, and may impact a student’s ability to pass their Clinical Experience. Students are required to make-up all missed assignments. The scheduling of make-up time is up to the CI/SCCE.

Students are expected to attend each day scheduled by the clinical facility, including days that University of New England may be closed due to a holiday, inclement weather, or otherwise. UNE does not require students to make up holidays or days missed due to clinical facility closing due to inclement weather, unless the CI/SCCE prefers it is made up and/or it is determined that the additional missed days could affect student’s ability to successfully meet competency expectations for the course.

Students are expected to go to the assigned clinical placement location unless the CI advises them otherwise. However, please take personal safety into consideration. If a student has utilized professional judgement for timing of transportation in inclement weather and still arrives late to the clinical setting, there is no make-up expected. If student does not feel they can arrive safely at the clinical setting, missed hours must be made up. As with all missed clinical time, this must be reported to the DCE/ADCE. Repeated missed hours due to inclement weather may be addressed by the CI/SCCE and DCE/ADCE.

**Student Withdrawal from Clinical Experience**

If a student self-withdraws, or is withdrawn by the DCE/ADCE from a clinical experience, it may result in acceptable non-completion or failure of the clinical experience. The DCE/ADCE will be responsible for submitting an “incomplete” grade or a “failing” grade based on the circumstances of the withdrawal.

Some examples of acceptable non-completion (but not an exclusive list) are:

1. Health or medical problems of the student, resulting in withdrawal
2. Personal/family issues impacting ability to participate in the clinical experience
Examples of failure (but not an exclusive list) are:

1. The student is deemed to be a risk to patients by the CI, SCCE, and/or DCE/ADCE
2. The student does not follow the facility policies and procedures
3. The student has several unexcused absences or excessive tardiness from the clinical experience
4. The student demonstrates multiple skill, behavior, or knowledge deficiencies that warrant remediation through curricular activities
5. The student withdraws themselves in a manner considered unprofessional.

c. **Serious Illness or Injury/Emergency Procedures**
   If a student becomes seriously ill or injured, the clinical education site should direct the student to the nearest urgent/emergent care service, with the cost of service borne by the student. Any student who becomes ill or injured during the time of a clinical education experience will be required to produce written medical clearance to resume the clinical education experience. All documentation regarding the student’s ability to return to work must be submitted to both the CI/SCCE and the DCE/ADCE. The DCE/ADCE and the sites will not accept a student returning to the clinic if they do not have full clearance to continue with the clinical education experience. If a student has restrictions, the site will make the determination if the student can return based on their facility policies; the DCE/ADCE will assist as needed.

**Site Visitation Policy**
As a department, we believe there is inherent value in the DCE/ADCE visiting sites and actively try to complete as many personal site visits as possible. Additional academic faculty may participate in clinical site visitations when possible. All students receive contact via an evaluative phone call, or a formal site visit near the midpoint of each full-time clinical education experience.

Priority site visits are those where students are having a challenging clinical experience, the clinical site is newly established, or long-time site partners have not yet been visited. Students, CIs, and/or SCCEs can request a site visit at any time, and the visit will be prioritized based upon DCE/ADCE evaluation.

d. **Transportation/Meals/Lodging**
   Students are responsible for the costs and logistics of all transportation, meals and lodging for all clinical education experiences. When available, information from clinical sites about possible housing options is accessible via the site folder located on Brightspace. Students should know that for many clinical sites, they might need to have access to a car or other means of transportation.

**Communication During Clinical Education Experiences**
All participants in the clinical education process are encouraged to engage in open and honest communication in order to maximize the learning potential of all involved. Confidentiality should be maintained as appropriate. Should problems arise during a clinical education experience, we recommend the following steps:

1. As soon as a problem is identified, the problem should be discussed between the people involved. (Example: between student and clinical instructor.)
2. If any party feels that additional intervention is needed, that person should speak with the SCCE.

3. If the problem cannot be resolved at this level, or there is no SCCE, the CI, or student should contact the DCE/ADCE.

4. If a student brings a problem directly to the DCE/ADCE, the student will be advised to follow the steps as outlined above. However, the DCE and ADCE are here to help students navigate these challenging situations and encourage students to reach out for guidance without hesitation.

It is understood that some smaller departments and private practices may not have both a clinical instructor and a SCCE, but the steps should remain essentially the same. There may also be a role for directors, supervisors, or managers who aren’t the CI or SCCE, and we encourage utilizing those resources as appropriate.

e. Clinical Site Communication

It is a goal and priority of the UNE DPT Program to establish, support, and maintain close partnerships with each clinical education site. UNE communicates with the clinical sites to establish clinical placement availability, prior to the start of a clinical education experience, throughout each experience, and after each clinical experience to share and request feedback, as well as Clinical Faculty development.

All pertinent and site-required student information is shared with the SCCE at each clinical facility, by the student or the UNE clinical education team prior to each clinical education experience. This information includes, but is not limited to: The Student Data Form (Appendix 13), the Health Verification Form, the HIPAA Training Certificate, a copy of the student’s CPR certification, and the UNE Liability Insurance Form.

For full length (10-12 week) clinical experiences the DCE/ADCE will perform a check-in with students when they have completed approximately 25% of the time that they will spend in the clinic. Email will be sent to both the student and the CI, to assure that student progression is occurring without any concern.

At the midterm, the DCE/ADCE or designated faculty member conducts or supervises a site visit, telephone call, or video call during every clinical education experience. This visit or call generally occurs between weeks 3 and 7 of the experience and is intended to formatively evaluate student strengths, goals, and specific areas in need of development. Prior to the visit/call, communication from the UNE PT Department to the student/CI/SCCE is made to set up an optimal time and mode of communication. If concerns of the student, CI or SCCE are identified at any point, discussions with the student/CI/SCCE will continue throughout the remainder of the clinical education experience as needed. Written documentation of the visit/call and any further discussions are all documented. The documentation can consist of concerns identified and any action steps created for remediation. If the student is in jeopardy of not being successful on the clinical education experience, a formal action plan (Appendix 26) is developed and initiated.
If the CI and/or SCCE or student have concerns or questions about any aspect of the clinical experience, communication with the DCE/ADCE is essential.

The DCE/ADCE is available for communication with all parties involved in clinical education at any time via e-mail or phone via contact information that is provided to the student and clinical site/staff. If the DCE/ADCE is not available, the UNE PT Program Director or other identified faculty will be available for communication.

The final pieces of communication with sites for each clinical experience is a request for evaluation of the UNE clinical education team, and sharing the student evaluations of site and CI.

**Student Evaluation Policies, Procedures & Grading of Clinical Education Experiences**

Evaluation is a necessary and useful tool in education. In order to be worthwhile, it must be an honest, continuous, shared process and the results acted upon. To be effective, the atmosphere must be open, allow for discussion and provide opportunities to learn and improve. This includes evaluating the student's skills, the curriculum, the faculty, and the clinical facility. An attempt is made to include the student in all aspects of the evaluation process. See following section “Evaluation & Development of Stakeholders in Clinical Education” for details on that aspect of the evaluative process.

**Grading of Clinical Education Experiences**

Students will be assessed by their clinical instructor(s) at the requested times of each clinical education experience using the specified Clinical Performance Evaluative Tool. The midterm evaluation should be used to identify areas of the student's strengths and weaknesses (formative feedback), while the final evaluation should summarize the student's overall performance (summative feedback). Grading decisions are based on information gathered from the evaluation form, the CI, and the student. The DCE/ADCE is responsible for determining final course grades. Grades are assigned using a Pass/Fail system.

Any action(s) that demonstrates unsafe or unethical clinical practice may result in failure and/or removal from a clinical experience based upon the decisions of the academic and clinical faculty. A student is required to pass all clinical education experiences (PTH 601, 607, 707). In the event of a failure of a clinical experience, the student’s future in the program is determined per the policies in the Student Handbook, and at the discretion of the SDC, DCE, ADCE, and Program Director.

**Evaluation of Student Performance**

Clinical Instructor Expectations:
Written evaluation of student performance is expected to be completed by the CI at the mid-point and at the completion of the clinical education experience. The Physical Therapist Clinical Performance Instrument (CPI) (Appendix 7) is utilized at both midterm and final for students completing 10-12 week clinical experiences. The CPI is used at final only for students completing 6-9 week long clinical experiences. For students completing experiences <6 weeks the formal CPI is not utilized.
Detailed guidelines for completing the Physical Therapist Clinical Performance Instrument appear as an introduction to the tool. At the start of a scheduled clinical education experience the clinical instructor and student will be given access to the online CPI, so that each may access the tool at both the mid-point and the final. Students being evaluated with the CPI at final only will have the midterm evaluation documented using the Midterm Check-In Form (CI Version) (Appendix 30). Students completing clinical experiences <6 weeks have their evaluation documented by their CI at final on the Final Form (CI Version) (Appendix 32). In addition, it is recommended that informal evaluations be done on a daily and/or weekly basis in relation to specific patient care areas, student professional behaviors, or in other areas as needed. If at any time during a clinical education experience, the student or the CI feels that established expectations are not being achieved, the DCE/ADCE should be notified.

Student Expectations:
Student self-assessment mirrors the description of how the CI evaluates and documents student performance. The Physical Therapist Clinical Performance Instrument (CPI) (Appendix 7) is utilized at both midterm and final for students completing 10-12 week clinical experiences. The Midterm Check-In Form (Student Version) (Appendix 29) is used for students on 6-9 week long clinical experiences, and the CPI is used at the final only. Students completing clinical experiences <6 weeks complete their self-assessment at the end of the clinical education experience using the Final Form (Student Version) (Appendix 31).

An additional evaluative tool students and CIs complete together is the Weekly Planning Form (Appendix 15). The Weekly Planning Form is submitted to DCE/ADCE weeks 1-3 by all students regardless of length of clinical experience. Students and CIs are encouraged to continue use of the Weekly Planning Form for the length of the clinical experience.

Clinical Education Performance Criteria
Students will be assessed according to 18 performance criteria on each clinical education experience. Additional information on the performance criteria, which are listed below, can be found in the Physical Therapist Clinical Performance Instrument in Appendix 7.

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

The clinical education rubric that is presented below was developed to assist all parties with determining realistic expectations for each of the three clinical education experiences. Failure to meet one or more of the criteria as specified on the rubric may constitute grounds for failure. A Minimum Expectation grid for each clinical education experience, with detailed expectations for shorter rotations are available as appendices. CP1 (Appendix 33), CP2 (Appendix 34), and CP3 (Appendix 35)

<table>
<thead>
<tr>
<th>Performance Criteria-10-12 week length clinical experiences</th>
<th>CP I</th>
<th>CP II</th>
<th>CP III</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Safety: Practices in a safe manner that minimizes the risk to patients, self and others. ¶</td>
<td>Intermediate</td>
<td>Advanced Intermediate</td>
<td>Entry-level</td>
</tr>
<tr>
<td>2. Professional Behavior: Demonstrates professional behavior in all situations. ¶</td>
<td>Intermediate</td>
<td>Advanced Intermediate</td>
<td>Entry-level</td>
</tr>
<tr>
<td>3. Accountability: Practices in a manner consistent with established legal and professional standards and ethical guidelines. ¶</td>
<td>Intermediate</td>
<td>Advanced Intermediate</td>
<td>Entry-level</td>
</tr>
<tr>
<td>4. Communication: Communicates in ways that are congruent with situational needs. ¶</td>
<td>Intermediate</td>
<td>Advanced Intermediate</td>
<td>Entry-level</td>
</tr>
<tr>
<td>5. Cultural Competence: Adapts delivery of physical therapy services with consideration for patients’ differences, values preferences, and needs.</td>
<td>Intermediate</td>
<td>Advanced Intermediate</td>
<td>Entry-level</td>
</tr>
<tr>
<td>8. Screening: Determines with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional.</td>
<td>Intermediate</td>
<td>Advanced Intermediate</td>
<td>Entry-level</td>
</tr>
<tr>
<td>10. Evaluation: Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.</td>
<td>Intermediate</td>
<td>Advanced Intermediate</td>
<td>Entry-level</td>
</tr>
<tr>
<td>11. Diagnosis and Prognosis: Determines a diagnosis and prognosis that guides future patient management.</td>
<td>Intermediate</td>
<td>Advanced Intermediate</td>
<td>Entry-level</td>
</tr>
<tr>
<td>12. Plan of Care: Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.</td>
<td>Intermediate</td>
<td>Advanced Intermediate</td>
<td>Entry-level</td>
</tr>
<tr>
<td>14. Educational Interventions: Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.</td>
<td>Intermediate</td>
<td>Advanced Intermediate</td>
<td>Entry-level</td>
</tr>
<tr>
<td>15. Documentation: Produces quality documentation in a timely manner to support the delivery of physical therapy services.</td>
<td>Intermediate</td>
<td>Advanced Intermediate</td>
<td>Entry-level</td>
</tr>
<tr>
<td>16. Outcome Assessment: Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.</td>
<td>Intermediate</td>
<td>Advanced Intermediate</td>
<td>Entry-level</td>
</tr>
<tr>
<td>17. Financial Resources: Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.</td>
<td>Intermediate</td>
<td>Advanced Intermediate</td>
<td>Entry-level</td>
</tr>
<tr>
<td>18. Direction and Supervision of Personnel: Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.</td>
<td>Intermediate</td>
<td>Advanced Intermediate</td>
<td>Entry-level</td>
</tr>
</tbody>
</table>
If a student is identified to be at risk, or is not on track to meet the passing criteria on any of the 18 items on the CPI, or for professional behavior reasons, the DCE/ADCE should be contacted immediately for involvement and to begin remediation as appropriate. UNE should not discover a student has not met the passing criteria on the CPI while reviewing the final CPIs. Communicating a student is not on track for successful completion of the clinical education experience to the DCE/ADCE is the responsibility of both the CI/SCCE and student, but ultimately the student should be seeking feedback regarding progress, and performing frequent self-assessment throughout.

Both CI and student assessment related to meeting passing criteria are taken into account when determining if a student has passed a clinical experience.

**Evaluation and Development of Stakeholders in Clinical Education**

The UNE clinical education program, the DCE/ADCE, and the Clinical Faculty are evaluated on a regular basis. These evaluations are intended to give and receive feedback between all stakeholders for the continual assessment and development of the UNE DPT Program’s Clinical Education Program.

**DCE/ADCE Evaluation**

Students are required to evaluate the DCE/ADCE at the end of each clinical education experience via the course assessment mechanism for all faculty (Appendix 18). The CI and SCCE are also asked to evaluate the DCE/ADCE and UNE DPT Program after each clinical education experience (Appendices N & O.)

The UNE PT Department’s Clinical Education Coordinator, or Staff Assistant administers evaluations of DCE/ADCE to ensure they are anonymous. The results are compiled and then shared with the DCE/ADCE. The DCE and ADCE then use this feedback to improve the program and their performance as appropriate.

**Clinical Education Faculty Evaluation & Development (CIs and SCCEs)**

The DCE/ADCE encourages development of CI/SCCE skills needed for effective clinical education. This development frequently takes place during student visits or phone calls, particularly when challenging situations arise. At times, scholarships provided by UNE and the New England Consortium of Clinical Educators may be available for attendance at CI credentialing courses or the Education Leadership Conference (ELC). Utilization of APTA Guidelines for Clinical Education is also encouraged for both CIs and SCCEs. (Appendix 8).

**CI/SCCE Evaluation:**

- Clinical education faculty are encouraged to make use of the APTA Self-Assessments for CI/SCCE as a basis for self-evaluation.
- Student feedback, both formative and summative, is beneficial for CI and SCCE development
  - At the conclusion of each Clinical experience students will complete an evaluation of their CI and of their site (Appendix 14)
  - Copies of these evaluations will be provided to the sites
In addition to the formal written evaluations at the conclusion of the clinical experience CIs and SCCEs are encouraged to seek feedback from students on an ongoing basis throughout the clinical experience.

- Sources of data available to the CI for self-assessment include:
  - SCCE feedback regarding performance as a clinical teacher
  - Feedback from the DCE/ADCE that is based on the direct knowledge of the CI/student interaction as well as pertinent discussions. During the course of the mid-term visit/call, the DCE/ADCE or designated faculty member considers the requisite CI skills such as communication/feedback to the student, clinical instruction, supervision and overall assessment of student performance. Feedback in these domains is offered to the CI at this point in time. In addition, follow-up conversations may take place between the DCE/ADCE and CI/SCCE as needed for additional feedback once the clinical education experience has ended.
  - The SCCE, at times in collaboration with the DCE/ADCE, is also responsible for identifying needs for continuing education of the clinical faculty members.
  - Clinical education faculty who serve as SCCEs are also encouraged to utilize the APTA Self-Assessment for SCCEs as a basis for self-evaluation.
  - Clinical education faculty who serve as guest lecturers for a specific course may be included in the evaluation of the course at the end of the semester, or when the course instructor deems appropriate. They receive feedback from the student evaluations as well as feedback from the course instructor regarding the effectiveness of their instructional skills.

f. **Clinical Education Agreements**

A clinical education agreement (contract) exists between each clinical education facility and the University of New England. A facility may substitute its own agreement for the University's standard agreement if approved by the University’s legal department. The UNE standard clinical education agreement is for three years, but can be terminated by either party with 90-day written notice. The agreement can be modified by mutual consent, provided that any and all modifications are made in writing and signed by officials of the University and the clinical facility. Agreements are reviewed at least three months prior to any scheduled student placement and renewed, as necessary, prior to the student beginning their clinical placement. A copy of each agreement is kept in the clinical education files maintained by the DCE/ADCE and the Clinical Education Coordinator. A student will not be sent to a clinical site for which there is no current agreement. A copy of the standard UNE Clinical Affiliation Agreement can be found in Appendix 21.

**Concurrent Courses with Clinical Education Experiences**

The curriculum design is such that, while on clinical education experiences students may also be taking online courses. The courses should not impact the clinical education experience, and students will need to professionally allocate their time.

**Community Faculty Benefits**

The Westbrook College of Health Professions, located on the Westbrook College campus in Portland, prepares graduates to assume entry-level and advanced professional positions in the ever-changing health and health care environments.
Benefits Package
The Westbrook College of Health Professions (WCHP) is pleased to offer a benefit package designed for unpaid clinical education faculty who serve the various academic units within CHP through their high quality teaching in the field and clinical rotations sites. The current benefit package includes:

- Opportunities to attend various clinical education workshops provided by the New England Consortium of Clinical Educators. These include APTA CI credentialing workshops held regularly in different New England locations and SCCE training courses. It also includes complimentary registrations for the New England Consortium Clinical Faculty Institutes (CFI) held once or twice a year. The CFI focuses on contemporary issues related to clinical education.
- A $100 voucher to be used at the UNE bookstore. This offers clinical faculty the opportunity to purchase a book(s) that will enhance their knowledge and/or that of their facility.
- Opportunities to collaborate and become involved with UNE faculty on various research/scholarship endeavors.
- The opportunity to obtain a UNE Community Faculty ID
  - Free access to library services
- Periodic training sessions for adjunct community faculty
- Certificate of Appreciation for working with student(s)
- Letter of appointment from the Westbrook College of Health Professions Dean recognizing the unpaid faculty appointment (upon request)

The following is a brief overview of each of the stated benefits.

Library Services
The Jack S. Ketchum Library on the University Campus (UC) in Biddeford and the Josephine S. Abplanalp '45 Library on the Portland Campus (PC) provide adjunct community faculty with access to a variety of services including:

- Remote access to databases and online catalog
- ebooks, ejournals, enewspapers, eforms
- Over 22,000 print and electronic full text journal titles
- Public access computers
- Reference, research, and literature search assistance
- Staff including ten professional librarians and six library technical assistants
- DVDs, videos, compact discs, CD-ROMs, and audio cassettes

Training Sessions
The Committee for Excellence in Clinical and Community Service of WCHP periodically offers training sessions that are free of charge to all adjunct community faculty. The topics of the training sessions are diverse in scope; however, they typically relate to issues surrounding the clinical training of students or the delivery of health care/social services. Formal
announcements promoting the offerings are sent to participating clinical sites approximately in advance.

**Letter of Appointment**
Adjunct community faculty can request a formal letter of appointment from the Dean of the Westbrook College of Health Professions. The letter formally signifies the clinician’s involvement with the Westbrook College of Health Professions and is a wonderful example of professional service to an external audience.

The University is indebted to the exceptional work of our clinical community. We view the creation of a formal benefits package to be an important example of our commitment to this valuable group of health care providers. We hope in the future we will continue to expand the scope of the benefits package to further address the unique professional development needs of our adjunct community faculty. We look forward to working with you in the future to collectively educate future health care providers.

**Utilization of the Benefits Package**
Each Department within the Westbrook College of Health Professions has specific qualifying criteria to be eligible to utilize the benefits package. Please contact the clinical coordinator in your respective discipline to receive additional information.

In order to utilize the benefit’s each clinical faculty will need to provide the DCE/ADCE with the following information:

- Full name, credentials, site name, city, state, zip, phone number and email address.

Once the information is received by the DCE/ADCE a special username and password will be provided by the PT department, enabling clinical faculty to utilize the benefits package.

**Physical Therapy Contacts**

**Alia Sullivan PT, DPT, GCS, CEEAA**
Director of Clinical Education
Associate Clinical Professor
(207) 221-4593 (office)
Asullivan25@une.edu

Tara Paradie PT, MS
Assistant Director of Clinical Education
Clinical Assistant Professor
(207) 221-4572 (office)
tparadie@une.edu

Jennifer Audette, PT, PhD
Physical Therapy Program Director
Associate Professor
Clinical Education Awards
The University of New England Physical Therapy Department recognizes outstanding performance in clinical education. A list of the awards and criteria for qualification follows. The selection process begins in March of each year with awards presented in May. Awards are nominated and selected by UNE DPT students and faculty.

Faculty Awards

1. **Distinguished Clinical Educator Award** - This award is given to a person or facility that demonstrates outstanding contributions to the physical therapy clinical education program. Examples of this contribution may include development of an innovative clinical teaching program, role-modeling behaviors, or ability to deal with challenging students. The faculty selects the recipient of this award with input from the DCE/ADCE and the physical therapy students.

Student Awards

1. **Outstanding Student Clinical Performance Award** - The primary consideration for this award is the student's clinical performance as determined by both written and verbal feedback from the clinical education site. The areas of superior performance should not only include problem-solving ability, but also communication skills and professional attributes. The student must have an acceptable academic record (GPA). The faculty selects the student who receives this award with input from the DCE/ADCE.
## DPT Program Professional Behaviors

<table>
<thead>
<tr>
<th>Professional Behaviors</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>
</tr>
<tr>
<td>3. Problem-Solving</td>
<td>The ability to recognize and define problems, analyze 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, reflect on and integrate the feedback, and provide meaningful feedback to others.</td>
</tr>
<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>

Appendix 2 WCHP Criminal Background Check Policy (July 2017)

UNE Westbrook College of Health Professions
Criminal Background Check Policy (July 2017)

**Purpose:** The University of New England Westbrook College of Health Professions (WCHP) strives to undertake utmost precaution when assigning students to required field and clinical placements. Healthcare education requires interactions with clients and patients in an intimate setting involving both emotional and physical elements. It is the intent to provide the safest care possible to all patients and clients. With this in mind, WCHP has initiated the following policy to verify students are appropriately screened prior to placement in learning environments to ensure patient safety.

**Policy:** At the University of New England Westbrook College of Health Professions, it is policy that programs are responsible for safeguarding clinical site personnel, patients, and other students through the use of appropriate criminal background checks on students engaged in clinical rotations, internships or other experiential learning activities.

**Process:**
- Students accepted into WCHP programs are required to initiate their own criminal background check through Castlebranch Inc., or a company identified by WCHP, prior to their first observation or clinical placement. Individual programs will determine timing for the initial criminal background check, commonly the semester prior to starting clinical practicum experiences, and subsequent background checks as needed.

- WCHP, in concert with the programs and clinical sites, will determine the specifics of the required background check. The minimum recommended background checks should meet the following criteria:
  1. Extend back seven (7) years.
  2. Reflect a national search.
  3. An Interpol search should be done for international students.

- Students found to have a positive criminal history (either prior to matriculation or while enrolled in the program) shall be required to submit a written explanation of the circumstances to the program director or designee.
  1. The program director or designee will review the written explanation and will make a determination of disposition to the student.
  2. The disposition may range from an entry into the educational record and continuation in the program to dismissal for inability to adequately place the student in an appropriate clinical educational setting.
  3. In the event of a positive criminal background check, the program director and Assistant Dean of Student and Clinical Affairs will consult with legal counsel as needed and a determination will be made as to the process for disclosure of positive findings – both within WCHP as well as external site
  4. Failure to disclose a conviction, or material misrepresentation of information, is deemed to be falsification of the program application and may result in dismissal from the University of New England when discovered
Appendix 3 Informed Consent

Informed Consent

I, _____________________________, give permission for ____________________________ to participate in the following teaching and learning activities sponsored by the Department of Physical Therapy at the University of New England (UNE). The activities may occur on campus at the University or off campus in the community. By signing this form, I voluntarily give my consent to:

• _____ be interviewed
• _____ be videotaped
• _____ be photographed
• _____ demonstrate particular activities*
• _____ allow faculty to demonstrate examination and treatment procedures*
• _____ allow students to practice examination and treatment procedures*
• _____ participate in other activities or events*
• _____ have videotapes and photographs used for teaching purposes at UNE
• _____ have videotapes, photographs, results of examinations, and descriptions of treatment used for a published case report or professional presentations
• _____ other (describe):

_____________________________________________________________________

I have been informed of the risks (outlined below) associated with the above activities and am aware that the faculty and students will use techniques in accordance with standard physical therapy practice to minimize any risk. **

I understand that:
• Any relationship that I have with the Department of Physical Therapy and the University of New England will not be negatively influenced by my decision to decline to participate.
• At any time during the activity, I may decline to participate and may refuse to answer a question.
• My consent is valid indefinitely, unless I decide otherwise (insert date here):____________________________.
• At any time in the future, I may freely withdraw my consent to have my records used, including interviews, videotapes, photographs, audiotapes, etc. To do so, I must send a written request to: Director, Department of Physical Therapy, University of New England, 716 Stevens Ave, Portland, ME 04103.

I understand the above agreement.

_______________________________ ________________
Signature of patient/client/guardian Date

_______________________________ ________________
Witness Date

* Additional comments (e.g., a description of particular activities or procedures):

** Risks:
The DPT program faculty has recommended you complete a remediation plan to recognize current deficits in professional behaviors, and to develop measurable goals and a plan to address those issues.

**Student Name:** ____________________  **Faculty Advisor:** ____________________  **Date Referred to SDC:** ____________________

**Section A. Professional Behaviors Table:** The areas listed below are the same as those in the Critical Incident Report that prompted your referral to the SDC.

<table>
<thead>
<tr>
<th>Professional Behaviors</th>
<th>Student Handbook Definition</th>
<th>Level of Professional Behavior at time of SDC referral</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>
<td>Unsatisfactory</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>
<td>Not Applicable</td>
</tr>
<tr>
<td>3. Problem-Solving</td>
<td>The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.</td>
<td></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>
<td></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>
<td></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>
<td></td>
</tr>
<tr>
<td>7. Use of Constructive Feedback</td>
<td>The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.</td>
<td></td>
</tr>
<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>
<td></td>
</tr>
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<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>
<td></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>
<td></td>
</tr>
</tbody>
</table>

**Summary of specific Behaviors needing remediation**
Appendix 4 DPT Program Professional Behaviors Remediation Plan Form

Section B: Assessment of Professional Behavior
For each professional behavior noted as “Unsatisfactory”, specific examples of the behaviors involved in the CIR are highlighted in the tables below. After each table, please reflect on the behaviors and describe in your own words what led to the problem(s). Please provide clear, comprehensive responses.

### 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.

<table>
<thead>
<tr>
<th>Unsatisfactory:</th>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Fails to raise relevant questions</td>
<td>❖ Raises relevant questions</td>
<td>❖ Feels challenged to examine ideas</td>
<td>❖ Distinguishes relevant from irrelevant patient data</td>
</tr>
<tr>
<td>❖ Fails to consider all available information</td>
<td>❖ Considers all available information</td>
<td>❖ Critically analyzes the literature and applies it to patient management</td>
<td>❖ Readily formulates and critiques alternative hypotheses and ideas</td>
</tr>
<tr>
<td>❖ Unable to articulate ideas</td>
<td>❖ Articulates ideas</td>
<td>❖ Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas</td>
<td>❖ Infers applicability of information across populations</td>
</tr>
<tr>
<td>❖ Fails to understand the scientific method</td>
<td>❖ Understands the scientific method</td>
<td>❖ Seeks alternative ideas</td>
<td>❖ Exhibits openness to contradictory ideas</td>
</tr>
<tr>
<td>❖ Unable to states the results of scientific literature and is unable to critically appraise findings (i.e. methodology and conclusion)</td>
<td>❖ States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)</td>
<td>❖ Formulates alternative hypotheses</td>
<td>❖ Identifies appropriate measures and determines effectiveness of applied solutions efficiently</td>
</tr>
<tr>
<td>❖ Fails to recognizes holes in knowledge base</td>
<td>❖ Recognizes holes in knowledge base</td>
<td>❖ Critiques hypotheses and ideas at a level consistent with knowledge base</td>
<td>❖ Justifies solutions selected</td>
</tr>
<tr>
<td>❖ Does not acceptance responsibility for limited knowledge and experience in knowledge base</td>
<td>❖ Demonstrates acceptance of limited knowledge and experience in knowledge base</td>
<td>❖ Acknowledges presence of contradictions</td>
<td></td>
</tr>
</tbody>
</table>
### 2. Communication - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

<table>
<thead>
<tr>
<th><strong>Unsatisfactory:</strong></th>
<th><strong>Beginning Level:</strong></th>
<th><strong>Intermediate Level:</strong></th>
<th><strong>Entry Level:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Does not understand the English language (verbal and written): fails to use correct grammar, accurate spelling and expression, handwriting is illegible</td>
<td>❖ Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting</td>
<td>❖ Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences</td>
<td>❖ Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups</td>
</tr>
<tr>
<td>❖ Fails to recognize impact of non-verbal communication in self and others</td>
<td>❖ Recognizes impact of non-verbal communication in self and others</td>
<td>❖ Restates, reflects and clarifies message(s)</td>
<td>❖ Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing</td>
</tr>
<tr>
<td>❖ Fails to recognize the verbal and non-verbal characteristics that portray confidence</td>
<td>❖ Recognizes the verbal and non-verbal characteristics that portray confidence</td>
<td>❖ Communicates collaboratively with both individuals and groups</td>
<td>❖ Maintains open and constructive communication</td>
</tr>
<tr>
<td>❖ Fails to utilize electronic communication appropriately</td>
<td>❖ Utilizes electronic communication appropriately</td>
<td>❖ Collects necessary information from all pertinent individuals in the patient/client management process</td>
<td>❖ Utilizes communication technology effectively and efficiently</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Unsatisfactory:</th>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Does not recognize problems</td>
<td>- Recognizes problems</td>
<td>- Prioritizes problems</td>
<td>- Independently locates, prioritizes and uses resources to solve problems</td>
</tr>
<tr>
<td>- Does not state problems clearly</td>
<td>- States problems clearly</td>
<td>- Identifies contributors to problems</td>
<td>- Accepts responsibility for implementing solutions</td>
</tr>
<tr>
<td>- Does not describe known solutions to problems</td>
<td>- Describes known solutions to problems</td>
<td>- Consults with others to clarify problems</td>
<td>- Implements solutions</td>
</tr>
<tr>
<td>- Does not identify resources needed to develop solutions</td>
<td>- Identifies resources needed to develop solutions</td>
<td>- Appropriately seeks input or guidance</td>
<td>- Reassesses solutions</td>
</tr>
<tr>
<td>- Does not use technology to search for and locate resources</td>
<td>- Uses technology to search for and locate resources</td>
<td>- Prioritizes resources (analysis and critique of resources)</td>
<td>- Evaluates outcomes</td>
</tr>
<tr>
<td>- Does not identify possible solutions and probable outcomes</td>
<td>- Identifies possible solutions and probable outcomes</td>
<td>- Considers consequences of possible solutions</td>
<td>- Modifies solutions based on the outcome and current evidence</td>
</tr>
</tbody>
</table>

**Student Reflection:**
### Appendix 4 DPT Program Professional Behaviors Remediation Plan Form

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

<table>
<thead>
<tr>
<th>Unsatisfactory:</th>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Fails to maintain professional demeanor in all interactions</td>
<td>✓ Maintains professional demeanor in all interactions</td>
<td>✓ Recognizes the non-verbal communication and emotions that others bring to professional interactions</td>
<td>✓ Demonstrates active listening skills and reflects back to original concern to determine course of action</td>
</tr>
<tr>
<td>✓ Fails to demonstrates interest in patients as individuals</td>
<td>✓ Demonstrates interest in patients as individuals</td>
<td>✓ Establishes trust</td>
<td>✓ Responds effectively to unexpected situations</td>
</tr>
<tr>
<td>✓ Does not communicate with others in a respectful and confident manner</td>
<td>✓ Communicates with others in a respectful and confident manner</td>
<td>✓ Seeks to gain input from others</td>
<td>✓ Demonstrates ability to build partnerships</td>
</tr>
<tr>
<td>✓ Does not respect differences in personality, lifestyle and learning styles during interactions with all persons</td>
<td>✓ Respects differences in personality, lifestyle and learning styles during interactions with all persons</td>
<td>✓ Respects role of others</td>
<td>✓ Applies conflict management strategies when dealing with challenging interactions</td>
</tr>
<tr>
<td>✓ Fails to maintain confidentiality in all interactions</td>
<td>✓ Maintains confidentiality in all interactions</td>
<td>✓ Accommodates differences in learning styles as appropriate</td>
<td>✓ Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them</td>
</tr>
<tr>
<td>✓ Fails to recognize the emotions and bias that one brings to all professional interactions</td>
<td>✓ Recognizes the emotions and bias that one brings to all professional interactions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Fails to demonstrate punctuality</td>
<td>❖ Demonstrates punctuality</td>
<td>❖ Displays awareness of and sensitivity to diverse populations</td>
<td>❖ Educates patients as consumers of health care services</td>
</tr>
<tr>
<td>❖ Fails to provide a safe and secure environment for patients</td>
<td>❖ Provides a safe and secure environment for patients</td>
<td>❖ Completes projects without prompting</td>
<td>❖ Encourages patient accountability</td>
</tr>
<tr>
<td>❖ Does not assume responsibility for actions</td>
<td>❖ Assumes responsibility for actions</td>
<td>❖ Delegates tasks as needed</td>
<td>❖ Directs patients to other health care professionals as needed</td>
</tr>
<tr>
<td>❖ Does not follow through on commitments</td>
<td>❖ Follows through on commitments</td>
<td>❖ Collaborates with team members, patients and families</td>
<td>❖ Acts as a patient advocate</td>
</tr>
<tr>
<td>❖ Fails to articulate limitations and readiness to learn</td>
<td>❖ Articulates limitations and readiness to learn</td>
<td>❖ Provides evidence-based patient care</td>
<td>❖ Promotes evidence-based practice in health care settings</td>
</tr>
<tr>
<td>❖ Fails to abide by all policies of academic program and clinical facility</td>
<td>❖ Abides by all policies of academic program and clinical facility</td>
<td></td>
<td>❖ Accepts responsibility for implementing solutions</td>
</tr>
</tbody>
</table>

**Student Reflection:**

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Appendix 4 DPT Program Professional Behaviors Remediation Plan Form
6. **Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

<table>
<thead>
<tr>
<th>Unsatisfactory:</th>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Fails to abide by all aspects of the academic program honor code and the APTA Code of Ethics</td>
<td>❖ Abides by all aspects of the academic program honor code and the APTA Code of Ethics</td>
<td>❖ Identifies positive professional role models within the academic and clinical settings</td>
<td>❖ Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary</td>
</tr>
<tr>
<td>❖ Unaware of state licensure regulations</td>
<td>❖ Demonstrates awareness of state licensure regulations</td>
<td>❖ Acts on moral commitment during all academic and clinical activities</td>
<td>❖ 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</td>
</tr>
<tr>
<td>❖ Fails to project a professional image</td>
<td>❖ Projects professional image</td>
<td>❖ 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</td>
<td>❖ Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development</td>
</tr>
<tr>
<td>❖ Does not attend professional meetings</td>
<td>❖ Attends professional meetings</td>
<td>❖ Discusses societal expectations of the profession</td>
<td>❖ Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices</td>
</tr>
<tr>
<td>❖ Fails to demonstrate cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers</td>
<td>❖ Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers</td>
<td>❖ Discusses role of physical therapy within the healthcare system and in population health</td>
<td>❖ Discusses role of physical therapy within the healthcare system and in population health</td>
</tr>
</tbody>
</table>

**Student Reflection:**
### Appendix 4 DPT Program Professional Behaviors Remediation Plan Form

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

<table>
<thead>
<tr>
<th>Fails to demonstrate active listening skills</th>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fails to assess own performance</td>
<td>Demonstrates active listening skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does not actively seek feedback from appropriate sources</td>
<td>Assesses own performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fails to demonstrate receptive behavior and positive attitude toward feedback</td>
<td>Actively seeks feedback from appropriate sources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does not incorporate specific feedback into behaviors</td>
<td>Demonstrates receptive behavior and positive attitude toward feedback</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fails to maintain two-way communication without defensiveness</td>
<td>Incorporates specific feedback into behaviors</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maintains two-way communication without defensiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Critiques own performance accurately</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Responds effectively to constructive feedback</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Utilizes feedback when establishing professional and patient related goals</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develops and implements a plan of action in response to feedback</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Provides constructive and timely feedback</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Independently engages in a continual process of self evaluation of skills, knowledge and abilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Seeks feedback from patients/clients and peers/mentors</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Uses multiple approaches when responding to feedback</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reconciles differences with sensitivity</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Modifies feedback given to patients/clients according to their learning styles</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Unsatisfactory:</th>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Is unprepared for the day’s activities/responsibilities</td>
<td>❖ Comes prepared for the day’s activities/responsibilities</td>
<td>❖ Utilizes effective methods of searching for evidence for practice decisions</td>
<td>❖ Uses current best evidence</td>
</tr>
<tr>
<td>❖ Fails to identify resource limitations (i.e. information, time, experience)</td>
<td>❖ Identifies resource limitations (i.e. information, time, experience)</td>
<td>❖ Recognizes own resource contributions</td>
<td>❖ Collaborates with members of the team to maximize the impact of treatment available</td>
</tr>
<tr>
<td>❖ Does not determine when and how much help/assistance is needed</td>
<td>❖ Determines when and how much help/assistance is needed</td>
<td>❖ Shares knowledge and collaborates with staff to utilize best current evidence</td>
<td>❖ Has the ability to set boundaries, negotiate, compromise, and set realistic expectations</td>
</tr>
<tr>
<td>❖ Fails to accesses current evidence in a timely manner</td>
<td>❖ Accesses current evidence in a timely manner</td>
<td>❖ Discusses and implements strategies for meeting productivity standards</td>
<td>❖ Gathers data and effectively interprets and assimilates the data to determine plan of care</td>
</tr>
<tr>
<td>❖ Does not verbalize productivity standards and identify barriers to meeting productivity standards</td>
<td>❖ Verbalizes productivity standards and identifies barriers to meeting productivity standards</td>
<td>❖ Identifies need for and seeks referrals to other disciplines</td>
<td>❖ Utilizes community resources in discharge planning</td>
</tr>
<tr>
<td>❖ Does not self-identify and initiate learning opportunities during unscheduled time</td>
<td>❖ Self-identifies and initiates learning opportunities during unscheduled time</td>
<td>❖ Meets productivity standards of facility while providing quality care and completing non-productive work activities</td>
<td>❖ Adjusts plans, schedule etc. as patient needs and circumstances dictate</td>
</tr>
</tbody>
</table>

**Student Reflection:**
Appendix 4 DPT Program Professional Behaviors Remediation Plan Form

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

<table>
<thead>
<tr>
<th>Unsatisfactory:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ Fails to recognize own stressors</td>
</tr>
<tr>
<td>✗ Fails to recognize distress or problems in others</td>
</tr>
<tr>
<td>✗ Fails to seek assistance as needed</td>
</tr>
<tr>
<td>✗ Does not maintains professional demeanor in all situations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Beginning Level:</th>
</tr>
</thead>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intermediate Level:</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Entry Level:</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

**Student Reflection:**
### Appendix 4 DPT Program Professional Behaviors Remediation Plan Form

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

<table>
<thead>
<tr>
<th>Unsatisfactory:</th>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Fails to prioritize information needs</td>
<td>❖ Prioritizes information needs</td>
<td>❖ Researches and studies areas where own knowledge base is lacking in order to augment learning and practice</td>
<td>❖ Respectfully questions conventional wisdom</td>
</tr>
<tr>
<td>❖ Fails to analyze and subdivide large questions into components</td>
<td>❖ Analyzes and subdivides large questions into components</td>
<td>❖ Applies new information and re-evaluates performance</td>
<td>❖ Formulates and re-evaluates position based on available evidence</td>
</tr>
<tr>
<td>❖ Does not identify own learning needs based on previous experiences</td>
<td>❖ Identifies own learning needs based on previous experiences</td>
<td>❖ Accepts that there may be more than one answer to a problem</td>
<td>❖ Demonstrates confidence in sharing new knowledge with all staff levels</td>
</tr>
<tr>
<td>❖ Does not welcome and/or seek new learning opportunities</td>
<td>❖ Welcomes and/or seeks new learning opportunities</td>
<td>❖ Recognizes the need to and is able to verify solutions to problems</td>
<td>❖ Modifies programs and treatments based on newly-learned skills and considerations</td>
</tr>
<tr>
<td>❖ Does not seek out professional literature</td>
<td>❖ Seeks out professional literature</td>
<td>❖ Reads articles critically and understands limits of application to professional practice</td>
<td>❖ Consults with other health professionals and physical therapists for treatment ideas</td>
</tr>
<tr>
<td>❖ Fails to plan and present an in-service, research or cases studies</td>
<td>❖ Plans and presents an in-service, research or cases studies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student Reflection:**
Appendix 4 DPT Program Professional Behaviors Remediation Plan Form

Section C. Goals and Formal Development Plan:

Goals: Please develop at least one goal to address each of the problems/professional behaviors identified and add them to the Remediation Plan Table below. Consider the following points when developing your goals:
- All goals should be written as “SMART” goals: specific, measurable, achievable, relevant and time bound. Specifically consider what you should stop doing, start doing, or what you should do differently.
- Communication skills, both verbal and non-verbal, should be considered in your goal setting.
- Example attributes to consider in your professional behavior goals are often closely associated with emotional intelligence (EI), also referred to as the emotional quotient (EQ). EI/EQ is defined as:
  
  “A set of emotional and social skills that influence the way we perceive and express ourselves, develop and maintain social relationships, cope with challenges, and use emotional information in an effective and meaningful way.”

- The five realms and individual components of EI/EQ are listed in the table below. Refer to the text The Student EQ Edge Student Workbook by Kanoy, Book and Stein, available from the SDC, to develop your goals, measurable outcomes and plan.

<table>
<thead>
<tr>
<th>SELF-PERCEPTION</th>
<th>SELF-EXPRESSION</th>
<th>INTERPERSONAL</th>
<th>DECISION MAKING</th>
<th>STRESS MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Regard</td>
<td>Emotional Expression</td>
<td>Interpersonal</td>
<td>Problem Solving</td>
<td>Flexibility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Actualization</td>
<td>Assertiveness</td>
<td>Empathy</td>
<td>Reality Testing</td>
<td>Stress Tolerance</td>
</tr>
<tr>
<td>Emotional Self-</td>
<td>Independence</td>
<td>Social Responsibility</td>
<td>Impulse Control</td>
<td>Optimism</td>
</tr>
<tr>
<td>Awareness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Appendix 4 DPT Program Professional Behaviors Remediation Plan Form

<table>
<thead>
<tr>
<th>Specific Behavior Needing Improvement</th>
<th>Achievable, Relevant Goal</th>
<th>Measurable Outcome</th>
<th>Plan to achieve goal;</th>
<th>Time-frame</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Section D. Consequences: Please clearly and thoroughly reflect on the potential outcomes if you’re unsuccessful in meeting your goals within the stipulated timeframe (250 word minimum). This narrative can universally cover the entire plan and does not need to address each goal individually, but feel free to do so.
Appendix 5 Process for Assignment of Students to Scholarship Groups

Process for Assignment of Students to Scholarship Groups

Middle of Summer 1

Assessment of Faculty Availability
1. Faculty determine who is going to be available to take a Research group(s) or a section of Case Report for the applicable cohort.
2. Faculty determine the ideal number of students per group.
3. After 1 & 2, make sure there are enough 'slots' to accommodate all students in the cohort.
4. Create a ranking sheet with options to be offered.

Student Meeting
1. Meet with students to present research and case report options in 3-5-minute presentations by faculty.
2. Students are given 2 weeks to consider options and identify/determine potential group/work partner. Generally, 4 group members is max. number.
3. Students are asked to rank their/their group’s 1st, 2nd and 3rd choices on the prepared ranking sheet.
4. Students are informed that they might not get their first choice and that there are many considerations in making the alignments including: student input, faculty availability, current faculty projects, preferred group size

Student Choices and Assignment
1. Students submit their ranked choices
2. Faculty works to sort choices based on student interest and faculty availability.
3. Notify and get OK from faculty about group(s)/assigned students.
4. Notify students of their assigned group.
5. Any changes MUST be approved by all impacted parties.