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SECTION 1: OVERVIEW OF THE DEPARTMENT, INSTITUTION AND ACCREDITATION

Clarkson University originated as the Thomas S. Clarkson Memorial School of Technology, and was approved by the Board of Regents of the University of the State of New York (Regents) on March 19, 1896. (The Board of Regents of the State University of New York is the New York State agency responsible for approval of all New York State post-secondary educational institutions). On September 25, 1913, the Regents concurrently approved a change in name to the Thomas S. Clarkson College of Technology, and also provided authorization “…to confer such degrees upon those who duly earn them in post graduate work there done.” The Regents approved a change of name to Clarkson University on February 24, 1984.

The program is one of three graduate health sciences programs within the School of Arts and Sciences (Physician Assistant Studies and Occupational Therapy are the other two programs) housed in the newly renovated Clarkson Hall. This allows all three programs to collaborate through interprofessional education, scholarship, and service. The program’s core faculty strive to embody the core values of the university and physical therapy profession through teaching, scholarship, and service while meeting the mission of the university, school, and program.

The program is a 101 credit, full time, post baccalaureate curriculum that takes 2 and 2/3 years to complete (8 semesters). The program uses problem based learning (PBL) curricular model, which uniquely prepares students to become lifelong learners and expert clinicians using an integrated case based approach to learning. Students participate in 4 full time clinical affiliations in addition to hands on clinical experiences interwoven throughout the didactic portion of the curriculum. The program has state of the art technologies for teaching, clinical practice and research.

Problem-based learning is an educational model that uses active, small group discussions of clinically relevant problems (case studies) to provide context and motivate learning. Through carefully designed problems, the PBL process strives to expose students to commonly encountered patient cases, to help students acquire a comprehensive and integrated knowledge base, and to provide a model of expert clinical reasoning. PBL was developed approximately 30 years ago at McMaster University in Ontario, Canada in response to concerns expressed by the academic and health care communities about the educational preparation of new medical graduates. PBL has been applied to medical education and to physical therapy education, to create competent, autonomous health care practitioners.

Accreditation

The public has the right to know the accreditation status of the University and Program. This status is to be provided in the Department Handbook (DHB) and the Physical Therapy Student Handbook. Each handbook is reviewed annually, and updated as necessary to provide accurate information concerning the Program’s accreditation status.

The current accreditation status of the University and Program is:

Clarkson’s Board of Trustees approved development of a Master of Physical Therapy degree-granting program at its meeting on October 11, 1996. Clarkson’s Board of Trustees approved development of a Doctor of Physical Therapy degree-granting program at its meeting on February 11, 2005.
Notification of approval by the Regents for a Master of Physical Therapy degree-granting program is dated April 21, 1998. Notification of approval by the Regents for a Doctor of Physical Therapy degree-granting program is dated May 18, 2005.

Clarkson University is regionally accredited by the Middle States Commission on Higher Education (MSCHE). Full accreditation was granted on July 1, 1998. Notification of recognition and listing of the program by the MSCHE to grant a Doctor of Physical Therapy degree is dated March 28, 2006.

The Commission on Accreditation in Physical Therapy Education (CAPTE) notified the University that it was approved for status as Candidate for Accreditation on June 21, 1999. CAPTE’s notification to the University that it was approved for its initial Accreditation of the physical therapist education program is dated November 16, 2001. The program was granted continued Accreditation by CAPTE from October 28, 2009 through June 30, 2017. The next scheduled accreditation visit is in the fall of 2016.

**Complaints**

The public, clinical affiliates, patients, students, and other parties have the right to submit complaints to the Department, University or to the Commission on Accreditation of Physical Therapy Education (CAPTE), concerning the University or the Program.

All complaints are to be submitted in writing, and must contain the name and address of the person registering a complaint. An e-mail message with a valid e-mail address via a valid Internet Service Provider will be considered a written complaint. All complaints must include a full name and address (an e-mail address is acceptable) for the person submitting a complaint. It is the responsibility of the complainant to notify the Program or University of any change in address (mail or e-mail). Failure to maintain an address of contact with the Program will negate submission of a complaint.

Complainants have the right to register a complaint concerning the institution (Clarkson University) or the Program (Department of Physical Therapy) directly to the University. Such complaints are to be in writing, and addressed to the Department of Physical Therapy:

Chairperson  
Department of Physical Therapy  
Clarkson University  
C.U. Box 5880  
Potsdam, NY 13699-5880

If a complainant wishes to register a complaint without going through the Department, written complaints are to be to:

Dean  
School of Arts & Sciences  
Clarkson University  
C.U. Box 5800  
Potsdam, NY 13699-5815

Provost  
Clarkson University  
C.U. Box 5505  
Potsdam, NY 13699-5505

Complainants have the right to register a complaint concerning the institution (Clarkson University) or the Program (Department of Physical Therapy) directly to the agency responsible for accreditation of the
Program. This agency is CAPTE. Such complaints should be in writing, fall within CAPTE’s jurisdiction/authority as expressed in the Evaluative Criteria (or Standards and Elements) and addressed to:

Commission on Accreditation in Physical Therapy Education
American Physical Therapy Association
1111 North Fairfax St.
Alexandria, VA 22314

Information to assist individuals in registering a formal complaint to CAPTE is available at: http://www.capteonline.org/FAQs/

Regulations
Clarkson’s student affairs regulations are available at: http://www.clarkson.edu/studentaffairs/regulations/
These also contain the rights and responsibilities of students.

Equal Opportunity and Nondiscrimination
Clarkson University does not discriminate on the basis race, color, religion, ethnic or national origin, gender, predisposing genetic characteristics, age, disability, sexual orientation, gender identity, gender expression, military or veteran’s status, marital status or any other characteristic protected by applicable law provision of education or employment.

Clarkson University does not discriminate on the basis of sex or disability in its educational programs and activities, pursuant to the requirements of Title IX of the Educational Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, and the American Disabilities Act of 1990 respectively. This policy extends to employment by and admission to the University. Inquiries concerning Section 504 and the American with Disabilities Act of 1990 should be directed to, 504/ADA Coordinator, Clarkson University, P.O. Box 5635, Potsdam, New York 13699-5635; or telephone (315) 268-7105. Inquiries concerning Title IX, the Age Discrimination Act, or other discrimination concerns should be directed to the Chief Inclusion and Human Resources Officer/Affirmative Action at (315) 268.6497 and/or the Title IX Coordinator, Room 124 Snell Hall, Clarkson University, P.O. Box 5542, Potsdam, New York, 13699-5542; or telephone (315) 268-2362. Information on the procession of grievances and charges relating to the above policies can be obtained from the Human Resources/Affirmative Action Office. Clarkson University is making a special effort to identify for employment opportunities and participation in its educational programs a broad spectrum of candidates including women, minorities, and people with disabilities.

For more detail related to Clarkson University’s equal opportunity and nondiscrimination policies go to: http://www.clarkson.edu/hr/eop.html and http://www.clarkson.edu/nondiscrimination/index_copy.html.

Student Confidentiality
Confidentiality of student records must meet the regulations of the Family Educational Rights and Privacy Act (Public Law 93-568), often referred to as FERPA or the Buckley Amendment. Compliance by all University personnel is mandated, and there are no exceptions. The law states that the records of any student over 18 years of age may not be discussed or released to any person other than the student, unless the student has agreed to such actions in writing. This
includes parents, guardians, or other family members.

Students have certain rights for access to their academic files, and the Department shall allow such access under the law, or upon legal order. Beyond these requirements student files are not accessible to students.

Individual student issues, including, but not limited to, health and disability, finances, and academic standing, are privileged and private matters. Students shall not inquire of classmates or others in the Program about issues relating to health, disability, finances, and academic standing. Students should not share with classmates or others in the Program information concerning health, disability, finances, and academic standing. The exception is that students must share information that might put them at risk during basic science or clinical laboratory activities.

Grading of examinations, papers, or projects is the sole responsibility of the instructor, and such information is privileged communication between instructor and each individual student. This privilege and privacy must not be compromised by:

1. Seeking personal information from another student, whether or not the information applies to that student. Students may share their own information if they so desire. Knowledge of such information is to be considered privileged and personal, and should not be disclosed to any other student;
2. Seeking to know another student’s graded performance on an examination, paper, or project;
3. Changing information on graded examinations, papers, or projects, to improve a grade, unless permitted under the course syllabus or by the course instructor;
4. Sharing information that is not to be shared with other students during the course of their studies in the program; or
5. Entering a classmate’s mailbox, with or without permission to retrieve privileged documents, such as examinations.

**Student Advising**
All students in the Program have a physical therapy advisor assigned to them. Graduate students are to meet with their advisors at regularly scheduled intervals throughout the Program. Advisors provide continuity for students throughout their graduate work by:

1. helping students adapt to the PBL process,
2. providing an opportunity for assistance with academic and non-academic issues, and
3. mentoring students throughout the professional development assignment process throughout the program.

Students may request a change of physical therapy advisor at any time through the department chair.

**University and Department Guiding Principles**
The Vision of Clarkson Education can be found at: [http://www.clarkson.edu/about/mission/Vision.html](http://www.clarkson.edu/about/mission/Vision.html)

Clarkson’s Values can be found at: [www.clarkson.edu/about/mission/values.html](http://www.clarkson.edu/about/mission/values.html)
**Mission**
The mission of the Program shall be congruent with the mission of the University.

The mission of the University is:

Clarkson University is an independent, nationally recognized technological university whose faculty of teacher-scholars aspires to offer superior instruction and engage in high-quality research and scholarship in engineering, business, science, health, and liberal arts. Our primary mission is to educate talented and motivated men and women to become successful professionals through quality precollegiate, undergraduate, graduate, and professional continuing education programs, with particular emphasis on the undergraduate experience. Our community and campus settings enhance the quality of student life and afford students access to and interaction with their faculty. We value the diversity of our University community, and we strive to attune ourselves and our programs to our global, pluralistic society. We share the belief that humane economic and social development derive from the expansion, diffusion, and application of knowledge.

The mission of the Department of Physical Therapy at Clarkson University is:
- For graduates to be entry level physical therapists who emulate the core values of the profession in their physical therapy practice; and
- For faculty, graduates, and students to contribute to the profession, community, and society, through education, scholarship, service, and practice.

**Program Goals**

**Program:**
1. Through the PBL curricular model, the program promotes effective physical therapy practice through self-directed learning, clinical reasoning, self-reflection, and collaboration.
2. The program will effectively lead and work collaboratively within professional and interprofessional teams to promote the health and wellness of our community.

**Faculty:**
1. Faculty demonstrate excellence in teaching through the application of contemporary physical therapy expertise, strong communication skills, and effective teaching methods.
2. Faculty make effective scholarly contributions to the physical therapy profession.
3. Faculty provide service and leadership that advances the physical therapy profession and health of the community.

**Students/Graduates:**
1. Students and graduates are self-directed learners who provide safe and competent entry-level physical therapy that is evidence based to clients across the continuum of care.
2. Students and graduates demonstrate the core values of the profession in their physical therapy practice.
3. Students and graduates reflect on their clinical practice as a mechanism for professional growth.
Program Outcomes

Program:

PO1: 90% of students successfully pass the tutorial behaviors assessment related to self-directed learning and clinical reasoning (critical thinking/clinical reasoning, accountability and communication behaviors) during each semester.

PO2: 90% of students successfully pass the tutorial behaviors assessment related to collaboration (Communication and Accountability behaviors) during each semester.

PO3: 100% of students complete the program self-designed Professional Development Assessment.

PO4: 90% of students, by graduation, will be at entry level on the CPI Clinical Reasoning criteria.

PO5: 80% of licensed graduates will indicate, on the graduate survey, reflective practice as a mechanism for professional growth.

PO6: 80% of licensed graduates indicate they work effectively as a team member of a physical therapy practice as documented by graduate surveys.

PO7: 80% of licensed graduates indicate they collaborate effectively as a team member of a physical therapy practice as documented by graduate surveys.

PO8: 80% of graduate employers who respond to the survey indicate that CU DPT graduates work effectively as team members.

PO9: 80% of graduate employers who respond to the survey indicate that CU DPT graduates reflect on their clinical practice as a mechanism for professional growth.

PO10: 100% of students will successfully participate in a community wellness project as part of PT 617a and 617b.

PO11: 70% of eligible faculty participate in clinical practice in an area related to their teaching and scholarship.

PO12: The program will coordinate at least one community support group for community members with chronic health conditions.

PO13: 80% of licensed graduates who respond to the alumni survey meet the health and wellness needs of their clients.

PO14: 80% of graduate employers who respond to the survey indicate that CU DPT graduates meet the health and wellness needs of their clients.

PO15: 50% of core faculty serve in a leadership position at the regional, state, national, or international level in an organization that promotes the health and wellness of our community.
Faculty
FO1: 70% of eligible faculty participate in clinical practice in an area related to their teaching and scholarship.

FO2: 100% faculty demonstrate scholarly activity annually.

FO3-F1: 85% of faculty are rated by students as effective and competent in communication on student course evaluations.

FO4: 50% of faculty present an educational offering within the community, region, state, or nationally on an annual basis, as documented on the faculty annual report.

FO5: 85% of core faculty perform community service or service within a professional organization.

FO6: 50% of core faculty serve in a leadership position at the regional, state, national, or international level within a professional organization.

FO7: 85% of core faculty receive ratings no less than one standard deviation below the Clarkson average for overall instructor rating on student course evaluations.

FO8-F1: 50% of eligible faculty will have ABPTS specialty certification or other similar specialty clinical certification.

Student/Graduate
S/GO1: 90% of students achieve entry level on all 25 criteria on the CPI upon completion of their final clinical internship.

S/GO2: 90% of licensed graduates provide patient/client management using evidence based practice.

S/GO3: 100% of students, under faculty guidance, complete a systematic review.

S/GO4: 90% of licensed graduates are rated as effective and competent in communication on employer surveys.

S/GO5: 100% of students complete the program self-designed Professional Development Assessment.

S/GO6: 80% of licensed graduates will indicate, on the graduate survey, reflective practice as a mechanism for professional growth.

S/GO7: 75% of licensed graduates work in practices that reflect the core values of the profession.

S/GO8: 90% of licensed graduates demonstrate the core values of the profession in their practice.

S/GO9: 100% of licensed graduates provide patient/client management using evidence based practice.
S/GO10: 80% of graduate employers who respond to the survey indicate that CU DPT graduates provide care that is evidence-based.

**Financial Information**

**Financial Aid**
Clarkson University’s financial aid services are part of the combined Student Administrative Services. See [http://www.clarkson.edu/sas/financial](http://www.clarkson.edu/sas/financial) and below for details.

**Endowed Scholarships**
There are three endowed scholarships, the Melissa A. Walsh ('03, '05) Memorial Endowed Scholarship, the Samuel Feitelberg Endowed Scholarship and the Kafka-Phillips Memorial Scholarship available to students enrolled in the Program. All DPT students of the program are eligible to apply for these scholarships. The scholarships are for one year only, and the funds may be applied to any educational cost associated with the Program. Information and applications are made available during the spring semester in the program, and the scholarship recipient receives funds in the summer semester.

**Financial Assistance**
When available, merit-based partial tuition assistance, which require no work commitment to the Department, are made available to accepted DPT students, and are applied to graduate tuition costs. When available, Departmental Assistantships, which require six (6) hours of work per week for the Department, are made available on a competitive basis to accepted DPT students, and are applied to graduate tuition costs.

**Program Costs**
Program costs are based on standard Clarkson graduate costs and are billed on a flat fee basis each semester throughout the curriculum. In addition to tuition, and room and board, there are additional expenses related to the program. These expenses include, but are not limited to:

1. Transportation expenses for traveling to and from clinical internship sites. A personal vehicle, with appropriate registration and insurance, is of significant importance;
2. Possible housing expenses for full-time student clinical internships;
3. Health insurance coverage, an annual physical examination, and specific immunizations are required of all Clarkson students. Specific additional medical requirements may be necessary for assignment to selected clinical internship sites. These additional medical requirements are made known to students before choosing clinical internship sites. The cost of fulfilling these requirements is the responsibility of the student;
4. To monitor and have access to health information, students must register with Student Immunization Tracker, cost is $30 per year.
5. A background check is required before entering the program.
6. Professional books, and clinical and laboratory tools are required; and
7. The Department requires that students are student members of the American Physical Therapy Association (APTA).

**Student Support Services**
Clarkson is committed to helping all its students develop personally and professionally. A complete listing of Student Support Services can be found in the Clarkson Catalog under
University Outreach and Student Affairs. Further information and contact information for all services described below can be found on the University web page.

**Student Administrative Services**
Student Administrative Services (SAS) combines registrar, bursar, and financial aid offices into one office to support students in these areas. All of the students are assigned a student services representative who assists students in these areas. SAS personnel perform the background processing of academic, financial aid, and collection activities and follow up with students to obtain needed documents to provide smooth processing of the student account/record. It is located in Graham Hall on the Hill Campus. Contact information: http://www.clarkson.edu/sas/ Phone: 315-268-6451 Fax: 315-268-6452 E-mail: sas@clarkson.edu

**Student Health Center**
All students are eligible for unlimited, confidential visits to the Student Health Center that provides services for treatment of routine illnesses, first aid, sports injuries, reproductive health care, lab tests, allergy injections and other health services. In most cases these services are free or will be billed to the student’s health insurance company. The Student Health Center also provides appropriate referrals when necessary. The Health Center is located in the ERC on the Hill Campus. It is part of the Student Health and Counseling Center. Contact information: http://www.clarkson.edu/healthcenter/ Phone: 268-6633 Email: shac@clarkson.edu

**Counseling Center**
The Counseling Center provides high quality, brief individual counseling, crisis counseling, group counseling and outside referrals to students who may be experiencing psychological, social or behavioral difficulties. These services are available to all students. The Counseling Center is part of the Student Health and Counseling Center located in the ERC on the Hill Campus. Contact information: http://www.clarkson.edu/healthcenter/ Phone: 268-6633 Email: shac@clarkson.edu

**Student Success Center**
The Student Success Center provides academic support such as tutoring, workshops and practice exams for qualifying students. The Student Success Center is located in the ERC on the Hill Campus. Contact information: http://www.clarkson.edu/ssc/ Phone: 268-2209

**The Writing Center**
The Writing Center offers one-on-one help with academic and personal projects, like essays, reports, labs, résumés and presentations. The Writing Center also offers information about citing sources and common writing errors. The Writing Center is located in BH Snell on the Hill Campus. Contact Information: http://www.clarkson.edu/writingcenter/ Phone: 315-268-4439 Email: wcenter@clarkson.edu

**Office of Accommodative Services**
The Office of Accommodative Services assures equal educational opportunities by providing accommodations and services for qualified students with documented disabilities in accordance with Federal Law, specifically the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. The Office of Accommodative Services is located in the ERC on the
Student Government
There are many opportunities at Clarkson to enhance your educational experience through participation in the broad range of extracurricular activities sponsored by the University and community. For more details see the Clarkson Undergraduate/Graduate Catalog.

Student Council and Student Board
A Student Council for each class consisting of three students elected by their class peers exists within the Department to provide a formal conduit for bi-directional communication between the Department and students. The Student Board shall consist of ten full-time members – the 9 students on their respective class Student Councils, and one faculty member. Ad Hoc members may be appointed by invitation of the formal Student Board members as appropriate.

The Student Board shall meet at least once annually, within two weeks of all three classes being on campus following the start of the fall semester. Subsequent meetings shall be held as needed, or as requested by any member of the Student Board.

APTA Student Representatives
The APTA is the flagship organization in physical therapy. All students are required to become members and are expected to be active members. Leadership is developed by the Clarkson APTA Representatives who are 3-4 members of each class year of students (9-16 members total). New members are selected by the current slate through anonymous applications. The faculty advisor is selected by the Chair and serves as both group advisor and as liaison with NYS Core Ambassador to the national APTA organization, and with the Clarkson Administration at the department and university levels.

Duties of the APTA Representatives:
1. Plan meetings and agenda
2. Promote awareness of APTA benefits, services, and roles for students.
3. Maintain and distribute Student Assembly information to classmates.
4. Communicate the questions, comments, concerns, interests, and accomplishments of classmates to the Student Assembly Board of Directors.
5. Manage and create (as appropriate) opportunities for classmates to participate in APTA, NYPTA, and local events that promote the profession of physical therapy.
6. Sustain a viable financial account [within the Department of Physical Therapy -managed by the Department Administrative Assistant] to fund registration, travel or other costs associated with DPT student opportunities for leadership and professional development.
SECTION 2: ACADEMIC STANDARDS AND PROGRESSION

Introduction
With this program being a professional program, academic standing in the Department encompasses academic performance, clinical performance, and professional behaviors. Therefore this includes performance in academic course work, clinical skills, clinical affiliations, and performance in displaying Department expectations of professional behavior. Expectations of professional behavior are wide ranging including, but are not limited to the APTA’s Core Values, APTA Code of Ethics, State Laws and Regulations governing physical therapist practice, timeliness of submitting required documents whether or not they are required for a specific course or in general by the Department, appropriate dress related to the multiple environments in which physical therapy education occurs, meeting scheduled commitments to the individual/classmates/faculty, adherence to Federal and State laws/University regulations/Department rules with regard to individual privacy, to Federal and State laws/University regulations/Department rules with regard to societal behavior, and respect for all individuals.

The Department faculty is responsible for a multi-faceted professional education. Such an education includes all aspects of professionalism, including academic course performance, clinical performance, and adherence to professional and ethical expectations. Because of this, issues brought to the attention of the Department faculty may lead to decisions that include Warning, Probation, or Separation. Severity of the issue and the degree of student culpability may affect the level of academic standing applied to a student. Therefore, the hierarchy of Warning, Probation, and Separation is presented only in ascending order of severity. Faculty decisions, however, may lead directly to Probation or Separation without a student being assigned to any intervening level of academic standing.

Any assignment of academic status may be appealed through the processes presented in this handbook under Group Review of Academic Standing and Progression. Department Academic expectations include:

1. Academic performance standards;
2. Clinical standards; and
3. Professional, ethical, and legal standards.

All issues pertaining to student performance in meeting Department expectations are brought to the Department faculty under the aegis of Group Review of Academic Standing and Progression (GRASP) meeting. Failure to adhere to any Department expectation of academic performance, clinical performance, and/or personal or professional behavior, as indicated below, shall be covered within the realm of academic standing and progression. GRASP meetings are held at mid-semester (when necessary), and at the end of each semester or clinical internship. Mid-semester GRASP meetings review current student performance, and end-of-semester (or internship) GRASP meetings include formal review of Academic Standing and Progression, and clinical readiness for the next clinical internship assignment.

Academic Performance Standards
Department grading policies are based on Clarkson University grading policies as described in the Clarkson University Catalog http://www.clarkson.edu/studentaffairs/regulations/. Additional policies have been developed by the Department to ensure that graduates meet standards set by Clarkson
University, the Department, and the Commission on Accreditation for Physical Therapy Education (CAPTE).

Each course syllabus, provided to students at the beginning of each semester, states the course objectives, course schedule, grading criteria, assignments, expected due dates, standards, and expectations for that course. Each course syllabus is developed prior to the beginning of a course, and is subject to change by the course instructor as needed to enhance learning activities or environments. Changes in course syllabi are disseminated by the course instructor to students as quickly as possible, and students are required to meet schedule changes and course requirements as promulgated by the course instructor.

Each main semester course (PT 505, 515, 525, 605/606, 615/616, and 645) has 3 specific components: **knowledge, clinical, and professional**. Students receive a grade for each component and an overall grade. To pass a course, students must meet the minimum passing standard in each component, as well as the minimum passing standard for the entire course. The required passing standards for each course and the components of a course are contained within the course syllabi and are as follows:

- PT 505 and PT 515: Overall course grade to successfully pass the course: \( \geq 77.5\% \); and \( \geq 75\% \) in each of the 3 components: knowledge, clinical, and professional.
- PT 525, PT 605/606, PT 615/616, and PT 645: Overall course grade to successfully pass the course: \( \geq 80\% \), and \( \geq 77.5\% \) in each of the 3 components: knowledge, clinical, and professional.
- The final course grade is a weighted sum of all scores across the three components (knowledge, clinical, and professional). When one or more components of the course grade are not at the required standard listed above, the overall course grade given will be the lowest of the three component grades.

For all other courses in order to successfully pass the course students are required to have a grade no less than a C+ or a P for Pass/No credit courses.

Students’ semester and overall GPA must be \( \geq 3.0 \) in order to be in good standing in the program and to graduate from the university.

The Physical Therapy Department utilizes the following criteria for assigning grades based on course performance:

- A+=100-98
- A=97.9-90
- A-=89-87.5
- B+=87.4-85.0
- B=84.9-80
- B-=79.9-77.5
- C+=77.4-75
- C=74.9-70.0
- F=<70.0

**Clinical Skills and Lab Performance Standards**

Demonstration of appropriate safety behaviors is cumulative throughout the physical therapy professional curriculum, and not related only to current course requirements. Lack of safe behavior in any academic or clinical environment or setting may result in Department action, up to, and including, **Separation**.

Students learn safety procedures for foundation and clinical practice laboratories through inquiry
seminars, tutorials, clinical laboratory, and assigned reading. Student understanding of safety is evaluated through clinical skills check-offs and examinations, and written examination. Safety includes essential patient handling skills, knowledge of contraindications and physical safety issues, and knowledge of essential ethical and legal issues. Safety may be tested using mastery learning, in which students have opportunities to demonstrate safety knowledge or skills more than one time. This will be specified in each course syllabus in which safety is addressed. The safety requirement for clinical skills is 100%. Students must meet these safety requirements to continue into the next semester or clinical internship assignment.

Students must achieve the appropriate level of knowledge, clinical skill, professional behavior, and safety prior to being allowed to participate in patient care in the clinic, as determined by GRASP decisions of clinical readiness. Students who do not achieve the appropriate level of knowledge, clinical skill, professional behavior, and safety are not allowed to participate in clinical experiences. All clinical lab exams have a safety component. In order to pass a course students must pass all designated safety components at 100%. Students may be allowed to study and repeat testing of safety related items, up to a maximum of two (2) repeats, to qualify to participate in clinical education experiences. Only an outcome of testing may be subject to appeal. Students who are not able to achieve the requirements may be unable to complete their scheduled clinical experience. This may prevent the student from continuing in the Program. Students about whom faculty have concerns will be discussed during a GRASP meeting prior to the end of a semester and/or course. When a clinical internship follows a semester, the DCE and the student’s advisor will meet with such students prior to the end of the semester to focus on clinical objectives, and to identify learning strategies for successful clinical experiences. Appendix A contains a list of clinical skills by course that students must be safe and competent in performing prior going on full time clinical experiences. Students are responsible for informing their Clinical Instructor (CI) when asked to perform a task for which they have not yet learned safety procedures. Students who demonstrate marginal but passing performance during clinical affiliations will meet with the DCE and their advisor upon returning to campus to discuss future clinical objectives and learning strategies.

Students are expected to behave in a responsible, respectful, and professional manner during all clinical laboratories. This includes:

1. Arriving on time, prepared for the laboratory session;
2. Arriving in lab wearing appropriate laboratory clothing. Students should not be wearing any sharp articles of clothing, such as metal belt buckles, jewelry or keys, hats, or cellular telephones;
3. Arriving with good personal hygiene;
4. Not talking or disrupting class while an instructor or other student is demonstrating or presenting information;
5. Not chewing gum;
6. Cleaning the laboratory and all equipment used;
7. Returning equipment to its proper storage place; and
8. The laboratory should be left in the condition in which it should be, whether or not it was in the appropriate condition when the laboratory class was started.

Development of professional skills requires physical contact to hands-on practice, including students practicing on others, as well as allowing others to practice upon them. Students are expected to participate in clinical laboratory practice with fellow students, treating fellow
students with respect and care when practicing skills. Students must be prepared to practice with fellow students regardless of gender, sexual orientation, religion, physical or mental ability, political beliefs, or racial or ethnic origin.

Students are expected to recognize their limitations as they develop clinical skills so that they practice clinical skills in a safe manner at all times. Similarly, students acting as patients during clinical skills practice should pay attention to their bodies, recognize their limitations or concerns, and communicate such limitations or concerns to the appropriate faculty member and fellow students. Students should discuss concerns with their practice partners, lab instructors, or advisor, as appropriate. Family members, significant others, friends, and students who are not graduate physical therapy professional students may not be used as subjects when practicing clinical skills on campus unless there is direct Department faculty supervision.

**Professional Behavioral Standards**

Physical Therapy is a profession, as such professional behavior is expected at all times from students. Students are required to participate in all components of the curriculum, and are expected to behave in a professional manner in all environments. Students are expected to treat one another, faculty, staff, and patients with respect and integrity, and to maintain safe conduct at all times. Students are expected to demonstrate professional behavior whenever representing Clarkson University, the Department, and themselves during patient care, professional conferences or meetings, and in public. Unprofessional behavior can result in Department faculty action, up to, and including, Separation.

The department fosters professional growth in a variety of ways including, but not limited to the program’s Professional Development Assignment (PDA) and individual course tutorial behavior assessments (see individual course syllabi). The Professional Development Tool (PDT, a part of the PDA) is based on the APTA Core Values and contains professional behaviors that students are expected to demonstrate during the program. There are “red-flag” (noted in red in the PDT) professional behaviors that are a part of student expectations in regards to professional behavior development for which all students are responsible. Inability to demonstrate one or more of these red flag behaviors is an indication for faculty discussion and action. Such discussion and action will occur under the purview of the faculty acting within GRASP.

Specified behaviors must be mastered by the end of the semester indicated below. A lack, or breach, of certain behaviors at the dedicated levels indicates a need for faculty discussion and action.

Inability to demonstrate a red flag behavior within the timeframe in which the student is developing the specified behavior set will warrant immediate intervention with the student, documentation of intervention in the student’s file, and notification of the Department Chair. All instances and interventions in this area will be brought to the attention of the faculty during a GRASP meeting, which may be a normally scheduled meeting, or a meeting called specifically as a result of red-flag behaviors.

Inability to demonstrate a red flag behavior past the expected timeframe for mastery of a specified behavior will result in intervention with the student, documentation of intervention in the student file, and discussion by the entire faculty under the auspices of a GRASP meeting, which may be a normally scheduled meeting, or a meeting called specifically as a result of red-
flag behavior. Red flag behaviors may result in a change of academic status, up to and including Separation.

Behaviors Expected to be Mastered Upon Entrance to the Program: Honesty and Academic Integrity
Behaviors Expected to be Mastered by the End of the Second Semester: Beginning Level Behaviors
Behaviors Expected to be Mastered by the End of the Sixth Semester: Developing Level Behaviors
Behaviors Expected to be Mastered by the End of the Eighth Semester: Entry Level Behaviors

Students must be entry level on all of the professional behaviors and successfully complete the professional development assignment by the end of the 8th semester of the program in order to meet the program curricular objective of in order to meet the following Program Curricular objectives

Students will demonstrate all APTA Core Values associated with professionalism.
Accountability:
1. Weigh and balance sources of accountability to determine actions.
2. Share examples of decisions based on ethical tenets with those based on other considerations.
3. Internalizes the results of his or her own actions.
Altruism:
4. Incorporate coping strategies and support systems to control and alleviate stress.
Integrity:
5. Provides examples of how stated professional values are consistent with actions.
Professional Duty:
6. Self-assess specific actions taken while on clinical internship toward improving societal trust in the profession.
7. Analyze professional capabilities and goals by self-assessment, peer review, and continuous quality improvement.
8. Utilize feedback from clinical faculty in assessment of professional development.
9. Value provision of clinical learning experiences as an important component of personal professional development.
10. Acknowledges and accepts responsibility for and consequences of his or her action.
11. Compares self-evaluation with feedback from others and incorporates feedback into professional development planning.
12. Takes action to build upon professional strengths to rectify professional deficiencies.
13. Become involved in professional activities beyond the practice environment.
Practice Management:
14. Identify basic risk management practices (including peer review, utilization review, etc.) and the need to improve risk management practices.
Social Responsibility:
15. Demonstrate all APTA Core Values associated with professionalism.
16. Seek mentors and learning opportunities to develop and enhance the degree to which core values are demonstrated.

See Appendix B Professional Development Assignment for details.
Other areas of professional behavior expectations include academic integrity, patient confidentiality/contact, professional/ethical/legal, student confidentiality, attendance, attire/grooming, cell phone use, and administrative requirements.

**Academic Integrity**

Students *must* adhere to all ethical principles in pursuing their academic work. Unless otherwise informed, all work is to be performed individually. This does not mean that students should not work with their classmates in learning material. Individual effort for assignments and examinations, however, *must* be done individually. Breaches of academic integrity will be reviewed by Department faculty during GRASP meetings, and may lead to a change in academic status, up to, and including, *Separation* from the Program.

Section IV of the Clarkson University Regulations sets forth the procedures and penalties for violations of the Code of Ethics related to Academic Integrity (http://www.clarkson.edu/studentaffairs/regulations/iv.html). When a student is accused of a second offense in the same course, the professor is required to make a recommendation to the University Academic Integrity Committee stipulating: no additional action (beyond penalties already levied); Academic Suspension; or Academic Expulsion. If the Academic Integrity Committee feels suspension or expulsion is merited, a recommendation will be made to the University President. Only the President (or his or her designate) has the authority to impose a suspension or an expulsion.

When accused of an Academic Integrity violation, the student has the right to appeal to the University Academic Integrity Committee. The accused may appeal the accusation, the penalty levied or both, at their choice. To appeal, simply notify the Chair of the University Academic Integrity Committee in writing. (Adapted from the Clarkson University School of Business Academic Integrity Policy.)

Plagiarism is not acceptable. Plagiarism is defined by Merriam Webster’s on line dictionary as: “to steal and pass off (the ideas or words of another) as one's own; use (another's production) without crediting the source” and “to commit literary theft: present as new and original an idea or product derived from an existing source” (http://www.merriam-webster.com/dictionary/plagiarize). Citation of information sources must be documented in AMA style. If a student is not familiar with this style of citation, the student is responsible to become acquainted with the appropriate method of citation, and to ensure that it is used correctly for all assignments. Incorrect citation of the work of others may cause a suspicion of plagiarism, which will be considered a breach of academic integrity. The Department recommends review of the Harvard Guide to Using Sources and specifically their page on “What Constitutes Plagiarism” for detailed examples of acceptable and unacceptable use of other’s ideas and words (http://isites.harvard.edu/icb/icb.do?keyword=k70847&pageid=icb.page342054).

Inappropriate sharing of information between classmates and classes is not permitted. Inappropriate sharing undermines current and future learning experiences, and is considered a breach of integrity.

During examinations faculty strive to provide equitable opportunity to assess each student’s knowledge objectively. Therefore, students may *not* bring papers, notes, books, cell phones, or
any other device that may be perceived to be able to transmit information to a student, into the room in which the examination is to be given. Last minute studying must be done in a different room than the one in which the examination is to be given.

Only a faculty member giving an examination may determine if computers will be, or can be, used for taking the examination. When computers are to be used for examinations, all computer access to other sources of information, including, but not limited to, the Internet or access to other portions of a hard drive, must be locked so students cannot access such information. Attempts to access such information is considered a lack of academic integrity.

During examinations students must:

1. Follow the directions of the person supervising the examination at all times;
2. Hand in their question and answer sheets promptly to the person supervising the exam at the end of the examination; and
3. Direct questions only to the person supervising the examination.

and must not:

1. Change any laboratory set-up, position of any specimen, or specimen tag;
2. Carry question sheets or answer sheets out of the examination room;
3. Communicate with other students about the exam;
4. Use any education materials not permitted by the faculty member giving the examination; and
5. Disturb in any way other students taking the exam.

Knowingly making a false statement in the realm of academic or clinical requirements, or professional behavior may cause a student to be subject to Separation regardless of current Academic Standing. Such decisions are made through a GRASP meeting and following faculty decision.

**Attendance Standards**

Self-directed learning is essential to problem-based learning (PBL). PBL involves a serious commitment on the part of students, faculty, and clinicians. Attendance in all scheduled classes, laboratories, and clinical internships is required throughout the program. Attendance may be a fraction of the course grade, and failure to meet the attendance expectations for any course may result in a lower grade or failure of that course, even if a student has completed other assignments for that course. Each course syllabus specifies attendance requirements and consequences.

Regulations regarding attendance and absence as described in Clarkson Regulations [http://www.clarkson.edu/studentaffairs/regulations/](http://www.clarkson.edu/studentaffairs/regulations/) (Section III-F) apply. Students must consider carefully reasons for which they are absent from class, laboratory, or internship. Students must request exception to the required attendance policy prior to an absence by discussing with the course coordinator.

The following are considered legitimate reasons by Clarkson University for absence from class:

1. Personal or family illness.
2. Personal or household emergency such as car accident, emergency surgery, etc. (These events should be very rare).
3. Religious beliefs (as described in the Clarkson Regulations available
Students must inform the Department office (315-268-3786) prior to any unscheduled class(es) missed; the office will inform the instructor(s) for the day. Two or more late arrivals will also be considered an unexcused absence. Unexcused absences may result in grade penalty or failure of a course. Informing the instructor of an absence does not guarantee that the absence is excused. Student policies and procedures for clinical internships are covered in detail in the clinical education portion of this handbook and administered by the Department’s Director of Clinical Education (DCE). Requests for changes or exemptions concerning clinical internships must be approved, and implemented, by the DCE. Changes in student clinical policies and procedures are not to be initiated by students directly to any clinic or clinical instructor.

There may be occasions in which students have notified instructors that they will be absent, or an instructor may have made a change in class schedule to accommodate a student’s need for absence. Should the student’s need for absence change, the instructor must be notified immediately. Students shall not take advantage of such notification or change should the original reason for absence change. Lack of adherence to this policy will lead to an immediate GRASP meeting, and may result in an immediate faculty decision of a change of academic status up to and including Separation.

In cases of absence, students are responsible for obtaining and demonstrating knowledge of any missed material. Students are also responsible for obtaining and completing assignments as required by the instructor. In the case of tutorial, students should try, whenever possible, to share information they have obtained with their group prior to class. For example, students may e-mail key points to others in the tutorial. In case of an anticipated absence, an instructor may require specific action that demonstrates a student’s knowledge or participation.

Lack of attendance will have an effect on a student’s ability to treat patients, thus affecting more than just a student or a student’s grade. Repeated absences of any kind may risk a student’s Academic Standing and Progression.

**Attire and Grooming Standards**

The appearance of all physical therapy professional students must conform to standards of cleanliness, safety, and presentation. As professional students, you represent Clarkson University, the Department, the profession of physical therapy, and yourself. The Department requires that these standards be upheld.

Students are expected to demonstrate professionalism by wearing appropriate professional attire during all laboratory and clinical experiences, class, and while in Clarkson Hall between the hours of 8:00am and 7:00pm during weekdays. Appropriate professional dress is considered to include business casual dress that maintains coverage of the body, especially the chest, abdomen, hips, low back, and any tattoos, during active exercise. For women this includes slacks and a blouse or knit top that is not see-through. For men this includes slacks and a button-up collared shirt. Both women and men should wear closed toe/heel shoes that are comfortable for long periods of standing and walking. Sports-type shoes of neutral color (black, white, tan) and without garish logos or lights are acceptable in most clinical facilities.
Appropriate professional grooming requires that hair be clean, brushed or combed, and contained (if long hair). Beards and mustaches are acceptable if well formed, but stubble from a lack of shaving is not acceptable. While jewelry may be worn, it may not be worn during clinical lab if there is any potential for scratching or impinging during clinical lab activities. Pendants of a religious nature or for medical necessity (MedicAlert) may be worn and should be constrained inside the top being worn.

Items that are not acceptable include, but may not be limited to:

1. Body odor as a result of a lack of bathing;
2. Any perfumes;
3. Dangling jewelry (earrings, pendants, bracelets) and facial piercings (eyebrow, nose, tongue, etc.);
4. Visible tattoos;
5. Jeans;
6. Leggings;
7. Tank tops, short shirts, see through blouses or knit articles;
8. Shorts or short skirts;
9. Warm-ups or sweat suits;
10. Hats or caps;
11. Soiled, stained, or torn clothing;
12. Platform shoes;
13. Footwear that is open (toe or heel), in disrepair, worn without socks, or falls off easily;
14. Clothing that reveals chest, abdomen, hips, low back, or buttocks during active exercise.

Clinical laboratory attire usually includes T-shirts, halter-tops or sports bras for women, and shorts of respectable length. The purpose is to provide necessary and appropriate access to areas of the body, while maintaining individual privacy and decency. Specific attire for each semester is defined in the semester syllabus. Dangling earrings, facial piercings (eyebrow, nose, or tongue), and rings with sharp edges that may scratch partners/patients are not to be worn during clinical practice laboratory experiences or internships.

When in doubt about appropriate dress or grooming, a stricter interpretation of requirements should be assumed.

Hats or caps are not to be worn by either gender during class, laboratory, seminars, etc. Specific attire for anatomy lab is outlined in the appropriate course syllabi.

**Clinical Education Attire**

Nametags are required to be worn at all times in accordance with Federal law. Students are provided nametags, and are responsible for the cost of replacing a lost nametag. The Department will provide an appropriate name tag during the first semester of the curriculum, or upon legal name change, at no charge. Replacement nametags must be ordered from the company used by the Department, and conform to the standard nametag provided by the Department. The cost of replacement nametags is the responsibility of the student.
While there may be clinical facilities that have dress requirements different than those of our Department, students are expected to adhere to the higher standard of appearance when the facility standard and the Department standard are different. The only circumstance in which a “lower” standard may apply is one in which a “uniform” type of dress may be counterproductive when working with patients, such as wearing a white coat in a pediatric environment, or when scrubs are expected in an intensive care unit. When in doubt, students are expected to contact the DCE to confirm expectations.

While jewelry may be worn to work, it may not be worn during work with patients if there is any potential for scratching or impinging on patients during activity. A wrist watch must be available on your person anytime you are in the clinic. It may be worn on the wrist or carried in a pocket. If it is worn on the wrist, the potential for scratching or impinging on patients during activity must be considered. Pendants of a religious nature or for medical necessity (MedicAlert) may be worn if they are constrained inside the top being worn. Hats or caps are not to be worn by either gender.

**Cell Phone Use**
Students should not have their cell phone on during any learning activity unless in an emergency or urgent situation in which they seek permission from the course instructor or if the learning activity requires the use of a cell phone.

Students should not have their cell phone on during clinical experiences unless in an emergency or urgent situation in which they seek prior permission from the clinical instructor.

**Administrative Requirements**
Demonstration of professional behavior is based, in part, on meeting administrative requirements. Such administrative requirements are necessary for the Department to provide appropriate classroom, laboratory, and clinical learning experiences while maintaining adherence to Federal and State laws, Clarkson University rules and regulations, and contractual agreements. The Department faculty has determined that meeting all administrative standards in a timely manner contributes to, and will be evaluated as part of, Academic Standing and Progression.

**Student Contact Information Form**
Students are required to submit up-to-date contact information to the University and the Department whenever a student has changes in this information. Such information must be submitted to both the University and the Department within ten (10) days of such a change. Student contact information at clinical sites during clinical internship assignments must be submitted to the Department prior to leaving for each clinical internship assignment.
Review of Academic Standing and Progression
At the end of each semester and/or course (or earlier if necessary) faculty review students’ academic standing based on the academic performance, clinical performance and professional standards described above and in course syllabi. This review is done as part of a GRASP meeting (Group Review of Academic Standing). Upon formal consideration at a GRASP meeting, faculty take actions that place students within one of the four (4) categories of academic standing defined below – Good Standing, Warning, Probation, Separation. Letters are sent to each student in the Program following each GRASP meeting, indicating their current academic standing.

GRASP Meetings
The purposes of Group Review of Academic Standing and Progression meetings are to:
1. Follow each professional student’s academic standing through each semester, and through the entire program;
2. Identify, at the earliest possible time, issues of student performance with respect to Department expectations that may place a student at risk with respect to successful completion of, and graduation from, the program;
3. Provide an opportunity for full faculty review, discussion, and decisions with respect to issues of student performance;
4. Provide an opportunity for full faculty review, discussion, and decisions with respect to clinical readiness for up-coming clinical internship assignments;
5. Provide a mechanism for timely feedback to students who may be at risk with respect to successful completion of, and graduation from, the physical therapy professional curriculum;
6. Provide guidance or direction to resources for students who may be at risk in an individual course, or for demonstrating a lack of professional, safety, ethical, or legal behaviors; and
7. Provide guidance or direction to resources for students who may be at risk for unsuccessful completion of, and graduation from, the program.

All decisions are made with the greatest amount of information of all performance and behaviors previously observed that are available to Department faculty. Decisions will be applied in an equitable manner to all students.

GRASP meetings are held:
1. At mid-semester if necessary for informal review leading to communication with students whose student performance is unsatisfactory at mid-semester;
2. Within seven business days of the end a semester for formal review of academic standing and progress for the purposes of determining:
   a. Academic status for the semester just completed and clinical readiness;
   b. Academic status for the entire physical therapy professional curriculum;
   c. Awarding recognition of successful completion of a semester’s work; and
   d. Awarding recognition of exceptional academic, personal, or professional achievement for the semester just completed;
3. Prior to the start of an internship assignment to determine clinical readiness for the internship; and
4. At any time during the year that a faculty member deems a student performance issue to be of importance for full faculty review before the next scheduled GRASP meeting.
Issues of student performance may be brought to a GRASP meeting by:

1. Submission of a request by one (1) or more faculty members to the Department Chair with a concise description of the issue;
2. Development of a potential solution outcome for presentation to the full faculty by the faculty member(s) raising an issue of student performance if/when requested during a meeting.
3. The Chair of the Department bringing the student issue to the next scheduled meeting, or scheduling a special GRASP meeting to occur within three (3) business days of a student issue becoming known to the Department Chair.

GRASP meetings are chaired by the Department Chair, or designee in her/his absence, who shall be a non-voting member. Meeting procedures include:

1. Presentation by the faculty member(s) indicating the issue, and background information;
2. Faculty member(s) responsible for bringing a specific student’s performance to a GRASP meeting will inform the student that faculty review of her/his performance will occur, and that the student may prepare written information/evidence or statements pertinent to the issue that will be disseminated to the faculty;
3. Dissemination of faculty and student information at the meeting;
4. Students are not permitted to attend GRASP meetings.
5. Students may provide written documentation they believe speaks to the issue under consideration;
6. Generation of faculty decisions which include a specific statement of faculty action with respect to academic standing, plan of remediation if approved, criteria required to fulfill successfully conditions of remediation or academic standing, and a timetable for successful completion of remediation or change of academic standing; and
7. Communication of faculty decisions to the specific student by the Chair of the Department within three (3) business days of the faculty decision.

An initial GRASP faculty decision may be appealed. The appeal is to the Department Chair for re-consideration. For such appeals the faculty discusses the issues, utilizing any additional information, and the Chair participates in the discussion. The decision at this level of appeal is made by the Chair. The appeals process consists of:

1. Submission by a student, in writing to the Chair of the Department, of an appeal within three (3) business days after being informed of the faculty decision by the Department Chair. The appeal shall be in writing, and should include a statement concisely stating and supporting the grounds for appeal, additional information/evidence, and/or a proposal of an alternative action that might be taken by faculty;
2. Scheduling a new GRASP meeting by the Department Chair to occur within three (3) business days after receiving a student’s written appeal;
3. Faculty discussion and Chair decision regarding the issue; and
4. Communicating the GRASP decision concerning a student’s appeal to the specific student by the Department Chair within three (3) business days of the faculty decision.

An appealed GRASP decision by the Chair may be appealed. The appeal is to the Dean of the School of Arts & Sciences. The appeals process consists of:
1. Submission by a student, in writing to the Dean of the School of Arts & Sciences, of an appeal within three (3) business days after being informed of the Chair decision regarding the original appeal by the Department Chair. The appeal shall be in writing, and should include a statement concisely stating and supporting the grounds for appeal.

2. The Department will provide the Dean all previous information/evidence, and correspondence between the student and Department faculty and Department Chair concerning the specific issue and department decisions;

3. Individual review by the Dean of the School of Arts & Sciences, or designee in his/her absence, of the issue within three (3) business days after receiving a student’s written appeal; and

4. The Dean’s decision concerning a student’s appeal being communicated to the specific student by the Department Chair within three (3) business days of the Dean’s decision.

Because such decisions relate to academic performance, or professional behavior within a professional program, further appeal of a GRASP decision may be made to the Provost, the highest administrator of academic affairs.

**Student Notification**

All notifications shall be in writing, and must be:

1. **Initiated** within the indicated time frame;
2. Sent or delivered in such a manner that they are received within the stated time span required by GRASP regulations;
3. Sent by students to the Department Chair by hand delivery, fax, mail, express mail service, or e-mail; and
4. Sent by the Department Chair to the student’s current official residence listed by the University, by a telephone call, with a copy placed in the student’s mailbox within the Department, or a notice by e-mail.

**Remediation**

Students who fail to meet the passing requirements for any course (as described above and in course syllabi) and as such are **Separated** from the program are informed within ten (10) days of the last day of the semester and/or course. A student who does not earn a passing grade and is Separated from the program may request an opportunity for remediation. Approval of remediation is at the discretion of the faculty, and determined during a GRASP meeting. A student requiring remediation can earn no better than a “B-” for that course.

Requests for remediation must:

1. Be submitted in writing, within 48 hours of a student being informed that he/she has not met course requirements;
2. Should justify why a student believes he/she should be given an opportunity to remediate;
3. Should outline a plan of how the student will remediate the coursework and/or professional behavior issue.

Requests for remediation are handled under the aegis of a GRASP.

If remediation is permitted, the course coordinator, with input from the faculty, determines a
method for repeating assessment. Students may repeat testing no more than two times for successful remediation. Remediation must be completed within the timeframe specified. A student who does not complete remediation successfully will be separated from the Program.

**Academic Standing Categories**

**Good Standing**
Students who have met all Department expectations, with at least minimal acceptable grades in academic courses, shall be considered to be in Good Standing. The faculty may vote to include recognitions or commendations, based upon academic, professional, or personal, achievement in their post-semester Group Review of Academic Standing and Progression (GRASP) letter.

**Warning**
Students who have been cited for one (1) or more issue(s) in not meeting Department expectations at any GRASP meeting prior to the end of a semester, may be issued a written Warning, or may incur penalties more severe than a Warning. Students will receive a letter from the instructor or Department Chair indicating the issue(s) brought to the faculty’s attention, the action of the faculty, any conditions that must be met by the end of the current semester, and a timetable for any required student actions with respect to being placed on Warning. Failure to meet the content or time requirements of conditions placed on a student under Warning may be cause for Department faculty to take further action, up to, and including, Separation from the Program.

**Probation**
Students cited for one (1) or more issue(s) in not meeting Department expectations at a post-semester GRASP meeting, may be placed on Probation. Students will receive a letter from the Department Chair, or his/her designee, stating the issue(s) that has(ve) been brought to the faculty’s attention, the action of the faculty, any conditions that must be met, and a timetable for any required student actions with respect to being placed on Probation. Failure to meet the content or time requirements of conditions placed on a student under Probation may be cause for Department faculty to take further action, up to, and including, Separation from the Program.

Any student who remains on Probation for two consecutive semesters will automatically be reviewed within the GRASP structure for potential Separation from the physical Program. Two consecutive semesters of Probation is considered grounds for Separation from the Program.

**Separation**
Any student who does not meet Department expectations may face Separation from the Program. A Department faculty decision of Separation in this context removes a student from the Program, and the University. A student who has been separated from the Program may petition to re-enter the Program in to the following year.

**Leave of Absence**
Students in the Program may take a leave of absence with permission from the Department Chair. Such leaves of absence may be granted upon review and recommendation of the Department faculty.

**Withdrawal from the Physical Therapy Professional Curriculum**
Students in the Program who wish to withdraw must provide a letter to the Department, addressed to the Department Chair stating their desire to withdraw. Such students must follow all Clarkson policies regarding withdrawal as stated in Clarkson Regulations (http://www.clarkson.edu/studentaffairs/regulations/). Failure to provide all notifications to the University and Department may lead to course failures, which may be reflected on a student’s transcript, or financial implications. All paperwork must be completed before withdrawal is considered complete.
SECTION 3: CURRICULUM

Introduction
The Department strives to meet all standards set forth by the Commission on Accreditation for Physical Therapy Education (CAPTE). To achieve this, the Department has developed the curriculum based on the APTA’s *Normative Model of Physical Therapist Professional Education, The Guide to Physical Therapist Practice, APTA Core Values, APTA Code of Ethics, APTA Minimum Skills of Physical Therapists Graduates at Entry Level, APTA Guidelines: Physical Therapist Scope of Practice, FSBPT Critical Work activities*, and other appropriate professional documents.

Problem-Based Learning
Problem-based learning (PBL) is an educational model that uses active, small group discussions of clinically relevant problems (case studies) to provide context and motivate learning. Through carefully designed problems, the PBL process strives to expose students to commonly encountered patient cases, to help students acquire a comprehensive and integrated knowledge base, and to provide a model of expert clinical reasoning. PBL was developed approximately 30 years ago at McMaster University in Ontario, Canada in response to concerns expressed by the academic and health care communities about the educational preparation of new medical graduates. PBL has been applied to medical education and to physical therapy education, to create competent, autonomous health care practitioners.

Many physical therapy educators believe that the dimensions of the PBL model closely match the required and desired characteristics of health care professionals. Examples include:

1. Critical inquiry: PBL problems are challenging real world scenarios that afford multiple solutions. They stimulate and demand viable hypotheses, critical inquiry, curricular knowledge and skills, and iteration.
2. Cognitive flexibility and integrated knowledge and skills: The “need to know” generated by the problem drives the learner to gain new knowledge, recall previous information, then reinterpret and assimilate it in a meaningful, contextual and flexible way.
3. Lifelong, self-directed learning: Students are encouraged to identify, select, and critique appropriate learning tasks and resources, and shape new knowledge towards an optimal resolution of the problem. Students learn how to access and critique information.
4. Collaboration: In a PBL environment, group support, with respect to sharing and evaluation, is expected. Students collaborate freely to identify learning issues and share information and useful resources. They are motivated to learn by a need to understand real patient problems.
5. Student driven learning: Within PBL, students assume responsibility for their own learning. Student driven learning encompasses decisions around knowledge, resources, and group dynamics.
6. Self-reflection: Self-reflection, an integral component of the PBL process, is the capacity to combine self-appraisal with action.

To facilitate professional autonomy, and foster critical thinking and clinical reasoning skills, tutors guide students through problem identification, analysis, and evaluation processes. A tutor’s role is as a “guide by the side,” rather than the traditional lecturer who is a “sage on the stage.” Goals for a tutor are to create a fluid and transparent interface with the tutorial group through modeling, coaching, and ultimately fading from, the interaction as students become
autonomous. In a world where medical knowledge and technology change almost daily, it is not appropriate merely to teach students facts that will become outdated. PBL processes teach students about the thinking process, so formal education is just the beginning of a lifelong learning process.

**Characteristics of Problem-Based Learning (PBL) Students**

PBL students in a clinical environment exhibit the following professional characteristics and abilities. Students:

1. Know about, and are comfortable with, the dual academic/clinical nature of a physical therapy learning environment, including clinical education from the outset of a professional curriculum.
2. Understand and explain learning objectives and learning issues at a high level because students are active (as opposed to passive) in both the academic and clinical environment. Therefore, Clinical Instructor training is essential, and emphasized.
3. Have a level of memorized detail that may not be as in-depth as traditional students. PBL students, however, demonstrate practical insight, knowledge of where to find information, listen closely, and appreciate principles and learn processes.
4. Are inquisitive students, tending to ask more, higher-level, and contextual questions, demonstrating preparation. PBL students can easily frame questions in cost/benefit terms.
5. Develop life-long learning skills that allow them to seek answers independently, rather than being guided at every step by clinical instructors.
6. Expect ongoing feedback, are comfortable with feedback, and react to, and follow up on feedback in a professional manner.
7. Continually practice intervention strategies and treatment through skill labs, and through safety and handling skills exercises, to master necessary content.
8. See patients in a significantly broad context, and consider the economic and cultural issues that coincide with intervention and care.

**Commitment to Problem-Based Learning (PBL)**

By accepting a place as a student in the graduate physical therapy professional program at Clarkson University, each student has made a commitment to maintaining and supporting the process of problem-based learning for their professional education. Each student is expected to adhere to the processes of problem-based learning throughout her/his tenure in the Program.

**Semester Schedules**

The entire graduate physical therapy professional program takes eight (8) semesters to complete. Matriculation is for the Fall semester only in any given year. The eight semesters encompass Fall, Spring, Summer, Fall, Spring, Summer, Fall, and Spring. Graduation is in May with the regular University Commencement.

It is **expected** that travel/holiday plans **will** be made in accordance with the Program’s published dates for when classes begin and end. It is **expected** that students **will** make travel/holiday plans that take these dates into account, and **will not** request changes in these dates to accommodate their individual holiday/travel needs.

Plans made by students that are contradictory to these published dates may be subject to **Warning, Probation, or Separation.** Knowingly making a false statement in the realm of
academic or clinical requirements, or professional behavior may cause a student to be subject to *Separation* regardless of current Academic Standing. Such decisions are made through a *GRASP* meeting and subsequent faculty decision.

The curriculum is eight consecutive semesters --
Fall/Spring/Summer/Fall/Spring/Summer/Fall/Spring.

**Semester Courses**  
**Fall — Semester 1**
<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Cr. Hrs.</th>
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</thead>
<tbody>
<tr>
<td>PT 505</td>
<td>Foundational Sciences for Physical Therapy</td>
<td>9</td>
</tr>
<tr>
<td>PT 506</td>
<td>Professional Foundation for Physical Therapy</td>
<td>2</td>
</tr>
<tr>
<td>PT 508</td>
<td>Principles of Measurement</td>
<td>1</td>
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**Spring — Semester 2**
<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Cr. Hrs.</th>
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<tbody>
<tr>
<td>PT 515</td>
<td>Cardiopulmonary/Exercise Science</td>
<td>9</td>
</tr>
<tr>
<td>PT 517</td>
<td>Professional Practice I</td>
<td>2</td>
</tr>
<tr>
<td>PT 518</td>
<td>Evidence-Based Practice</td>
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**Summer — Semester 3**
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<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Cr. Hrs.</th>
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<tbody>
<tr>
<td>PT 525</td>
<td>Musculoskeletal Physical Therapy</td>
<td>9</td>
</tr>
<tr>
<td>PT 527</td>
<td>Professional Practice Preparation</td>
<td>2</td>
</tr>
<tr>
<td>PT 528</td>
<td>Research Design</td>
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**Fall — Semester 4**
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<tr>
<th>Course</th>
<th>Title</th>
<th>Cr. Hrs.</th>
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<tbody>
<tr>
<td>PT 537</td>
<td>Professional Practice II</td>
<td>6</td>
</tr>
<tr>
<td>PT 605</td>
<td>Neuromuscular Physical Therapy I</td>
<td>4</td>
</tr>
<tr>
<td>PT 607A</td>
<td>Professional Practice IIIA</td>
<td>1</td>
</tr>
<tr>
<td>PT 608</td>
<td>Physical Therapy Data Analysis</td>
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**Spring — Semester 5**
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<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Cr. Hrs.</th>
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</thead>
<tbody>
<tr>
<td>PT 606</td>
<td>Neuromuscular Physical Therapy II</td>
<td>6</td>
</tr>
<tr>
<td>PT 607B</td>
<td>Professional Practice IIIB</td>
<td>1</td>
</tr>
<tr>
<td>PT 615</td>
<td>Physical Therapy for Multiple Systems Disorders I</td>
<td>3</td>
</tr>
<tr>
<td>PT 617A</td>
<td>Professional Practice IVA</td>
<td>1</td>
</tr>
<tr>
<td>PT 618</td>
<td>Research Data Collection</td>
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**Summer — Semester 6**
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<tr>
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<th>Cr. Hrs.</th>
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<tbody>
<tr>
<td>PT 616</td>
<td>Physical Therapy for Multiple System Disorders II</td>
<td>6</td>
</tr>
<tr>
<td>PT 617B</td>
<td>Professional Practice IVB</td>
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</tr>
<tr>
<td>PT 627</td>
<td>Professional Practice VA</td>
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**Fall — Semester 7**
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<th>Cr. Hrs.</th>
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<tbody>
<tr>
<td>PT 627A</td>
<td>Professional Practice VB</td>
<td>2</td>
</tr>
<tr>
<td>PT 645</td>
<td>Practice Management in the Autonomous Environment</td>
<td>8</td>
</tr>
<tr>
<td>PT 648</td>
<td>Writing &amp; Presenting Research</td>
<td>1</td>
</tr>
<tr>
<td>PT 657</td>
<td>Advanced Clinical Skills</td>
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**Spring — Semester 8**
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<tr>
<th>Course</th>
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<th>Cr. Hrs.</th>
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<tbody>
<tr>
<td>PT 667</td>
<td>Professional Practice VI</td>
<td>8</td>
</tr>
<tr>
<td>PT 677</td>
<td>Professional Practice VII</td>
<td>8</td>
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</table>

Course numbers, titles, credit hours, and course descriptions are subject to change based on faculty decisions with regard to the curriculum.
Course Descriptions

PT 505: Foundation Sciences for Physical Therapy
Credit hours: 9
Offered: Every fall
Pre-requisite(s): Admission to graduate physical therapy professional curriculum (DPT)
Co-requisite(s): PT 506, PT 508
Using a Problem-Based Learning (PBL) format in small tutorial groups, clinical lab, gross anatomy lab, inquiry seminars, and self-directed learning, students will develop the early cognitive, psychomotor and affective skills necessary to be physical therapists. Cases related to the foundation sciences of anatomy (musculoskeletal and neurological) and kinesiology are covered in the different learning environments. Students will gain an appreciation for, and ability to implement physical therapy professional practice core values, in addition to skills in communication, cultural competence, clinical reasoning, evidence-based practice, and education. Students also will gain introductory clinical skills that relate to patients with all types of movement disorders who require physical therapy services.

PT 506: Professional Foundation for Physical Therapy
Credit hours: 2
Offered: Every fall
Pre-requisite(s): Admission to graduate physical therapy professional curriculum (DPT)
Co-requisite(s): PT 505, PT 508
This course assists the student in an exploration of the structure of the health care system and the evolving role of the physical therapy profession as a primary participant. The course integrates topics such as history, ethics, politics, sociology, and economics, using seminal articles from a variety of healthcare fields to broaden the learning experience. Utilizing a largely discussion-based format, each student and faculty member will have the opportunity to facilitate interaction by drawing from assigned readings, clinical examples, and students’ life experiences. This course will be integrated with case discussions in PT 505 and will provide the foundation for growth as a professional throughout the physical therapy curriculum and beyond.

PT 508: Principles of Measurement
Credit hours: 1
Offered: Every fall
Pre-requisite(s): Admission to graduate physical therapy professional curriculum (DPT)
Co-requisite(s): PT 505, PT 506
Different types and methods of measurement (subjective vs. objective; qualitative vs. quantitative; nominal, ordinal, interval, and ratio), principles of measurement error, reliability, and validity are presented and used in examples. Discussion of the basics of epidemiology related to commonly used measurements in physical therapy and epidemiology. Presentation and discussion of current literature, collection of data for selected measurement, and completion of an independent project analyzing the data.

PT 515: Cardiopulmonary-Exercise Science
Credit hours: 9
Offered: Every spring
Pre-requisite(s): PT 505, PT 506, PT 508, and appropriate academic status in the DPT curriculum.
Co-requisite(s): PT 517, PT 518
Using a Problem-Based Learning (PBL) format in small tutorial groups, clinical lab, anatomy lab using cadavers, inquiry seminars and self-directed learning students will develop the cognitive, psychomotor and affective skills necessary to be physical therapists and provide services to individuals with cardiorespiratory disorders, acute conditions found in hospital settings, and exercise and fitness environments. Foundational sciences, behavioral sciences, and clinical science related to cardiorespiratory disorders are covered in different learning environments. Students will gain an appreciation for and ability to implement physical therapy professional practice core values, in addition to skills in communication, cultural competence, clinical reasoning, evidence-based practice, and education. In the different learning environments, the skills and knowledge related to the management (screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention and outcomes assessment) of patients/clients with cardiorespiratory disorders are covered. Students will gain skills in practice management for individuals with cardiorespiratory disorders who require physical therapy services.

PT 517: Professional Practice I
Credit hours: 2
Offered: Every spring
Pre-requisite(s): PT 505, PT 506, PT 508, and appropriate academic status in the DPT curriculum.
Co-requisite(s): PT 515, PT 518
Participation in planned small group part time professional practice experiences. Observation and participation in Phase II and III cardiac rehabilitation, pulmonary rehabilitation, and acute care, with emphasis on examination and intervention for patients with cardiac and pulmonary illness or disease. Emphasis on addressing administrative and professional issues inherent to such clinical environments. Integration of these professional practice experiences with the case studies used in PT 515 Cardiopulmonary-Exercise Science.

PT 518: Evidence-Based Practice
Credit hours: 1
Offered: Every spring
Pre-requisite(s): PT 505, PT 506, PT 508, and appropriate academic status in the DPT curriculum.
Co-requisite(s): PT 515, PT 517
Presentation and development of concepts of evidence-based practice (EBP), and skills for critical evaluation of physical therapy research literature. Evaluation of both qualitative and quantitative research designs. Each student selects an EBP question to pursue throughout the semester. Emphasis on learning how to search for, identify, and obtain appropriate literature, analyze different types of evidence critically, and summarize findings. Individual research articles are critiqued, and a comprehensive review of literature related to the topics chosen are developed. This course culminates in a mock professional meeting at which each student presents his/her findings in a formal Poster Presentation.

PT 525: Musculoskeletal Physical Therapy
Credit hours: 9
Offered: Every summer
Pre-requisite(s): PT 515, PT 517, PT 518, and appropriate academic status in the DPT curriculum.
Co-requisite(s): PT 527, PT 528
Using a Problem-Based Learning (PBL) format in small tutorial groups, clinical lab, musculoskeletal lab, inquiry seminars and self-directed learning students will develop the cognitive, psychomotor and affective skills necessary to be physical therapists and provide services to individuals with musculoskeletal disorders. Foundational sciences, behavioral sciences, and clinical science related to musculoskeletal disorders are covered in the different learning environments. Students will gain an appreciation for and ability to implement physical therapy professional practice core values, in addition to skills in communication, cultural competence, clinical reasoning, evidence-based practice, and education. In the different learning environments, the skills and knowledge related to the management (screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention and outcomes assessment) of patients/clients with musculoskeletal disorders are covered. Students also will gain skills in practice management for individuals with musculoskeletal disorders who require physical therapy services.

PT 527: Professional Practice Preparation
Credit hours: 2
Offered: Every summer
Pre-requisite(s): PT 515, PT 517, PT 518, and appropriate academic status in the DPT curriculum.
Co-requisite(s): PT 525, PT 528
PT 527 is the capstone course for preparation of upcoming internship courses throughout the curriculum. This course includes both scheduled course and individual meeting sessions. Students will discuss clinical education objectives, professional issues, select upcoming clinical internship sites, develop interview and daily organization skills, and learn how to utilize the full-time PT CPI website.

PT 528: Physical Therapy Research Design
Credit hours: 1
Offered: Every summer
Pre-requisite(s): PT 515, PT 517, PT 518, and appropriate academic status in the DPT curriculum.
Co-requisite(s): PT 525, PT 527
Research ethics, subject selection, experimental design, budget, and planning are the focus of this course. Non-experimental, quasi-experimental, and qualitative research models are also addressed.

PT 537: Professional Practice II
Credit hours: 6
Offered: Every fall
Pre-requisite(s): PT 525, PT 527, PT 528, and appropriate academic status in the DPT curriculum.
Co-requisite(s): PT 605, PT 607A, PT 608
The first full-time internship course within the DPT curriculum, students participate in nine weeks of full time internship at an orthopedic or acute care cardiopulmonary setting following the third semester. Students synthesize their knowledge of musculoskeletal and/or cardiopulmonary disorders and gain an appreciation for managing multiple patients and responsibilities. The focus of this internship is on the patient/client management process-examination, evaluation, diagnosis, prognosis, intervention, and outcomes-for patients within
these settings with a variety of impairments leading to activity and participation limitations.

PT 605: Neuromuscular Physical Therapy I  
Credit hours: 4  
Offered: Every fall  
Pre-requisite(s): PT 525, PT 527, PT 528, and appropriate academic status in the DPT curriculum.  
Co-requisite(s): PT 537, PT 607A, PT 608  
Using a Problem-Based Learning (PBL) format in small tutorial groups, clinical lab, neuroanatomy lab, inquiry seminars and self-directed learning, students will develop the cognitive, psychomotor, and affective skills necessary to be physical therapists and provide services to individuals with neuromuscular disorders. Foundational sciences, behavioral sciences, and clinical science related to neuromuscular disorders are covered in the different learning environments. Students will gain an appreciation for and ability to implement physical therapy professional practice core values, in addition to skills in communication, cultural competence, clinical reasoning, evidence-based practice, and education. In the different learning environments, the skills and knowledge related to the management (screening, examination, evaluation, diagnosis and prognosis, plan of care, intervention, and outcomes assessment) of patients/clients with neuromuscular disorders are covered. Students will also gain skills in practice management for individuals with neuromuscular disorders who require physical therapy services.

PT 607A: Professional Practice IIIA  
Credit hours: 1  
Offered: Every fall  
Pre-requisite(s): PT 525, PT 527, PT 528, and appropriate academic status in the DPT curriculum.  
Co-requisite(s): PT 537, PT 605 PT 608  
Students will participate, in the first 8 weeks of a part-time clinical experience integrating clinical skills and practice management related to individuals with neurological impairments and disorders. Students will have the opportunity to practice patient interaction and management skills, clinical skills, and increase their knowledge of this complex patient population. Students will work with patients similar in diagnosis as discussed within tutorial cases and study concepts related to case management and policies that govern the clinical setting. The clinic portion of this course is highly integrated with PT 605 Neuromuscular Physical Therapy.

PT 608: Physical Therapy Data Analysis  
Credit hours: 1  
Offered: Every fall  
Pre-requisite(s): PT 525, PT 527, PT 528, and appropriate academic status in the DPT curriculum.  
Co-requisite(s): PT 537, PT 605 PT 607A  
Statistical concepts and tests that are used in physical therapy research are considered. Selection, application and interpretation of specific statistical tests commonly used by physical therapist researchers are reviewed.

PT 606: Neuromuscular Physical Therapy II  
Credit hours: 6
Offered: Every spring
Pre-requisite(s): PT 537, PT 605, PT 607A, PT 608, and appropriate academic status in the DPT curriculum.
Co-requisite(s): PT 607B, PT615, PT617A, PT618
Using a Problem-Based Learning (PBL) format in small tutorial groups, clinical lab, neuroanatomy lab, inquiry seminars and self-directed learning students will develop the cognitive, psychomotor and affective skills necessary to be physical therapists and provide services to individuals with neuromuscular disorders. Foundational sciences, behavioral sciences, and clinical science related to neuromuscular disorders are covered in the different learning environments. Students will gain an appreciation for and ability to implement physical therapy professional practice core values, in addition to skills in communication, cultural competence, clinical reasoning, evidence-based practice, and education. In the different learning environments, the skills and knowledge related to the management (screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention and outcomes assessment) of patients/clients with neuromuscular disorders are covered. Students also will gain skills in practice management for individuals with neuromuscular disorders who require physical therapy services.

PT 607B: Professional Practice IIIB
Credit hours: 1
Offered: Every spring
Pre-requisite(s): PT 605, PT 608, PT607A and appropriate academic status in the DPT curriculum.
Co-requisite(s): PT 606, PT615, PT617A, PT618
This is the second half of a part-time clinical experience integrating clinical skills and practice management related to individuals with neurologic impairments and disorders. Students will have the opportunity to practice patient interaction and management skills, clinical skills, and increase their knowledge of this complex patient population. Students will work with patients similar in diagnosis as discussed within tutorial cases and study concepts related to case management and policies that govern the clinical setting. PT607B will culminate with an in-house, 2-week intensive, student-run clinic for neurologically impaired individuals. The clinic will afford the students an opportunity to utilize their clinical skills, patient experiences and patient management principles learned throughout the semester and in previous clinical experiences. During this 2-week clinic, patients will be seen three times per week, up to 4.5 hours per day. Students will be responsible for the workings of the clinic including: policies and procedures, patient examination, evaluation and intervention, and case management. The clinic portion of this course is highly integrated with PT606 Neuromuscular Physical Therapy II.

PT 615: Physical Therapy for Multiple System Disorders I
Credit hours: 3
Offered: Every Spring
Pre-requisite(s): PT 605, PT 607A, PT 608, and appropriate academic status in the DPT curriculum.
Co-requisite(s): PT 617A, PT 618, PT607B, PT606
Using a Problem-Based Learning (PBL) format in small tutorial groups, clinical lab, neuroanatomy lab, inquiry seminars, and self-directed learning students will develop the cognitive, psychomotor, and affective skills necessary to be physical therapists and provide services to individuals with disorders of multiple systems. Foundational sciences, behavioral
sciences, and clinical science related to disorders of multiple system disorders are covered in the different learning environments. Students will gain an appreciation for and ability to implement physical therapy professional practice, and education. In the different learning environments, the skills and knowledge related to the management (screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention and outcome assessment) of patients/clients with multiple system disorders are covered. Students also will gain skills in practice management for individuals with multiple systems disorders who require physical therapy services.

PT 617A: Professional Practice IVA
Credit hours: 1
Offered: Every Spring
Pre-requisite(s): PT 605, PT 607A, PT 608, and appropriate academic status in the DPT curriculum.
Co-requisite(s): PT 615, PT 618, PT607B, PT606
Students will develop and implement a community-based health and wellness project during PT617A with continuation in PT617B. Each student will participate in at least six hours of wellness/prevention activities and/or education by developing and implementing a project selected by the faculty (4-6 hours estimated per session based on preparation, performance, analysis of outcomes, and program changes for future sessions). Throughout the project, each student will need to attend to his or her established program goals in order to prepare and implement an effective wellness session. The students, working with peers, are also expected to assess outcomes on an ongoing basis in order to modify methodologies to most effectively obtain the desired behavioral response from the participants. Through this project, it is expected that students will develop independent thinking and problem solving skills by utilizing available resources to meet the needs of their assigned facility and through continuous self-reflection. The format of this course is seminar-based for learning wellness and health promotion concepts for developing a community program, develop skills for consultation practice, and successfully execute a community wellness program.

PT 618: Research Data Collection
Credit hours: 1
Offered: Every Spring
Pre-requisite(s): PT 605, PT 607A, PT 608, and appropriate academic status in the DPT curriculum.
Co-requisite(s): PT 615, PT 617A, PT606, PT607B
Working in small groups, students will develop a clinical question, systematically search the literature, analyze research studies and interpret findings in relation to their clinical question. These final results of the systematic review will be completed, written up and presented during PT 648.

PT 616: Physical Therapy for Multiple System Disorders II
Credit hours: 6
Offered: Every Summer
Pre-requisite(s): PT 606, PT607B, PT615, PT 617A, PT 618 and appropriate academic status in the DPT curriculum.
Co-requisite(s): PT 617B, PT 627
Using a Problem-Based Learning (PBL) format in small tutorial groups, clinical lab, neuroanatomy lab, inquiry seminars, and self-directed learning students will develop the
cognitive, psychomotor, and affective skills necessary to be physical therapists and provide services to individuals with disorders of multiple systems. Foundational sciences, behavioral sciences, and clinical science related to disorders of multiple system disorders are covered in the different learning environments. Students will gain an appreciation for and ability to implement physical therapy professional practice, and education. In the different learning environments, the skills and knowledge related to the management (screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention and outcome assessment) of patients/clients with multiple system disorders are covered. Students also will gain skills in practice management for individuals with multiple systems disorders who require physical therapy services.

PT 617B: Professional Practice IVB
Credit hours: 1
Offered: Every Summer
Pre-requisite(s): PT 606, PT607B, PT615, PT617A, PT618 and appropriate academic status in the DPT curriculum.
Co-requisite(s): PT 616, PT 627A
Students will develop and implement a community-based health and wellness project during PT617A with continuation in PT617B. Each student will participate in at least six hours of wellness/prevention activities and/or education by developing and implementing a project selected by the faculty (4-6 hours estimated per session based on preparation, performance, analysis of outcomes, and program changes for future sessions). Throughout the project, each student will need to attend to his or her established program goals in order to prepare and implement an effective wellness session. The students, working with peers, are also expected to assess outcomes on an ongoing basis in order to modify methodologies to most effectively obtain the desired behavioral response from the participants. Through this project, it is expected that students will develop independent thinking and problem solving skills by utilizing available resources to meet the needs of their assigned facility and through continuous self-reflection. The format of this course is seminar-based for learning wellness and health promotion concepts for developing a community program, develop skills for consultation practice, and successfully execute a community wellness program.

PT 627A Professional Practice VA
Credit hours: 5
Offered: Every Summer
Pre-requisite(s): PT 606, PT 615, PT617A, PT618, and appropriate academic status in the DPT curriculum.
Co-requisite(s): PT 616, 617B
PT 627 is the second full-time internship course within the curriculum. Students will participate in the first 7 weeks of a total 10 weeks of full-time clinical internship in PT 627A (with the remaining 3 weeks through PT627B). This is scheduled during the summer and fall semesters of the second year at designated clinical education sites. Prior to this internship, students have completed five semesters of academic coursework covering the cardiopulmonary, musculoskeletal, neurologic, and integumentary systems throughout the lifespan, a 10-week full-time clinical internship, and multiple part-time clinical experiences. The focus of this internship will be on the examination, evaluation, diagnosis, prognosis, intervention, and outcomes for complex patients with a variety of impairments leading to activity and participation limitations. The financial aspects of patient care, supervision of support personnel, communication and education of patients, their families, peers, and interdisciplinary team members, and professional
behavior development will be emphasized and progressed during this experience.

PT 627B Professional Practice VB
Credit hours: 2
Offered: Every Fall
Pre-requisite(s): PT 616, PT 617B, PT 627A and appropriate academic status in the DPT curriculum.
Co-requisite(s): PT 645, PT 648, PT 657

PT 627 is the second full-time internship course within the curriculum. Students will participate in the final 3 weeks of a total 10 weeks of full-time clinical internship in PT 627B (the proceeding 7 weeks through PT 627A). This is scheduled during the summer and fall semesters of the second year at designated clinical education sites. Prior to this internship, students have completed five semesters of academic coursework covering the cardiopulmonary, musculoskeletal, neurologic, and integumentary systems throughout the lifespan, a 10-week full-time clinical internship, and multiple part-time clinical experiences. The focus of this internship will be on the examination, evaluation, diagnosis, prognosis, intervention, and outcomes for complex patients with a variety of impairments leading to activity and participation limitations. The financial aspects of patient care, supervision of support personnel, communication and education of patients, their families, peers, and interdisciplinary team members, and professional behavior development will be emphasized and progressed during this experience.

PT 645: Practice Management in the Autonomous Environment
Credit hours: 8
Offered: Every Fall
Pre-requisite(s): PT 616, PT 617B, PT 627A and appropriate academic status in the DPT curriculum.
Co-requisite(s): PT 627B, PT 648, PT 657

Using a Problem-Based Learning (PBL) format in small tutorial groups, clinical lab, administrative workshops, inquiry seminars and self-directed learning students will develop the cognitive, psychomotor and affective skills necessary to be physical therapists and provide services to individuals with varied complex disorders. Foundational sciences, behavioral sciences, and clinical science related to neuromuscular, musculoskeletal, cardiopulmonary, practice management, and women’s health are covered in the different learning environments. Students will gain an appreciation for and ability to implement physical therapy professional practice core values, in addition to skills in communication, cultural competence, clinical reasoning, evidenced-based practice, and education. In the different learning environments screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention and outcomes assessment are covered.

PT 648: Writing and Presenting Research
Credit hours: 1
Offered: Every Fall
Pre-requisite(s): PT 616, PT 617B, PT 627A and appropriate academic status in the DPT curriculum.
Co-requisite(s): PT 627B, PT 648, PT 657

Writing in small groups of (2-4 students), students will complete their systematic review, create an abstract for peer review, participate in a peer review process in the class, revise the abstract based on peer review feedback, and present their findings from their systematic review as a
platform presentation.

PT 657: Advanced Clinical Skills  
Credit hours: 2  
Offered: Every Fall  
Pre-requisite(s): PT 616, PT 617B, PT 627A and appropriate academic status in the DPT curriculum.  
Co-requisite(s): PT627B, PT 648, PT 645  
Emphasis is placed on advanced clinical skills that progress, refine, and expand skills previously acquired. Includes topics such as: pediatrics, geriatrics, neurological treatment, exercise progression, post-surgical care, alternative modalities, and manual therapy. Didactic presentations of evidence-based practice literature and clinical laboratory skills. Presentations by students who have had the opportunity to develop advanced clinical skills under mentorship during their clinical experiences. Application of principles of professional practice education through planning, supervising and assessing peers’ clinical skills practice. Integration of professional practice experiences with case studies used in PT 645 Practice Management in the Autonomous Environment.

PT 667: Professional Practice VI  
Credit hours: 8  
Offered: Every Spring  
Pre-requisite(s): PT 645, PT 648, PT 657, and appropriate academic status in the DPT curriculum.  
Co-requisite(s): PT 677  
The third full-time internship course within the curriculum, students will participate in a 10-week, full-time clinical internship scheduled during the first half of the final spring semester at selected clinical education sites. The focus of this internship is on the application and refinement of the PT patient/client management process for complex patients with a variety of impairments leading to activity and participation limitations. The administrative and financial aspects of patient care; consultation; communication and education of patients, their families, peer, and interdisciplinary team members; and continued professional development will be emphasized and progressed during this experience.

PT 677: Professional Practice VII  
Credit hours: 8  
Offered: Every Spring  
Pre-requisite(s): PT 645, PT648, PT657 and appropriate academic status in the DPT curriculum.  
Co-requisite(s): PT 667  
The fourth and final full-time internship course within the curriculum, students will participate in a 9-week, clinical internship scheduled during the second half of the final spring semester at selected clinical sites. The focus of this internship is on the application and refinement of the PT patient/client management process for complex patients with a variety of impairments leading to activity and participation limitations. Continued professional development, administrative and financial aspects of patient care; promotion of the profession, pro bono opportunities, and communication and education of patients, their families, peers, and interdisciplinary team members will be emphasized and progressed during this experience.
Accommodations for Persons with Disabilities
Clarkson University assures equal educational opportunities by providing accommodations and services for qualified students with disabilities in accordance with Federal Law, specifically the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, as amended in 2008.

Students who require accommodations should contact The Office of Accommodative Services as soon as possible to make formal arrangements for any accommodations; OAS is located within the Student Success Center in the Educational Resource Center on the Hill campus; phone is 315-268-7643, email isoas@clarkson.edu. Also notify the instructor during the first week of class by presenting the Schedule and Accommodation Report (green sheet) for instructor signature. For full time clinical affiliation courses, students that require accommodations must notify the DCE during the clinical affiliation assignment process.

Additional information, policies, and procedures are available at the OAS website: http://clarkson.edu/oas.

Clarkson Hall meets all relevant guidelines for use by individuals who are physically challenged. Federal laws, including the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, require equal access to facilities, and equal educational opportunity.

Technical Standards
The Doctor of Physical Therapy Program at Clarkson University is sensitive to the needs of individuals with disabilities and does not discriminate against qualified candidates with disabilities. The Doctor of Physical Therapy Program is in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, including changes made by the Americans with Disabilities Amendments Act of 2008.

We require that student physical therapists be able to meet the technical standards of the Doctor of Physical Therapy Program, with or without reasonable accommodations. These technical standards are related to essential career and licensing requirements, and set forth the technical standards requisite to admission or participation in the Doctor of Physical Therapy Program.

An offer of admission may be withdrawn and or a student may be dismissed from the program if he or she cannot articulate how, even with reasonable accommodation, he or she would be able to meet the program qualifications— including these technical standards, or if it becomes apparent that the student cannot meet the technical standards even with reasonable accommodation; the requested accommodation(s) would fundamentally alter the nature of the Doctor of Physical Therapy Program at Clarkson University or create a significant risk of harm to the health or safety of others.

Technical standards apply to classroom, laboratories, and clinical settings. Clarkson University’s Doctor of Physical Therapy Program uses independent clinical education sites that may or may not be able to offer the same reasonable accommodations that are made available by Clarkson University.

Individuals who have questions regarding reasonable accommodations should contact the Clarkson University Office of Accommodative Services at 315-268-7643.
The Doctor of Physical Therapy Program at Clarkson University in accordance with requirements of the Commission on Accreditation of Physical Therapy Education and Standards of Practice of the American Physical Therapy Association identifies the following skills fundamental to the physical therapy profession and our curriculum:

- Problem solving on the basis of verbal, visual, and written information within a limited time frame;
- Clinical reasoning and decision making within a limited time frame;
- Visual-spatial integration;
- Perceptual-motor integration;
- Repetitive motion;
- Insight and judgment for safety and prognostication;
- Effective communication among group members;
- Planning and organizing for treatment prescription;
- Intermittent lifting of heavy loads;
- Repetitive motion;
- Frequent standing, walking and bending’
- Occasional kneeling and twisting;
- Frequent lifting, pushing and pulling up to 20 lbs.;
- Occasional lifting, pushing and pulling 20 – 50 lbs.;
- Time management to coordinate course requirements

These skills require that applicants have the abilities to meet the technical standards established for this program, with or without reasonable accommodation. These technical standards are:

1) Participate in all phases of the educational program within the required time frame, including demonstrating comprehension of all classroom, clinical, and any other required learning experiences through performance and/or examination where such a requirement is essential to:
   a) be provided with all the specific skills and experiences necessary to successfully complete the Physical Therapy Program, and become eligible for licensure;
   b) apply basic principles of the scientific method in reading and interpreting professional literature, performing research, and critically analyzing new concepts and findings provided by others.

2) Apply basic educational concepts of theories in designing, implementing, and evaluating treatment and function appropriately in interpersonal relationships by exhibiting use of good judgment, empathy, reliability, and emotional stability; must possess the abilities to practice appropriately in stressful situations and to work acceptably with others in order to:
   a) interact with patients and families in a manner which provides the desired psychosocial support by
      i) recognizing his/her own reaction to illness and disability;
      ii) recognizing patients' and families' reactions to illness and disability;
      iii) respecting individual, cultural, religious, and socioeconomic differences in people.
      iv) utilizing appropriate communicative processes to ensure appropriate standards of care, as well as accepting and providing constructive criticism.
   b) demonstrate safe, ethical, and legal practice as stated by the profession;
   c) engage the greatest possible degree of patient motivation and cooperation in evaluation and treatment;
d) function effectively with other health care practitioners in providing appropriate patient care and in improving the quality of patient care;
e) be responsive to ideas and techniques that might be more appropriate, effective, or safe.

3) Communicate effectively with patients, their families, and health care practitioners in order to:
   a) instruct, confer, and integrate appropriate patient treatment with other aspects of patient care;
   b) stimulate motivation and cooperation in treatment, and assist in the alleviation of anxiety;
   c) teach patients and their families procedures necessary for continued care;
   d) participate in the planning, organization, and control of a physical therapy service.

4) Function appropriately in professional practice in order to:
   a) review and evaluate patient needs; specify which definitive physical therapy procedures are indicated by administering and analyzing the results of tests, measurements, and evaluations including: gait analysis, vital signs, strength, coordination, joint range and capsule integrity.
   b) plan and prepare treatment programs which:
      i) include realistic goals in terms of diagnosis, prognosis, physical, psychosocial status, and anticipated lifestyle of the patient;
      ii) include effective treatment methods that provide a high probability of achieving treatment goals; are within resource constraints;
      iii) provide for periodic revision according to changes in the patient's physiological state;
      iv) contain specificity and comprehensiveness appropriate to the level of personnel who execute the plan;
      v) are adequately documented.
   c) properly administer and/or modify physical therapy treatments in order to ensure that patients safely perform functional activities.

Sources for Technical Standards
BOD G11-05-20-449.
SECTION 4: SAFETY AND FACILITIES

Risks and Precautions
Physical therapists perform certain job duties that have inherent risks associated with them. As a result, students in the program participate in laboratory and clinical activities in preparation for becoming a physical therapist that also have inherent risks associated with them. These risks include but are not limited to: exposure to hazardous materials in the Gross Anatomy Lab, soft tissue injury as a result of practicing therapeutic exercises and activities in Clinical Lab, contracting communicable diseases from fellow students, patients, and faculty, and incisions while debriding wounds. The Physical Therapy Department considers the safety of students, faculty, and patients to be of utmost importance. The program provides education in the professional curriculum to reduce the risk of injury that may be encountered as a physical therapy student and physical therapist.

Injury, Illness, or Safety Issues
Students are expected to inform the appropriate department personnel (course instructor, Director of Clinical Education, Department Chair) of any health condition they may have which might impact the student’s ability to safely, effectively and efficiently engage in any course activity, including clinical education experiences. Students may need to provide medical clearance for participation in course activities, including clinical education experiences. If a student experiences or witnesses an injury, illness, or other safety issue (including malfunctioning equipment) while on university grounds or while engaging in a course or program activity (including clinical education experiences) they should take appropriate emergency action if necessary (e.g. call 911, go to the hospital, go to the Student Health Center) and report the incident to the appropriate personnel. In the case of an injury, illness or safety issue while on a clinical education experience students should follow the facility’s policy and procedures for reporting and follow up care. In this case students are expected to notify their Clinical Instructor and the Director of Clinical Education as soon as possible.

The Department has a reporting form, available through the administrative assistants, which is to be completed within 24 hours, and submitted to one of the department administrative assistants. If you are the primary responder to an incident/accident or a witness to what occurred, you must record your observations promptly. Secondary observations should be signed and dated, and submitted to appropriate supervisory personnel either with the Incident/Accident Report, or individually within the same time-frame expected of Incident/Accident reports.

In all cases, information provided must include the name of the person involved, where the incident/accident occurred, the time the incident/accident occurred, the circumstances under which the incident/accident occurred, actions performed in response to the incident/accident, and the names and contact information of any witnesses. Reports should be precise, concise, complete, accurate, and submitted in a timely manner.

In the event of an emergency such that immediate emergency services are needed students should call 911. Important contact phone numbers are: Student Health Center: 268-6633, Campus Safety: 315-268-6666; Canton-Potsdam Hospital: 315-265-3300; Potsdam Police/Rescue Squad/Fire Department: 9- 911 when calling from a campus phone.
Location
The primary facilities of the Department exist in Clarkson Hall, 59 Main Street, Potsdam, NY 13699-5880. An Automatic External Defibrillator is available on the first floor of Clarkson Hall.

Hours of Operation
Clarkson University and Clarkson Hall will be staffed during the normal working hours of 8:00 AM through 4:30 PM, Monday through Friday (8:00 AM through 4:00 PM during Summer hours – the second Monday following Commencement until one week prior to Orientation in August). Office staff usually have lunch between noon and 1 pm.

Maintenance/Fire Evacuation Policy
Clarkson Hall is in compliance with all Federal and New York State guidelines for appropriate and safe use. All applicable exits are marked, and directions for safe evacuation from the building are posted. Fire notification equipment has been installed to warn all occupants of any fire emergency. State law and Clarkson regulations require that all occupants of a building evacuate the building when a fire alarm sounds, or when directed by a public safety officer, faculty member, or staff member. There is no consideration as to whether the alarm or direction is a “drill.”

Clarkson’s physical plant has specific departments responsible for various components of Clarkson Hall – Grounds; Custodial; Electrical, Elevators, Locksmiths; Plumbing, Heating, HV/AC, Carpenters; Safety; Duplicating/Receiving; Purchasing – which are responsible for maintaining Clarkson Hall, and keeping it clean and free from ordinary obstacles and hazards. Maintenance staff request that faculty and students assist them in keeping all rooms and hallways orderly and litter free. The University and its physical plant are committed to compliance with OSHA Hazard Communication Standards relating to each employee and student’s right to know regarding the actual or potential hazardous substances in the workplace. All appropriate equipment utilized by students as a part of their education is inspected annually.

Faculty and students should not change heating/cooling settings in the building. Any problems/complaints concerning heating/cooling in the building should be reported to the Department Administrative Assistant.

Building Access after Normal Business Hours
Although students can access the building and clinical labs using their student ID after normal business hours outside of normal class time, students should not use the building for studying after normal business hours alone. Because each student has access to Clarkson Hall, each person using Clarkson Hall has a responsibility for their own security, and the security of any others who may be using the building. If all rules are followed, all interior portions of the building will remain secure.

Computer and Network Access
Clarkson provides faculty, staff, and students email addresses and access to computers and the Internet on campus. Students should contact Clarkson’s Office of Information Technology (OIT) for information concerning Internet access. E-mail provides an important means of communication and should be checked daily. The Department and University will use only a student’s Clarkson University e-mail address for sending messages.

Clarkson’s Office of Information Technology (OIT) provides a campus-wide, high-speed
network that interconnects computers on campus, connects to the Internet, and to library resources. OIT maintains a Help Desk at (315) 268-4357. The Help Desk can address concerns about hardware, software, and networking.

The computer workstation is located in the Health Sciences Library. A networked printer, which can also be used as a photocopier, is available for student use through use of codes assigned to students. Each student is provided a code for use of the printer/photocopier at the time they matriculate in the Program. Use of codes other than those assigned to a student shall be cause for a demand for full restitution, and may be cause for a change in academic status to Probation or Separation. Failure to provide full restitution constitutes non-payment of University charges, and will block students from registration for the next semester and graduation.

A scanner is also available for student use through the Department staff. All persons should be considerate and cooperative when using shared resources.

In addition to desktop computers in the Health Sciences Library Clarkson Hall is set up for wireless computer connection.

Students must adhere to Clarkson’s policies for appropriate use of computers. The Office of Information Technology will pursue all cases of inappropriate computer use. Students are not allowed to add personal programs on the computers and may not save personal files (including school work) on the computers. Any such material is subject to deletion without warning.

Building Rules/Policies

General Rules
To maintain safety and building upkeep, all faculty, staff, and students must follow the following rules.

1. Only students registered in Department courses may be in Clarkson Hall after normal working hours when the building is locked. No spouses, parents, children, friends, or significant others, may be in the building unless specific permission, or a scheduled visiting time, has been approved by the Chair of the Department;
2. Only students registered in Department courses may serve as “subjects” or “patients” for clinical practice;
3. No doors may be left unlocked or blocked/wedged open after normal working hours. If someone is to access the building, it must be a faculty member, staff member, or student, all of whom have access. Therefore, there is no reason for doors to be unlocked or blocked/wedged open after normal working hours. Doing so significantly decreases the security of all persons in the building, and the building itself; and
4. Only studying and practice of skills are allowed in the building. The building is not for social or other non-academic, use.
5. There is no smoking permitted in any area within Clarkson Hall. Smoking is permitted outside of Clarkson Hall provided it is done no closer than 40 feet to the building;
6. All users of the facilities have the responsibility for the appearance and upkeep of the instructional environment;
7. No food or beverage is permitted at any time in the anatomy laboratory, dry/wet laboratory, or clinical laboratory;
8. Areas in which food and/or drink has been consumed must be cleaned immediately following consumption. Food may not be left out. Food remaining in the building must be
stored in sealed containers in the kitchen that are labeled, and will not attract insects or rodents;
9. Food and drink are allowed in tutorial rooms when tutorial is not being held. All food must be kept in sealed containers, and removed when the rooms are not in use;
10. Spill-free covered beverage containers only are allowed in carpeted areas;
11. Only drink may be consumed in class unless prior arrangement has been approved by the instructor, and does not conflict with other rules regarding food and beverage; and
12. Food, clothing, and other non-study items that are in disarray in any room, including the student lounge, may be collected and removed from the room. It is a responsibility of students to ensure that rooms do not reach this stage. Warnings may or may not be provided.

**Anatomy Laboratory**

Faculty who teach in the Anatomy Laboratory and the Director of the Anatomy Laboratory review all policies and procedures relevant to the Anatomy Laboratory with students, and students are expected to follow these policies and procedures at all time. Below is a general guide to practices and standards that pertain to the Anatomy Laboratory. As a facility licensed by the State of New York, the anatomy lab has strict guidelines that must be followed. Failure to follow such rules may result in the loss of state licensure, and thus loss of a significant teaching/learning area. Students have access to models, slides, and other laboratory resources in dry lab areas. All students in both the anatomy/dry laboratory areas must follow the following policies.

1. Access to the laboratory is limited to students in the Program, tutors, select students whose professors have made special arrangements for access to the lab with the faculty member responsible for the dissection laboratory, students enrolled in specific undergraduate courses, or students who are touring Clarkson Hall as part of their college decision-making visits;
2. Friends and family are not allowed in the anatomy lab for any reason. Students have access to the laboratory providing policies and procedures are followed;
3. Utmost respect and care must be displayed for the cadavers at all times. Respect for the deceased and their families must be considered at all times. Disrespect or lighthearted actions will not be tolerated, and inappropriate behaviors may result in loss of anatomy laboratory privileges, or Separation from the Department;
4. All regulations apply at all times (including evenings, weekends, and holidays);
5. Students must follow the written protocol for laboratory clean-up after each session;
6. Remnants of the cadaver must be placed in specially designated containers identified for the remnants of each cadaver. Remnants must not be intermingled as the remains and dissected remnants of each cadaver remain segregated and are returned to the family for burial;
7. Embalming fluid contains phenol, formaldehyde, and ethyl alcohol. Students are required to familiarize themselves with the proper handling, safety precautions, and first aid related to the use of these chemicals. The relevant information is available in the dissection laboratory;
8. Cadavers, cadaver parts, models, bones, and dissection instruments must not be taken out of the dissection laboratory;
9. Safety regulations related to the use of sharp instruments must be observed at all times. Scalpel blades must be disposed of immediately after use in a sharps container;
10. Parts of the cadaver which are not being worked on should be covered to minimize
formation of hazardous chemical vapors;

11. Gloves must be worn at all times while working in the laboratory. Skin or mucous membranes contaminated with the embalming fluid must be rinsed immediately. Students must dispose of gloves and wash their hands before leaving the laboratory area;

12. Students must wear protective clothing (scrubs, close toed shoes) while working in the lab. Outer clothing must not be brought in the lab area. Laboratory scrubs and shoes must not be worn outside of the lab except for clothing changes in the student locker room. Scrubs must be washed periodically;

13. All injuries (including minor ones) must be reported immediately to the laboratory supervisor;

14. There are bone boxes for student use. Two bone boxes are located inside the dissection lab and may be used during cadaver dissection. These must not be removed from the lab. The other two bone boxes are in the dry lab. They contain clean bones that may be used without glove protection. These bones must not be taken into the dissection lab;

15. Bones that are brought to the tutorial or clinical lab must be returned to the appropriate bone box and to the dry lab at the end of the tutorial session or clinical lab session;

16. Students are required to use proper microscopic techniques in order to avoid damage to the microscope and histology slides. Slides and microscopes must not be removed from the dry lab area; and

17. After using the microscope the light must be turned off, and the microscope secured in its plastic cover. All slides should be returned to the appropriate box. Damage to any slides must be reported immediately.

Hazardous Materials
Clarkson University Department of Environmental Health and Safety has specific policy and procedures regarding storage and use of hazardous materials; http://www.clarkson.edu/dehs/.

Campus Safety
The Office of Campus Safety and Security works to provide a safe environment in which to live, work and learn. Campus Security exists to meet the specialized safety needs of the University. These needs include the maintenance of public order, traffic and parking supervision, emergency first aid, and other related activities. Campus Security provides all students and faculty with pertinent literature regarding: Security Policies and Procedures; Access to Campus facilities; Security in residence halls; Alcohol and Drug Policy; Personal Responsibility and Crime Prevention.

Security phones are located just outside the side entrance to Clarkson Hall (student entrance). Security telephones are also located throughout the Hill Campus. Students wishing an “after-hours” escort from Campus safety should call 268-6666.

Further information about Campus Safety can be obtained either from the Dean of Students at 315-268-6620 or through Campus Security at 315-268-6666.

Parking
All vehicles must be registered with Campus Safety, and display a Clarkson permit. All faculty and staff are to park in the southeast parking lot (behind Payton Hall). All students are to park the southwest parking lot (behind the Liberal Studies Building) overflow parking is in the parking lot across Main street in the lot behind Congdon Hall.
Animals
Students may not bring animals into the building unless the animal is a working animal that is required to be present for a specific teaching/learning activity.

Faculty or staff may not bring animals into the building during business hours unless the animal is a working animal that is required to be present for a specific teaching/learning activity.
SECTION 5: PROGRAM HEALTH REQUIREMENTS AND STANDARDS
Clarkson University requires that all students meet certain health and immunization requirements including a complete physical examination. Failure to comply will result in withdrawal of acceptance or when applicable, removal from a clinical site. Students should be aware that some series of immunizations require several months for completion. Special consideration may possibly be given to those who are nearing the end of those series when actual completion extends beyond the matriculation period. All students should address this requirement as soon as possible.

The Clarkson University Health Office staff reviews student health documentation prior to matriculation to assure that students meet Centers for Disease Control and Prevention recommendations for immunizations and tuberculosis surveillance. Matriculating health requirements must be met.

Matriculation Health Requirements
Completion of the Clarkson University Medical Student/Health Profession Student Medical Questionnaire/Physical Examination form can be found at http://www.clarkson.edu/healthcenter/forms.html.

- Documentation of Mantoux PPD skin test within 12 months prior to entering the program.
- If PPD conversion has been documented, a chest x-ray and a statement from the treating physician that treatment has been completed is needed.
  - Students must provide documentation from a physician for each of the following health requirements:
    - Immunity to measles, mumps and rubella as indicated by documentation of 2 doses of live vaccine or positive titers.
    - Immunization of tetanus-diptheria-pertussis (Tdap) within 10 years. Tdap is required (Td not accepted).
    - Meningococcal immunization or documentation of refusal form
    - Varicella** (chicken pox), a positive titer or documentation of 2 doses of Varivax® vaccine (one month apart) if the titer was negative.
    - Yearly Influenza vaccine.
    - Hepatitis B** immunization series of three or an antibody titer.
    - Annual physical examination**

** Not required by University. These are required by the Department of Physical Therapy for participation in clinical education experiences.

Annual Health Requirements
Second and third year PT students are required to have a current PPD (i.e. PPD placed and read annually) prior to each of their clinical rotations. Students who had a previous conversion must complete a surveillance questionnaire from the Clarkson University Health Office. PPD for second-year students can be administered at the Clarkson University Health Office located on the first floor of the ERC building next to the Student Success Center. Influenza is also required by NY State law for health care workers.
Universal/Standard Precautions Requirements
In order to reduce the risk of transmission of bloodborne and other pathogens students receive education and training on universal/standard precautions throughout the program. This may also include specific training at clinical education experience sites.
SECTION 6: CLINICAL EDUCATION
Unless otherwise noted, all other information found within the Student Handbook also applies to clinical education.

Definitions:
Per CAPTE 2016, the terminology for clinical education is as follows:
**Integrated clinical education**: Clinical education experiences that occur before the completion of the didactic component of the curriculum. Options include but are not limited to one day a week during a term, a short full-time experience at the end of a term, a longer full-time experience between two regular terms. Integrated experiences cannot be satisfied with patient simulations or the use of real patients in class; these types of experiences are too limited and do not provide the full range of experiences a student would encounter in an actual clinical setting.

**Full time terminal clinical education**: Extended full-time experience that occurs at the end of the professional curriculum but may be followed by a short didactic activity, such as a seminar or a short licensure preparation course that does not require additional clinical experiences.

**Clinical education experiences**: That aspect of the professional curriculum during which student learning occurs directly as a function of being immersed within physical therapist practice. These experiences comprise all of the formal and practical “real-life” learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment.

Per the American Council of Academic Physical Therapy (ACAPT), the terminology is as follows:

**Integrated Clinical Experience**
An Integrated Clinical Experience (ICE) is a clinical education experience that occurs during an academic term in a coordinated fashion concurrent with didactic courses.

**Full-Time Clinical Experience**
A Full-Time Clinical Experience is one in which student physical therapists are in clinical environments for a minimum of 32 hours per week. Students will return to additional didactic coursework.

**Clinical Internship**
Clinical internships are the extended full-time clinical education experience(s) that typically follow the completion of the didactic coursework for the Doctor of Physical Therapy.

**Faculty Roles in Clinical Education**
DEFINITIONS (Clinical)

**DCE: Director of Clinical Education**
**CCCE: Center Coordinator of Clinical Education**
**CI: Clinical Instructor**
**Director of Clinical Education (DCE)**

**Role**
The DCE is the core faculty member responsible for coordinating the clinical education component of the program, and serves as liaison between the program and clinical facilities. The DCE, in cooperation with other academic faculty, 1) establishes clinical and facility standards, 2) selects and evaluates clinical facilities, and 3) facilitates on-going development of, and communication with, clinical facilities and clinical faculty. The DCE plans, facilitates, administers, and monitors activities on behalf of, and in coordination with, the academic and clinical faculty of the program. These activities include, but are not limited to:

1. Developing, monitoring, and refining the clinical education component of the curriculum;
2. Facilitating quality learning experiences for students during clinical education;
3. Evaluating students’ performance, in cooperation with clinical faculty, to determine each student’s ability to integrate didactic and clinical learning experiences and progress within the curriculum;
4. Selecting clinical learning environments that demonstrate characteristics of sound patient management, ethical and professional behavior, and currency with physical therapy practice;
5. Providing and maintaining documented records and assessment of the clinical education component of the program (including clinical internship sites, clinical faculty, etc);
6. Actively engaging core faculty in clinical education planning, implementation, and assessment; and
7. Promoting and providing development opportunities for clinical faculty.

**Evaluation**
The DCE is evaluated by students, clinical faculty, and core faculty on a regular basis. The Director of Clinical Education Assessment Tool exists for each population to assist in this process. The DCE also actively seeks and receives regular feedback from all stakeholders on an ongoing basis through phone calls, site visits, student meetings, student focus groups, faculty meetings, and performance reviews. The DCE gathers information on the efficacy and efficiency of the clinical education process through the site visit form and the clinical faculty evaluation form, and summarizes the data following each for dissemination and discussion with core faculty.

**Clinical Faculty-CCCE and CI**
The CCCE is the individual responsible for coordinating the clinical education program in the contracted facility, and is the clinical counterpart to the DCE. The CCCE may, or may not be, the same person as the Clinical Instructor. The Clinical Instructor is the primary clinical supervisor for a student at the contracted facility. The roles and responsibilities of clinical faculty, CCCEs, and CIs, to the clinical component of the program curriculum are to:

1. Demonstrate knowledge of contemporary clinical practice issues, issues in health care delivery, and management of a clinical education program;
2. Demonstrate ethical and legal behavior and conduct according to applicable state and federal regulations that meets or exceeds the expectations of members of the program faculty;
3. Maintain regular communication with the academic program, including completion of all required forms (clinical site information form, annual request forms, clinical education agreements, student performance assessments, and progress updates);
4. Disseminate and/or review information on a regular basis regarding the program with respect to academic and clinical program expectations, and internship course requirements;
5. To plan and implement alternative or remedial learning experiences in collaboration with the DCE for students experiencing difficulty or students demonstrating exemplary performance;
6. Manage and/or participate in the facility’s clinical education program effectively, including knowledge of the facility’s student goals and objectives, available teaching/learning opportunities and experiences, the overall student placement process, and to provide resources and plans for CI training and professional development;
7. Demonstrate effective communication skills with students, patients, colleagues, and program faculty, and administrative support;
8. Define student performance expectations clearly, and provide constructive feedback as appropriate; and
9. Create a positive environment conducive to student learning.
10. Supervise, mentor and instruct students during clinical experience.

**Expectations of Clinical Instructors**
Clarkson’s program supports the expectations for clinical instructor competence as described in the *APTA Guidelines and Self-Assessments for Clinical Instructors* (APTA 2004). More specifically, the program expects that clinical instructors will demonstrate the following minimum qualifications:

1. Completion of an entry level physical therapy education program with current state licensure to practice; and
2. One year of clinical experience.

In addition to the minimum qualifications, the program has the following goals for qualifications of CIs:

3. 50% of clinical instructors for all clinical internships will have obtained an advanced degree in physical therapy or a related field;
4. 50% of clinical instructors for all internships will have Level I APTA CI credentialing;
5. 75% of clinical instructors will have taken continuing education in their area of practice within the last two years; and
6. 10% of clinical instructors will have obtained specialist or advanced certification in their area of practice by 2011.

**Rights and Privileges of Clinical Faculty**
CCCEs and CIs of Clarkson University Doctor of Physical Therapy program have the following rights and privileges associated with their voluntary participation in the clinical education program. These rights and privileges are to:

1. Be treated fairly with dignity and without discrimination by all students and faculty/administration of the physical therapy Department of Clarkson University;
2. Receive timely information regarding requests for student placements, upcoming student placements, changes in placement, the clinical education curriculum and policies, and general physical therapy program policies;
3. Request assistance from the academic program in dealing with clinical education or student issues that arise during clinical experiences;
4. Request onsite in-services related to clinical education, effective teaching strategies, or clinically related topics in the areas of specialization presented by the DCE or other core faculty members;
5. Terminate the affiliation agreement with Clarkson University at any time;
6. Terminate a student’s participation in the clinical education experience due to safety concerns, disruption, or detriment to the clinical site or patient care if the student were to continue;
7. Require additional criteria to accept students for affiliation (i.e., additional malpractice insurance, pre-placement interview, specific health requirements, criminal background check, drug test, etc);
8. Provide feedback to the Department regarding the program, clinical education curriculum, administrative process, and student performance;
9. Request feedback regarding student experiences, student feedback, and student performance assessment;
10. Participate in Clarkson University’s continuing education offerings; and
11. Obtain Clinical Internship Instructor status for twelve months commencing on the day the student starts their internship, which includes a Clarkson e-mail account, access to Clarkson’s online library for database and journal searches, and use of the Deneka Fitness Facility.

Clinical Education Documentation

Health, Training and Clearance Documentation
Documents are required to determine that a student’s health status enables them to undertake the program demands with full understanding that no condition exists which might endanger the health and well-being of other students, patients or program-related personnel. Student physical examinations and health screening data are confidential documents and are not archived in student or program files. Clarkson University Health Office will maintain all physical examinations, test results and immunization records. The only documentation the program maintains regarding student health is a summary statement from the Health Office that the appropriate screening and immunizations have been completed.

Certifications of certain immunizations are required by New York State law and by our legal contracts with clinical internship sites. Expenses for the physical and immunizations are the students’ responsibility. Students are required to provide official certification of such immunizations in effect at the time of matriculation in the program, and to maintain such immunizations in force throughout the program.

Acceptable certification may include:

1. An official health department document clearly indicating the immunization, date, and contact information that permits the Department to confirm the document;
2. An original (not photocopy) letter on the provider’s office letterhead from a physician or facility that has provided the immunization, in which the immunization, date, and contact information that permits the Department to confirm the document are clearly indicated.

Students are advised to maintain a personal copy of all elements of the pre-clinical health requirements and a copy of the report regarding the outcomes of these screenings.

It is the student’s responsibility to:

1. Submit health-related documentation to the Clarkson University Health Center and provide updated certifications as necessary;
2. Maintain the original certification in her/his possession while in the program, and
3. Provide new certification each time an immunization is required to be updated.

Prior to each clinical experience, students are to ensure that their physical examination and all listed immunizations are current. Some facilities require additional immunizations and/or additional health information, and are the student’s financial responsibility. Documentation of additional immunizations shall be provided in the same manner and on the same schedule as for required immunizations.

All students are provided an Authorization to Release Health Records form during their first semester on campus. If authorization is provided, the department of health center may release health records or verification on their behalf. Students who do not provide authorization are required to submit, and are responsible for, their required records being sent to the clinical site. Failure to do so may result in inability to complete clinical education requirements.

Copies of completed physical examinations and documentation of immunizations will be sent to the clinic site prior to the start of the clinical experience. Failure to have a complete health records may result in inability to progress in the curriculum.

Criminal Background Check
Some clinical facilities require a criminal background check prior to beginning a clinical experience at that facility. All students entering the program as of August 2011 are required to have a background check performed and on file. However, some sites require a re-check or more rigorous check. It is the student’s financial responsibility to have the criminal background check performed. Students must follow proper procedures for implementing the criminal background check. The student is responsible for ensuring a copy of the background check is received by the facility, if requested, in a timely manner.

Drug Testing
Some clinical facilities require drug testing prior to participation in patient care at the facility. Students must comply with test procedures in order to participate in clinical education at that facility. Students are informed of this requirement prior to clinical placement. If the student selects a facility with this requirement, it is the student’s financial responsibility (when applicable). The student is responsible for ensuring a copy of the drug test is received by the facility in a timely manner.
Cardiopulmonary Resuscitation/First Aid
CPR certification is required and First Aid strongly encouraged prior to starting any clinical internship. A training course is held in the department every Fall. Students may choose to show proof of prior certification and take certification course off campus at their own expense.

Professional Liability Insurance
Professional liability insurance coverage for each student is required by each of the Department’s clinical internship sites. This form of risk management minimizes risks to students and the University, while providing students opportunities to learn and develop during clinical experiences and internship assignments. A policy is purchased by the Department that covers each student in the program and the fee for this professional liability coverage is paid annually by the university.

Clinical Resumes and Cover Letters
Students are responsible for writing a letter of introduction, creating a student clinical resume, and submission of relevant health documentation prior to participation in their clinical experiences. The student clinical resume includes student goals to be achieved. Student clinical resumes will be reviewed and approved by the DCE. Once approved, the letter, resume and required clinical documentation required by the clinical site are sent to the CCCE at least one (1) month prior to the start of the full-time clinical experience. At the beginning of each full-time clinical experience, students should meet with their clinical instructor to review these goals, with modification and refinement of these goals to occur regularly throughout the experience. Students are also responsible for contacting their clinic at least two (2) weeks prior to their start date.

As timeliness is a distinct aspect of professionalism, missed deadlines or incomplete information may result in administrative action.

Documentation during Clinical Experience
Students are to complete the following documentation while on each full-time clinical experience:

1. APTA web-based CPI (mid and final assessment);
2. Weekly Goal Forms;
3. Physical Therapist Student Evaluation Form;
4. Clinical Faculty Evaluation Form.

Professionalism Requirements
Students are expected to behave in a professional manner and to follow all facility rules during clinical experiences. Information and knowledge concerning all patients, not only patients being treated by a student, is confidential. Unprofessional behavior may result in removal from the internship, and is referred to GRASP when necessary. Decisions by GRASP may include instituting a change in academic status, up to, and including Separation.

Students are expected to read, review, and follow all policies and procedures of their host clinical internship site. These policies and procedures may include (but are not limited to):

1. Completing personal paperwork, including human resource or departmental documents;
2. Completing all patient charts and documentation according to facility standards; and
3. Following facility-specific policies and procedures.

Clinical Education Attendance
Students are expected to notify their Clinical Instructor (CI) and the Director of Clinical Education (DCE) prior to the start of the workday if they will be absent due to illness or unexpected circumstances. Any planned absences must be approved by the DCE and the CI prior to the start of the experience, with plans to make up the time as needed. Any changes to the clinical schedule must also be reported to the DCE. Students on internship are expected to follow the clinic’s schedule for holidays, weekends, etc., not the Clarkson academic calendar. Any time missed due to site closure (i.e., snow days at school sites, holiday observance) will be reviewed on an individual basis.

Students are expected to attend 37.5-40 hours per week for full-time clinical experiences. The student’s specific schedule is determined by the clinical site instructor—students are expected to assume the schedule of their clinical instructor(s). All schedule variances from this expectation must be discussed with the DCE. Students may not miss more than 5% of the total clinical time. Any missed clinical time over the 5% limit is to be made up per the discretion of the clinical instructor and as approved by the DCE. This limit is only designated for illness, emergencies, and professional development activities—not for scheduled personal days off. In the case of illness or emergency, students must contact both the CI and the DCE. For professional development activities, it is the student’s responsibility to plan ahead. These activities should be scheduled after internship hours whenever possible. If scheduling during work hours is necessary, students must first request and receive approval for the time off from their CI, providing at least two weeks notice and taking into account patient care schedules. If the request is granted by the clinical instructor, students are to contact the DCE and provide the following information: type of professional development activity, date of the activity, and requested time off. The CI should also contact the DCE to confirm this request.

Student Concerns during Experience/Internships
Should a concern arise during a clinical education experience, students are expected to follow the procedure presented below. If students are unsure of clinical education regulations or procedures, they must contact the DCE or program office for clarification. Students are expected to report any safety violations, accidents, or malfunctioning equipment to the proper person (CI, CCCE, DCE, or when necessary public safety officers) immediately.

As the DCE is the official Clarkson contact for students experiencing a problem while on clinical experience, students should report their concern to the DCE immediately. The DCE and the student will establish whether or not the student will require direct DCE support or presence to discuss concerns with the CCCE and/or CI. If it is established that the DCE needs to be present for a meeting, the DCE contacts the CCCE and/or CI to arrange a meeting time, and will make appropriate and reasonable travel arrangements. When the DCE is not available, a designee is assigned by the DCE. Depending on the severity of the situation, students may be removed from a clinical environment or a mutually agreed upon action plan is reached that allows students to complete the rotation at that clinical education site. The DCE will present the situation and outcomes to the core faculty and a decision will be made whether further action is necessary.
Selection of Full-Time Clinical Experience/Internship Sites

Clinical Site Contracts
The PT Department and Clarkson’s Department of Risk Management work together to acquire, monitor, and maintain clinical sites, and to ensure that the contractual arrangements with facilities are congruent with Clarkson University policies with regard to off-campus activities by students. Clarkson University maintains contracts with adequate clinical sites to meet the needs of the program. These contracts assure the rights and safety of persons involved in clinical education. All information pertaining to internship site selection is accessible to students to facilitate the decision making process. Clinical education sites are identified and solicited using procedures established by the Department. Sites are selected which adhere to the guidelines for Clinical Education established by the APTA, and are responsive to CAPTE criteria.

Clarkson University has a wide variety of clinical sites across the United States that utilize a variety of clinical education models. Clinical experiences/internships may be in the following environments:

1. Acute care;
2. Rehabilitation centers;
3. Outpatient care;
4. Home health care;
5. Public health;
6. Transition/swing care units;
7. Extended care facilities;
8. Skilled nursing facilities;
9. School based practices;
10. Industrial rehabilitation;
11. Fitness, wellness, and injury prevention practices; and

New Site Development
New site development occurs on an on-going basis for the following reasons:

1. Need to increase choices of clinical sites for a particular setting;
2. Appropriate student experiences and opportunities; and
3. Student interest.

While negotiating a contract with a new site, the DCE inquires about student learning experiences, clinical faculty credentials, and unique learning opportunities. Minimum criteria required by the program of its clinical internship sites include:

1. Staffing by at least one licensed physical therapist who is a graduate of a physical therapy curriculum that is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE);
2. Designation of one licensed physical therapist as the Center Coordinator of Clinical Education (CCCE);
3. A willingness of the physical therapy staff and central administration to work with and support a clinical education program;
4. A patient load sufficient to provide the student(s) with opportunities to apply knowledge and increase skill in patient evaluation and intervention;
5. Adequate time, space, and equipment to accommodate students;
6. Commitment to high quality physical therapy student education;
7. Expressing positive attitudes toward students and faculty of Clarkson University regarding provision of physical therapy services in an appropriate work environment, and in a professional manner;
8. Providing appropriate supervision of patient examination, intervention, documentation, and billing procedures performed by students;
9. Having a documentation system for maintaining records of patient examination, intervention, progression, and re-assessment;
10. An up-to-date written agreement between the clinical facility and Clarkson University; and
11. Demonstration of ethical and legal behaviors, and conduct that meets or exceeds the expectations of the program’s faculty.

In addition to the DCE developing new sites, students may also inquire about initiating a new site. Only the DCE may solicit new sites, however. All such contacts must be made by the program’s DCE. Students are prohibited from initiating contact with a facility in this process. Students submit site information and rationale for the initiation of the contract to the DCE utilizing the New Site Request Form. Communication of new site interest must be submitted in a timely manner. This is required so that the DCE may make contact with the sites prior to sending a request form for the following year and to allow enough time for the contract process.

If a student facilitates the development of a new site and that site provides a slot for the upcoming internship, the student is required to select that site. Students must keep in mind that there is no guarantee that a clinical agreement will ensue from each contract request. Additionally, although the contract process may be completed, the site may not offer a slot for the student’s upcoming internship and the student may not have the opportunity to attend the clinical site.

Site Information
Clinical Site Information Forms (CSIFs) are maintained for all active clinical education sites. Hard copies of CSIFs are located in the Department office. These forms provide current descriptions of the services and programs available at different clinical internship sites. They are available for students and faculty to review in the Department office during normal office hours. As they become available, students’ clinical site evaluation forms are added to the clinics’ files as well.

Student Clinical Internship and Selection Requirements
The Physical Therapy program provides students with information regarding potential full-time clinical internship sites. File folders are available to students containing information from the clinical site’s webpage, Clinical Site Information Form (CSIF) and Student Clinic Site Evaluation forms. Students are required to meet with the DCE prior to each selection to discuss their preferences and overall clinical education plan to ensure they experience a variety of settings and patient populations. While students select their sites, actual placements are based on student needs and goals, discussion with DCE and/or faculty, and overall DCE approval. Students must attend a variety of clinical internship settings. One of the four full time clinical experiences must be an outpatient experience, one must be an acute care experience, one in a specialty area and another based on student choice. Students are required to provide three preferences for each of their four full-time internships from the list of contracted clinical sites and clinical site offers. Students are assigned to sites from their listed preferences. Students must
recognize that they may not always receive their first choice of sites but all efforts will be made to accommodate geographic preferences for housing and best possible learning environment. Students are encouraged to meet with the clinical education team (the DCE and Clinical Education Administrative Assistant) to discuss placement options and locations available. The DCE will provide students with an overview of placement processes prior to selections.

Students are required to complete at least one full-time internship outside of the local area (outside a 125-mile radius). This requirement is for the following reasons:

1. There are not enough local (within a 125-mile radius of Potsdam) facilities to accommodate all students;
2. To ensure all students experience a variety of settings that the local, rural community may not provide;
3. To expand the scope of types of patients, techniques, and opportunities that may not be available in the local area;

**Housing and Transportation**

As not all clinical sites are local, students are responsible for all travel and living expenses incurred during internships. Refer to the clinic’s CSIF, on file in the student site folders, for details regarding housing and transportation requirements at each clinic site.

**Cancellation**

Prior to the initiation of an internship course, students may need to be reassigned due to site cancellations, student academic performance or medical need. All parties involved in a clinical internship placement will receive as much advanced notice as possible when a site placement change is necessary. When a cancellation occurs, the DCE meets individually with the student to secure an alternative placement site for the internship course which is as close as possible to the original placement.

**Professional Behavior: Patient Rights and Confidentiality**

Students are responsible for behaving in a professional manner at all times when interacting with patients or mock patients. All students are required to complete the Health Insurance Portability and Accountability Act (HIPAA) training prior to clinical internships and experiences to ensure patient/client rights to privacy and confidentiality of protected health information.

When students interact with patients as part of their clinical program, students shall treat all information and knowledge about these patients as confidential, complying with all regulations of HIPAA and the American Physical Therapy Association’s (APTA) Code of Ethics. Patient information is confidential, except when such information can be shared appropriately with professional peers and colleagues for the purpose of learning and providing optimal patient care. Students are to treat all patients with dignity and respect at all times. All patient information, including photographs, used for student assignments must be de-identified prior to dissemination. Students are required to receive verbal or written permission (as appropriate) from the facility to use de-identified information for assignments.

Problem-Based Learning encourages use of demonstration patients and subjects within the physical therapy professional curriculum. Such subjects must always provide informed consent prior to participation in educational activities. All persons associated with the Department must respect the dignity and privacy of all such participants. No images, photographic or video, may
be used without prior written patient consent.

In addition, patients/clients have the choice regarding services provided by a physical therapist student. Students must introduce themselves as ‘students’ or ‘interns’ from Clarkson University. All patients or clients should provide consent to be evaluated or treated by a physical therapy student prior to the initiation of the examination or intervention. Patients or clients may refuse any physical therapy services provided by a physical therapy student at any time without penalty.

Information, other than protected health information, obtained from a clinical site, may not be used without permission of the clinical site.

Lack of professional behavior may result in removal from a clinical internship assignment, failure of the clinical internship/experience or other course, and actions up to, and including, Separation of a student from the Program.

**Supervision of Physical Therapy Students on Clinical**

**Introduction**

Often there are questions regarding student involvement with patients both from a supervisory and billing practice standpoint. The following information is meant to provide basic information for acceptable practice. It is the expectation of Clarkson University Physical Therapy Program that CIs and students will adhere to all legal requirements with regard to student participation in patient examination and intervention, documentation, billing and coding activities. Students have been encouraged to seek guidance when questions arise regarding practice activities. The APTA provides numerous supervision charts and resources for various practice settings and reimbursement sources that can be found at: www.apta.org and will be provided instruction in applicable regulation and laws prior to clinical experiences. Students are to contact the DCE if they have any questions or concerns about supervision, billing practices, or regulations (state, federal, organizational, accrediting), especially as they relate to student involvement. State and federal rules and regulations regarding supervision and billing practices will be followed.

**APTA Position on the Supervision of PT Students**

The program supports the position of the APTA on supervision of physical therapy students. The STUDENT PHYSICAL THERAPIST PROVISION OF SERVICES HOD P06-00-18-30 [Amended HOD 06-96-20-33; HOD 06-95-20-11] [Previously titled: Position on the Provision of Physical Therapy and Physiotherapy Services by Student Physical Therapists] [Position] states: Student physical therapists, when participating as part of a physical therapist professional education curriculum and when acting in accordance with the American Physical Therapy Association policy and applicable state laws and regulations, are qualified to provide services only under the direction and direct supervision of the physical therapist, who is responsible for patient/client management. Direct supervision means the physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient/client during each visit that is defined in the Guide to Physical Therapist Practice, as all encounters with a patient/client in a 24-hour period. Telecommunications does not meet the requirement of direct supervision.

Relationship to Vision 2020: Professionalism; (Practice Department, ext 3176)

[Document updated: 12/14/2009]
Level of Supervision
In general, the level of student supervision should be based on the professional judgment of the CI, a licensed physical therapist, with consideration of the readiness of the student to perform the tasks assigned and the risks to all those involved.

Considerations for the determination of the type and level of supervision for students include:

1. Willingness and comfort level of patient (or parent/guardian)
2. Academic physical therapy courses completed
3. Level of internship—early, middle or final
4. Previous experience in particular setting
5. Previous experience with particular diagnosis and context of the case
6. Previous experience with the types of interventions likely to be utilized
7. Preparedness of the student
8. Confidence of the student
9. Regulatory guidelines (state and/or federal) and any applicable reimbursement coverage limitations (individual insurance providers)

Information gathered from the school and student prior to the start of the internship may assist in determining the appropriate level of supervision. This may include academic course descriptions, the student’s learning objectives and learning style, and a description of student’s previous clinical experiences.

Medicare and Student Involvement
Medicare has modified the ruling regarding PT student supervision requirement frequently over the past few years. Students will be provided APTA membership to directly access guidance and compliance documents and will have access to a Moodle course, DPT Clinical Education, where the most current guidelines will be archived. Regulatory changes related to student supervision will be reviewed with students before clinical experiences and when modifications to Medicare or other relevant federal, state or reimbursement ruling and regulations occur.

Worker’s Compensation
Physical therapists are to practice consistent with guidelines provided for each state. In the absence of supervisory guidelines, refer to the general APTA position for student supervision guidelines.

Evaluation of Student Performance for Clinical Education Courses
Introduction
All clinical internships and experiences are graded on a pass/noncomplete basis by the DCE in consultation with the CI(s) and/or CCCE. Students are evaluated during full time clinical internships utilizing the online Clinical Performance Instrument (PT CPI Web). Formal evaluation will be completed at mid-term and during the final week of the internship or experience. Students will complete a self-assessment, utilizing the PT CPI Web or the part-time assessment forms for each of these evaluations. It is expected that the student will be an active participant in the evaluation process. Both student and CI must “sign off” on the online midterm and final assessments in order for the DCE to access the assessment. The final “sign-off” must be completed before the student leaves the clinical internship. Criteria ratings and written comments are required by the student and clinical instructor. Criteria ratings, criteria comments
and summative comments should demonstrate progression of clinical competence in the psychomotor, cognitive and affective domains between midterm and final assessments. These separate assessments should be discussed in formal meetings at the midpoint and completion of the internship for assessment and planning of the experience. Students and CIs are required to complete the online training module through the APTA Learning Center prior to their first use of the web-based PT CPI. Additional evaluative procedure, either formal or informal, may be required at the discretion of the CI or CCCE. Students requiring support to address clinical performance issues may be required to complete and meet the expectations set forth in a collaborative action plan. Failure to complete the assessment procedures is grounds for failure of the internship course.

Grade Determination
Grading criteria and written objectives are provided in each course syllabus. The DCE determines the final grade for each clinical internship course and all courses are graded on a Pass/No Credit basis. The student’s performance must meet established criteria and objectives to earn a grade of Pass.

Criteria for Passing (P)
At a minimum, the student must meet the following established criteria:

Full-time internship courses

1. Completion of the PT CPI evaluation from both the student and CI at midterm and final including the 18 performance criteria ratings and narrative comments, midterm and final summative comments, and signatures;
2. Performance of each PT CPI criteria meets or exceeds the course requirement;
3. Written CI comments support each criteria rating;
4. No red-flag items (Criteria 1-4 and 7) or significant concerns boxes checked at the final evaluation;
5. Progress is demonstrated on the rating scales on each of the performance criteria from the midterm evaluation to the final evaluation; and
6. All required paperwork is submitted to DCE on time.

Part-time internship courses

1. All objectives completed (skills checklists are complete and have CI’s signature);
2. Assessment scores indicate Good or Excellent performance (PT607), or action plan in place and student demonstrates improvement in required areas;
3. All required assignments meet course 80% expectation; and
4. All required paperwork is submitted to the DCE on time.

Criteria for No Credit (NC):

Full-time internship courses

1. Failure to fulfill the above Passing (P) criteria upon completion of the course;
2. Written CI comments indicate failing performance regardless of the criteria rating;
3. The student does not achieve goals contained in a learning contract; and
4. The student is asked to terminate the internship before the scheduled conclusion of the
course due to unacceptable professional behavior and/or clinical performance problems
that are not remediated successfully prior to the end of the course.

Part-time internship courses

1. Failure to fulfill the above Passing (P) criteria upon completion of the course
2. The student does not achieve goals set in a learning contract
3. The student is asked to terminate the internship before the scheduled conclusion of the
course due to unacceptable professional behavior and/or clinical performance problems
that are not successfully remediated prior to the end of the course

No Credit for an Internship Course
When a student does not receive credit for a clinical internship course, the situation is reviewed
by the faculty under the aegis of a Group Review of Academic Standing and Progression
(GRASP), as presented in the Physical Therapy Student Handbook: Academic. The student
meets with the DCE and academic advisor to assess the reason for failure and to discuss options
for addressing the performance deficits, if possible.

A remedial clinical experience may be arranged if the student demonstrates ethical and safe
performance and the faculty grant remediation. If the remediation can be accommodated within
a regularly scheduled full-time clinical internship placement, the DCE will work with the student
to make necessary changes to meet the expectations of the GRASP decision. If the remediation
cannot be accommodated within the regularly scheduled full-time clinical internship placement,
the faculty will discuss, during the GRASP meeting, plans for completing the clinical internship
course. The remediation may require additional full-time clinical internship assignments.

Assignments
Each full-time internship and part-time experience is a course of its own and therefore has its
own syllabus and expectations. All courses have unique requirements and assignments
associated with them and completion of these make up a portion of the assessment of the
student’s performance within the course. At times, clinical sites and/or instructors will have
additional requirements. Students are required to complete all assignments whether assigned
from the academic institution or the clinical facility.

Clinical Site Evaluation

Site Visitation
The DCE or a delegated core faculty member, conducts on-site or telephone evaluations of
clinical internship sites. Site evaluations strive to certify that the clinical environment is
receptive to students and allows effective learning. Student’s performance is also reviewed
while at the site. The results of each site visit are recorded on a site summary form, which is
kept in the clinical site file. Additional site visits may be arranged if the student, DCE, CCCE or
CI believe such a visit is necessary for a successful clinical internship.

Site Evaluation
Internship sites are evaluated through several methods. In addition to the evaluation that occurs
during site visits and telephone calls, students complete the Physical Therapist Student Evaluation form. Through this assessment, students document the setting environment, variety of patients encountered, and learning experiences and opportunities provided. Students are to complete this assessment for each full-time internship. This evaluation is discussed between the student and CI both at midterm and final so that if there are concerns at midterm, they may be addressed and instruction may be modified to provide the best learning experience possible.

Clinical Faculty Evaluation
The program expects the following teaching skills of its clinical faculty as documented in the APTA Guidelines and Self-Assessment of Clinical Instructors (APTA 2004):

1. Current knowledge of the program’s curriculum and goal and expectations of the clinical internship experience;
2. Works collaboratively with the student throughout the internship for developing clear goals and objectives for an optimal learning experience;
3. Demonstrates effective communication and interaction skills with students, colleagues, interdisciplinary team members, patients, and their families;
4. Provides appropriate supervision to monitor and modify learning experiences in a timely manner based on the student’s performance;
5. Sequences learning experiences to promote the student’s progression of personal and professional goals;
6. Evaluates regularly, formally and informally, student knowledge, skill, and behavior as related to specific performance criteria and provides timely constructive feedback; and
7. Models instructional and supervisory skills expected of physical therapists and the awareness of the impact of this role modeling on the student.

Clinical faculty performance data will be obtained after each full-time clinical education experience through written student evaluations, the Clinical Faculty Evaluation Form, communications, and other appropriate sources of information. The DCE analyzes the data after each internship course and provides a written summary report to the core faculty. When issues related to the site, CCCE, or CI are identified, DCE involvement on behalf of the student may be initiated during the placement. The CCCE may be informed, and assist if requested, to plan for remediation as necessary. After completion of the course, additional plans of action may be designed to assist in clinical faculty development including: educational information, in-services and recommendation of CI credentialing. If issues cannot be resolved, the relationship with the clinical facility may be terminated.

Clinical Education Forms
Students will be provided access to each of the following forms, as well as others relevant to their clinical experiences, via Moodle during or prior to their clinical internships.

<table>
<thead>
<tr>
<th>Form</th>
<th>Description of Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Education Expense Sheet</td>
<td>Completed by students after their internship and filed in the site folder to assist decision making process for student site selection</td>
</tr>
<tr>
<td>Clinical Faculty Evaluation Form</td>
<td>‘CI Survey’ Gathers data on clinical instructors</td>
</tr>
<tr>
<td>DCE evaluation—Clinical</td>
<td>Assessment form for feedback to the DCE from CCCEs and</td>
</tr>
<tr>
<td>Faculty</td>
<td>clinical instructors after full-time internships</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Email Communication</td>
<td>Completed by the student to provide the DCE with CI information, to ensure the student received an orientation and developed goals</td>
</tr>
<tr>
<td>Weekly Goal Sheet</td>
<td>Students develop weekly goals in collaboration with their CIs</td>
</tr>
<tr>
<td>Internship Call/Visit Form</td>
<td>Utilized by the core faculty member making the midterm site visit or phone contact</td>
</tr>
<tr>
<td>Internship Planning Form</td>
<td>Assists students in estimating expenses for upcoming full-time internship</td>
</tr>
<tr>
<td>Internship Preference Form</td>
<td>Students complete when selecting site from approved list for the upcoming internship</td>
</tr>
<tr>
<td>New Site Request Form</td>
<td>Completed when students would like to arrange a new internship site</td>
</tr>
<tr>
<td>PT Student Site Evaluation</td>
<td>Assessment by the student of the clinical experience and clinical instruction</td>
</tr>
</tbody>
</table>
SECTION 7: DISCLAIMER

This Student Handbook represents Department expectations on the date produced. Changes may be made by the Department as necessary. Any changes will be communicated to students at the earliest possible time.

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APPENDIX A. CLINICAL SKILLS SAFETY AND COMPETENCY BY COURSE
Clinical Skills Safety and Competency by Course

PT 505 Foundational Sciences for Physical Therapy

At the end of this course students will be able to competently and safely:

- Assess normal end-feels in healthy individuals
- Assess active and passive range of motion in healthy individuals using goniometry
- Assess manual muscle strength in healthy individuals (strength 0-5/5)
- Perform anthropometric measurements such as girth, limb length, volume
- Locate and palpate normal structures
- Assess standing posture
- Perform neurological screening exam for the upper and lower extremities:
  - Assess myotomes
  - Assess dermatomes
  - Assess muscle stretch reflex
- Perform peripheral nerve sensory testing using light touch, 2-point discrimination, and Semmes-Weinstein monofilaments
- Perform gait training with assistive devices such as canes, crutches and walkers using appropriate gait patterns
- Perform patient transfers including: 3-person carry, 2-person lift, hydraulic lift, dependent standing pivot, depending sitting pivot, squat pivot, slide board, push-up transfer, standing pivot, and floor to wheel chair
- Assess vital signs such as pulse, blood pressure, ventilation rate, and blood oxygen saturation
- Assess fit of ambulatory assistive devices

PT 515 Cardiopulmonary - Exercise Science

At the end of this course students will be able to competently and safely:

- Assess vital signs including blood pressure, heart rate, respiratory rate, and oxygen saturation
- Assess gait speed
- Assess fitness level (aerobic, strength, flexibility)
- Assess one and multi repetition maximum
- Prescribe and Instruct patient/client in strengthening exercises
- Prescribe and Instruct patient/client in aerobic exercises
- Prescribe and Instruct patient/client in flexibility exercises
- Assess peripheral pulses
- Assess and measure edema
- Assess heart sounds
- Measure intensity of aerobic exercise
- Assess postural hypotension
- Instruct and assist patient with bed mobility
- Instruct and assist patient with transfers
- Assess breath sounds
• Perform confirmatory testing including tactile fremitus, whispered pectoriloquy, egophony and bronchophony
• Perform Peabody Motor Developmental Screen
• Instruct patient in alternative breathing techniques such as diaphragmatic and pursed lip breathing
• Instruct patient in use of incentive spirometry
• Interpret electrocardiograms.
• Instruct in relaxation and pacing techniques
• Performs percussion, vibration, shaking, and postural drainage
• Instruct patient in airway clearance techniques
• Complete a basic evaluation of a patient in acute care
• Perform appropriate exercise and mobility training to a patient in the acute care setting
• Perform abdominal assessment
• Assess body composition
• Instruct use of basic resistance equipment (theraband, free weights, weight machines)
• Assess physiologic response to exercise
• Recognize adverse reactions to exercise
• Recognize when exercise is not safe
• Mobilize a patient while managing a variety of lines and tubes
• Evaluate for postural hypotension
• Manage emergencies in the practice setting
• Perform differential diagnosis of chest pain
• Instruct patient/client in home exercise program to further their fitness/wellness goals
• Determine Ankle Brachial Index
• Recognize when further assistance is needed to safely manage a patient/client

PT 525: MUSCULOSKELETAL PHYSICAL THERAPY

At the end of this course students will be able to competently and safely perform/apply the following:
• Lower quadrant neuro screen
• Joint mobilizations: basic principles
• Moist hot packs
• Ice pack (dry and moist) /ice massage
• Joint Mobilizations: hip
• Ultrasound/phonophoresis
• Iontophoresis
• Joint Mobilizations: foot/ankle
• Cryocuff
• Massage: fluid flush
• Joint Mobilizations: knee
• Electric stimulation: NMES
• Upper quadrant neuro screen
• ULTT (will do all 4)
• Massage: transverse friction (all sites)
• Joint mobilizations: elbow
- Joint mobilizations: Shoulder
- Joint mobilizations: wrist/hand
- Electric stimulation: TENS, IFES, microcurrent for pain
- Laser
- Traction: cervical (home)
- Traction: cervical (mechanical)
- Manual therapy: cervical soft tissue
- Joint mobilizations: cervical
- Traction: lumbar
- Joint mobilizations: lumbar
- Joint mobilizations: thoracic
- Muscle energy: thoracic
- Muscle energy technique: SI
- Joint mobilizations: SI
- Massage: soft tissue

EXERCISE SKILLS
- Hip strengthening
- Hip mobility: AROM, stretch
- Hip TrP
- LE balance and proprioception
- Foot/ankle BAPS
- Foot/ankle mobility: ROM, stretch, TrP
- Foot/ankle strengthening
- Knee mobility: ROM, stretch, TrP
- Knee strength
- Knee plyometrics
- Elbow mobility: ROM, stretch, TrP
- Elbow strengthening
- Elbow nerve glide
- Shoulder ROM
- Shoulder stretch/TrP
- Shoulder strengthening
- Shoulder other
- Wrist/Hand mobility
- Wrist/Hand strengthening
- Wrist/Hand other
- Cervical mobility
- Cervical strengthening
- Cervical stabilization
- Lumbar mobility
- Lumbar strengthening
- Lumbar stabilization

PHYSICAL EXAMINATION
• Physical examination of the hip
• Physical examination of the knee
• Physical examination of the foot/ankle
• Physical examination of the elbow
• Physical examination of the shoulder
• Physical examination of the wrist/hand
• Physical examination of the cervical spine
• Physical examination of the lumbar spine
• Physical examination of the sacroiliac joint

PT 605 and 606 Neuromuscular Physical Therapy I and II

At the end of this course students will be able to competently and safely:
• Assess muscle performance and sensation in individuals with spinal cord injury
• Instruct and perform interventions for individuals with spinal cord injury in bed mobility skills
• Instruct and perform interventions for individuals with spinal cord injury in transfer skills
• Instruct and perform interventions for individuals with spinal cord injury in wheelchair skills
• Instruct and perform interventions for individuals with spinal cord injury in gait
• Apply techniques to improve respiratory function in people with spinal cord injury
• Make basic adjustments to specialized and standard wheelchairs
• Assess motor function in patients with neurological deficits
• Assess coordination in those with and without suspected neurological deficits
• Assess gait in individuals with neurological deficits
• Perform locomotor training in individuals with neurological deficits
• Apply functional electrical stimulation/NMES
• Apply assistive technology to promote function for individuals with neurological deficits
• Assess upper extremity function through standardized examinations
• Apply interventions to improve upper extremity function
• Assess cranial nerve function
• Apply interventions to improve oculomotor function
• Assess vestibular function
• Apply interventions to improve vestibular function
• Assess balance/postural control in individuals with and without suspected neurological deficits
• Perform interventions to improve balance
• Assess movements and performance of functional tasks through task analysis
• Perform interventions to improve transfers in individuals with neurological deficits
• Perform interventions to improve bed mobility in individuals with neurological deficits
• Perform interventions to manage hypokinesia
• Perform interventions to manage hyperkinesia
• Assess cognitive functioning in individuals with and without suspected neurological deficits
• Perform interventions to improve dual task performance
• Apply principles of motor learning when performing interventions

PT 615 and 616 Multiple Systems Disorders I and II
At the end of the course students will be able to competently and safely:

- Assess wounds
- Complete documentation regarding assessment of and interventions for wounds
- Assess gait of individuals with lower extremity amputation
- Complete residual limb wrapping
- Complete pre-gait and gait training of individuals with lower extremity amputation
- Complete prosthetic use training for individuals with lower extremity amputation
- Complete and document a diabetic foot examination
- Complete and document a home ergonomics assessment
- Complete and document a specialized wheelchair evaluation
- Instruct parents and children on techniques to promote bed mobility, creeping, crawling, scooting, transfers, wheelchair mobility, and gait in the pediatric population
- Instruct parents and caregivers on the proper positioning of an infant
- Assess movements and functional tasks through task analysis in the pediatric population
- Perform interventions to improve bed mobility in the pediatric population
- Perform functional mobility training (creeping, crawling, and scooting) in the pediatric population
- Perform interventions to improve transfers in the pediatric population
- Assess gait in the pediatric population
- Perform locomotor training in the pediatric population
- Assess balance in the pediatric population
- Perform interventions to improve balance in the pediatric population
- Assess sensory integration in the pediatric population
- Perform interventions to improve sensory integration in the pediatric population
- Assess children spinal deformities in the pediatric population
- Perform interventions to manage spinal deformities in the pediatric population
- Apply principles of motor learning to the pediatric population

PT 645 Practice Management in the Autonomous Environment
At the end of the course students will be able to competently and safely:

- Assess a patient with temperomandibular joint dysfunction to determine an appropriate plan of care.
- Instruct a patient and perform selected PT interventions for temperomandibular joint dysfunction.
- Instruct a patient and perform selected PT interventions for a person who is pregnant or has women’s health related impairments.
- Perform a patient-centered, collaborative patient interview that exhibits successful shared decision making.

PT 657 Advanced Clinical Skills
At the end of the course students will be able to competently and safely:

- Provide effective peer instruction in a clinical skills lab topic.
• Construct an evidence-based peer competency checklist incorporating feedback from an expert mentor, legal practice standards, and risk management principles.
• Assess peer competency using individually constructed competency assessment.
• Identify indications and contraindications for safety and performing interventions skills relating to the following areas: nerve glides, running analysis, graston technique, lumbar mobilization, thoracic mobilization, mobilizations with movement, Sahrmann techniques, strain/counterstrain, and myofascial release.
• Advise proper documentation that follows professional, health care systems, and practice setting guidelines for the skills assigned.
• Formulate a plan for effective management of any adverse events or emergencies that may arise within the course of treatment.
APPENDIX B: PROFESSIONAL DEVELOPMENT ASSIGNMENT (PDA)

Purpose & Expectations:
The purpose of the professional development assessment is to assist the student in a logical and progressive process toward professional growth across the curriculum. The expectation is that each student will demonstrate professional growth through accurate self-assessment, effective utilization of the feedback from others, and reflection. Satisfactory progress is demonstrated by consistently exhibiting ‘Beginning Level’ criteria by the end of the second semester, ‘Developing Level’ criteria by the end of the sixth semester, and ‘Entry Level’ criteria by the end of the program.

The professional development assessment consists of three main criteria:

Part I: Professional Development Tool (PDT)

Part II: Professional Development Reflection (PDR)

Part III: Professional Development Meeting (PDM)

Curricular Objectives:
1. Demonstrate all APTA Core Values associated with professionalism.

Part I: Professional Development Tool (PDT)

Background: The Professional Development Assessment, including the PDT, is introduced to students in PT 506: Professional Foundation in Physical Therapy. The categories and category definitions in the PDT replicate the American Physical Therapy Association document entitled Professionalism in Physical Therapy: Core Values. Sample indicators/behaviors have been incorporated from multiple sources and are distributed according to faculty consensus on the behaviors expected in the curriculum at each of three main levels (beginning, developing, and entry level). There is also an introductory category ‘Initial Rating: PT 506’ where students will self-assess using the tool to ensure their understanding of the tool requirements by the end of the first semester.

Instructions:
For each core value listed, a definition is provided along with a set of sample indicators that describe what one would see if a physical therapist student were demonstrating that core value in his/her daily practice.

For each of the sample indicators listed, place one number that best represents the frequency with which you demonstrate the behavior where
1=Never, 2=Rarely, 3=Occasionally, 4=Frequently, 5=Always.

Students are responsible for completing the ratings for the period they have most recently completed AND reviewing and updating ratings from the prior columns. When a rating is updated from previous assessment, the rating should be highlighted to indicate that there was a change.
Students should self-assess incorporating feedback from as many individuals as possible (peers, faculty, clinical instructors, patients, etc.) when completing the tool.

Behaviors bolded in red on the tool indicate the professionalism ‘red flag’ behaviors that are noted within the student handbook.

Goals are expected to be completed at each iteration of the tool including the end of the 2\textsuperscript{nd}, 4\textsuperscript{th}, and 6\textsuperscript{th} semesters. Goals should focus on the next level of behaviors expected. One goal is expected for each main category at the end of 2\textsuperscript{nd} semester, the subsequent submissions should have goals assigned to areas of greatest need for improvement. When students complete the tool for the last time at the midterm of the 8\textsuperscript{th} semester, they will be writing post-entry level goals based on some of the sample indicators listed at the very end of this document. All goals written should be SMART. Goal achievement should be documented on the tool as ‘met’ or ‘unmet’ and then commented on within the narrative reflection.

Tool Construction References:

Professional Development Tool (PDT)

Accountability
Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.

<table>
<thead>
<tr>
<th>Initial Rating (PT 506)</th>
<th>Beginning Level [Semesters 1-2]</th>
<th>Developing Level [Semesters 3-4]</th>
<th>Entry Level [Semesters 5-8]</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Recognizes that others have varied goals/needs</td>
<td>[ ] Responds to the goals/ needs of peers/faculty</td>
<td>[ ] Responds to the goals/ needs of patients/clients</td>
<td>[ ] Is effective in addressing the varied goals/needs of different populations</td>
</tr>
<tr>
<td>[ ] Understands the value of feedback and its value in professional growth</td>
<td>[ ] Responds positively to feedback from others</td>
<td>[ ] Actively seeks and accepts feedback from multiple sources</td>
<td>[ ] Demonstrates ability to utilize feedback toward professional growth</td>
</tr>
<tr>
<td>Recognizes that all actions have a consequence</td>
<td>Acknowledges consequences of own actions</td>
<td>Accepts consequences of own actions</td>
<td>Responds appropriately to the consequence of own actions and that of others</td>
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</tr>
<tr>
<td>Defines the responsibility of the student in the learning process</td>
<td>Assumes responsibility for learning</td>
<td>Assumes responsibility for change based on learning and feedback</td>
<td>Accurately reflects on ‘response-ability’ performance</td>
</tr>
<tr>
<td>Can state the purpose of the code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities</td>
<td>Identifies ethical, practice act, or facility standards within case studies</td>
<td>Adheres to the code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities</td>
<td>Takes an appropriate course of action for identified issues with ethics, standards of practice or policies/procedures</td>
</tr>
<tr>
<td>Effectively utilizes basic English skills (verbal, written, grammar, spelling, expression)</td>
<td>Communicates adequately in the classroom environment</td>
<td>Communicates effectively in the clinical environment</td>
<td>Communicates accurately to others (payers, patient/clients, other health care providers) about professional actions</td>
</tr>
<tr>
<td>Demonstrates awareness of the professional role of a physical therapist</td>
<td>Demonstrates ability to solicit health goals from case and actual patients</td>
<td>Participates in the achievement of health goals of patients/clients</td>
<td>Participates in the achievement of health goals of society</td>
</tr>
<tr>
<td>Understands the basics of patient education</td>
<td>Educates peers in a manner that facilitates the pursuit of learning</td>
<td>Encourages peer and patient accountability in learning</td>
<td>Educates patients in a manner that facilitates patient autonomy</td>
</tr>
</tbody>
</table>
Altruism
Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self-interest.

<table>
<thead>
<tr>
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<th>Developing Level [Semesters 3-4]</th>
<th>Entry Level [Semesters 5-8]</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Defines altruism</td>
<td>[ ] Is able to effectively determine the needs of others</td>
<td>[ ] Considers the needs of others in guiding ones actions</td>
<td>[ ] Places patient’s/client’s needs above the physical therapists</td>
</tr>
<tr>
<td>[ ] Places a high priority on learning</td>
<td>[ ] Is supportive of peer needs as well as own</td>
<td>[ ] Prioritizes needs effectively</td>
<td>[ ] Completes patient/client care and professional responsibility prior to personal needs</td>
</tr>
</tbody>
</table>

Compassion/Caring
Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.

<table>
<thead>
<tr>
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<th>Entry Level [Semesters 5-8]</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Recognizes differences in learning and communication styles</td>
<td>[ ] Maintains open and constructive communication (including verbal and nonverbal behaviors)</td>
<td>[ ] Adapts communication to feedback and known learning/communication styles of others</td>
<td>[ ] Communicates effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc.</td>
</tr>
<tr>
<td>[ ] Recognizes own social, cultural, gender, and sexual biases</td>
<td>[ ] Respects individual, cultural, social, and other differences</td>
<td>[ ] Understands the socio-cultural, economic, and psychological influences on the individual’s life in their environment</td>
<td>[ ] Refrains from acting on one’s social, cultural, gender, and sexual biases</td>
</tr>
<tr>
<td>[ ] Demonstrates basic compassion/caring for fellow students</td>
<td>[ ] Demonstrates empathy toward peers and others</td>
<td>[ ] Attends to peer and patient’s/client’s emotional and psychological needs</td>
<td>[ ] Manages difficult issues with sensitivity and objectivity</td>
</tr>
<tr>
<td>[ ] Demonstrates respect for others and considers others as unique and of value</td>
<td>[ ] Understands an individual’s perspective</td>
<td>[ ] Designs patient/client programs/interventions that are congruent with patient/client needs</td>
<td>[ ] Advocates for patient’s/client’s needs</td>
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</tr>
<tr>
<td>[ ] Understands the qualities that distinguish expert from novice practitioners</td>
<td>[ ] Identifies the link between caring in the academic environment to caring for patients/clients</td>
<td>[ ] Focuses on achieving the greatest well-being and the highest potential for a patient/client</td>
<td>[ ] Empowers patients/clients to achieve the highest level of function possible and to exercise self-determination in their care</td>
</tr>
</tbody>
</table>

Excellence
Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, challenges mediocrity, and works toward development of new knowledge.

<table>
<thead>
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<th>Entry Level [Semesters 5-8]</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Uses relevant resources</td>
<td>[ ] Internalizes the importance of using multiple sources of evidence to support professional practice and decisions</td>
<td>[ ] Consistently applies new information from self and others and re-evaluates performance</td>
<td>[ ] Justifies solutions selected</td>
</tr>
<tr>
<td>[ ] Team player – Identifies collaborative opportunities and shares knowledge willingly</td>
<td>[ ] Engages others in discussion</td>
<td>[ ] Recognizes one’s limitations and strengths and that of others</td>
<td>[ ] Participates in interprofessional collaborative practice to promote high quality health and educational outcomes</td>
</tr>
<tr>
<td>[ ] Formulates appropriate questions</td>
<td>[ ] Appropriately discusses a grade on an exam, practical, or assignment with the appropriate faculty member as needed</td>
<td>[ ] Conveys intellectual humility in professional and personal situations</td>
<td>[ ] Critiques own performance accurately</td>
</tr>
<tr>
<td>[ ] Demonstrates attentive behaviors in all academic environments</td>
<td>[ ] Recognizes gaps in knowledge base</td>
<td>[ ] Demonstrates the desire to achieve high levels of knowledge and skill in all aspects of the profession</td>
<td>[ ] Demonstrates a commitment to lifelong learning</td>
</tr>
<tr>
<td></td>
<td>Shares one’s knowledge with others</td>
<td>Pursues evidence and learning opportunities to expand knowledge</td>
<td>Uses evidence consistently in the classroom to support professional decisions</td>
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<tr>
<td></td>
<td>[ ] Identifies differences between personal and professional values</td>
<td>[ ] Tolerates ambiguity</td>
<td>[ ] Responds effectively to unexpected situations</td>
</tr>
<tr>
<td></td>
<td>[ ] Projects a professional image in all environments</td>
<td>[ ] Open to feedback</td>
<td>[ ] Implements an effective plan of action in response to feedback</td>
</tr>
<tr>
<td></td>
<td>[ ] Identifies when contradictory ideas exist</td>
<td>[ ] Formulates alternative hypothesis</td>
<td>[ ] Critiques hypothesis and ideas</td>
</tr>
</tbody>
</table>

**Integrity**

Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do.

<table>
<thead>
<tr>
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<th>Entry Level [Semesters 5-8]</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Is aware of the various standards and guidelines of the DPT curriculum and the profession</td>
<td>[ ] References standards of the profession to determine appropriate solutions in case studies</td>
<td>[ ] Adheres to the highest standards of the profession, department and University (practice, ethics, reimbursement, Institutional Review Board, student handbook)</td>
<td>[ ] Abides by the rules, regulations, and laws applicable to the profession</td>
</tr>
<tr>
<td>[ ] Expresses ideas such that others can understand</td>
<td>[ ] Articulates stated ideas and professional values</td>
<td>[ ] Distinguishes fact vs. opinion, vs. assumptions</td>
<td>[ ] Internalizes stated ideas and professional values</td>
</tr>
<tr>
<td>Establishes outlets to cope with stressors effectively</td>
<td>Approaches others to discuss differences of opinions when appropriate</td>
<td>Reconciles conflicting information</td>
<td>Resolves dilemmas with respect to a consistent set of core values</td>
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</tr>
<tr>
<td>Follows through on commitments made</td>
<td>Demonstrates timeliness in all interactions/meets deadlines</td>
<td>Engenders respect from peers, faculty, and patients</td>
<td>Is trustworthy (includes strength of character and of competence)</td>
</tr>
<tr>
<td>Is in control of owns own actions</td>
<td>Assumes responsibility for own actions/outcomes</td>
<td>Communicates appropriately how personal issues may impact performance in advance</td>
<td>Communicates professional needs and concerns</td>
</tr>
<tr>
<td>Takes steps to become aware of own strengths and weaknesses</td>
<td>Demonstrates knowledge of personal limitations</td>
<td>Takes action to improve and/or compensate for personal limitations</td>
<td>Recognizes the limits of one’s expertise and makes referrals appropriately</td>
</tr>
<tr>
<td>Assists others in recognizing stressors for the betterment of the relationship</td>
<td>Confronts harassment and bias among ourselves and others</td>
<td>Demonstrates the ability to say ‘no’ if request made does not add to priorities or if the activity is in conflict with the set goals</td>
<td>Acts on the basis of professional values even when the results of the behavior may place oneself at risk</td>
</tr>
</tbody>
</table>

Professional Duty
Professional duty is the commitment to meeting one’s obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society.

<table>
<thead>
<tr>
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<th>Entry Level [Semesters 5-8]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defines and recognizes active listening</td>
<td>Demonstrates active listening in the classroom</td>
<td>Demonstrates effective active listening in all environments</td>
<td>Facilitates each individual’s achievement of goals for function, health, and wellness</td>
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</tr>
<tr>
<td>Recognizes own stressors or problems that may impact the group</td>
<td>Provides a safe and secure environment for classmates</td>
<td>Provides appropriate constructive feedback at the appropriate time to the appropriate person</td>
<td>Preserves the safety, security and confidentiality of individuals in all professional contexts</td>
</tr>
<tr>
<td>Establishes a support network including having a mentor</td>
<td>Seeks assistance as needed</td>
<td>Provides appropriate feedback to fellow classmates</td>
<td>Mentors others to realize their potential</td>
</tr>
<tr>
<td>Understands the varied duties of a physical therapy professional</td>
<td>Balances commitments</td>
<td>Demonstrates quality in assignments and clinical documents</td>
<td>Takes pride in one’s profession and fulfilling professional obligations</td>
</tr>
</tbody>
</table>

Social Responsibility
Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

<table>
<thead>
<tr>
<th>Initial Rating (PT 506)</th>
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<th>Developing Level [Semesters 3-4]</th>
<th>Entry Level [Semesters 5-8]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defines cultural competence</td>
<td>Communicates with cultural competence in all academic environments</td>
<td>Demonstrates cultural competence in the clinic</td>
<td>Promotes cultural competence within the profession and the larger public</td>
</tr>
<tr>
<td>Recognizes how departmental and course policies impact decisions and actions</td>
<td>Takes action to resolve policy conflict within the academic environment when needed</td>
<td>Identifies community, national, or worldwide issues for their impact on society’s health and well-being and the delivery of physical therapy</td>
<td>Advocates for changes in laws, regulations, standards, and guidelines that affect physical therapist service provision</td>
</tr>
<tr>
<td>Identifies that there is a part of the profession that is about the ‘me’ and a part about the ‘we’</td>
<td>Recognizes when solutions to problems are within personal control/influence</td>
<td>Acts in a leadership role when needed</td>
<td>Builds community relationships</td>
</tr>
<tr>
<td>Recognizes the role of the physical therapist in social advocacy</td>
<td>Considers opportunities for social advocacy during the curriculum</td>
<td>Values the involvement of physical therapists in social advocacy roles/relationships as a professional responsibility</td>
<td>Participates in achievement of societal health goals</td>
</tr>
<tr>
<td>Core Value</td>
<td>Sample Behavior</td>
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<tr>
<td>Accountability</td>
<td>[ ] Seeks continuous improvement in quality of care</td>
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<tr>
<td></td>
<td>[ ] Maintains membership in APTA and other organizations</td>
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<tr>
<td>Altruism</td>
<td>[ ] Provides pro-bono services</td>
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<td></td>
<td>[ ] Provides physical therapy services to underserved and underrepresented populations</td>
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<td></td>
<td>[ ] Provides patient/ client services that go beyond expected standards of practice</td>
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</tr>
<tr>
<td>Excellence</td>
<td>[ ] Demonstrates engagement in the profession of physical therapy</td>
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</tr>
<tr>
<td>Integrity</td>
<td>[ ] Uses power judiciously (including avoidance of use of unearned privilege)</td>
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<tr>
<td></td>
<td>[ ] Takes responsibility to be an integral part in the continuing management of patients/clients</td>
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<td></td>
<td>[ ] Chooses employment situations that are congruent with practice values and professional ethical standards</td>
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<tr>
<td>Professional Duty</td>
<td>[ ] Demonstrates beneficence by providing ‘optimal care’</td>
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<tr>
<td></td>
<td>[ ] Is involved in professional activities beyond the practice setting</td>
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<tr>
<td></td>
<td>[ ] Promotes the profession of physical therapy</td>
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</tr>
<tr>
<td>Social Responsibility</td>
<td>[ ] Ensures the blending of social justice and economic efficiency of services</td>
<td></td>
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<tr>
<td></td>
<td>[ ] Participates in political activism</td>
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<tr>
<td></td>
<td>Promotes community volunteerism</td>
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<td></td>
<td>[ ] Ensures that existing social policy is in the best interest of the patient/ client</td>
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<td></td>
<td>Provides leadership in the community</td>
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<td></td>
<td>[ ] Advocates for the health and wellness needs of society including access to health care and physical therapy services</td>
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</tr>
<tr>
<td></td>
<td>[ ] Promotes social policy that effects function, health, and wellness needs of patients/clients</td>
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</tbody>
</table>
Part II: Professional Development Reflection (PDR)

**Purpose:** Reflection is the most powerful mechanism available to us for personal and professional growth. It is necessary for developing the self-assessment and critical thinking skills critical to the lifelong learning process that is characteristic of a professional. Henceforth, it is expected that you will be passionate about the reflective process throughout your time here at Clarkson and throughout your career as a physical therapist.

**Description:** You will be expected to demonstrate reflection on your growth in the six dimensions specified on the attached ‘Core Values and Professional Behaviors Assessment’. The format of the reflection will be narrative but the assessment tool(s) utilized may change over time. The reflection should be completed for your faculty advisor:

- At the end of the second, fourth, and sixth semesters as well as by midterm of your final clinical internship (8th semester).

Directions: The purpose of this assignment is to develop self-directed learning skills through performance reflection. Therefore, for greatest success in communicating this growth to your faculty advisor, please use the following instructions:

- Begin the reflective process by recalling all feedback you received during the timeframe between reflections. Feedback might come from:
  - Faculty, Classmates, Clinicians, Patients, Assessments, Written Comments, Non-Verbal Messages, and/or Self-Awareness.
- Perform a self-assessment using a tool that will enable you to track improvement over time and attach the updated tool to your narrative. Use the feedback from multiple sources in this self-assessment and support your ratings with specific examples.
- Ask yourself the following:
  - What was I actively trying to improve upon (review of goals)? What actions did I take to make the improvements? Did I meet my goals? Why or why not?
  - What feedback was obtained, from whom, and how did I respond/learn from it?
  - What have I learned from completing my PDT? How has reflection changed me?
  - Were there areas of improvement that I achieved without my conscious attempt to improve in these areas?
  - Can I make generalizations about my strengths and weaknesses using my reflection?
  - What have I struggled with during this reflection period?
  - How do I intend to address/resolve these struggles?
  - Which of the core values resonate most for me during this reflective timeframe and why? Provide examples.
  - What are several specific actions I will work on to further develop my professional behaviors (might be included within goals of tool)?
- Write the answers to the above questions in your narrative.
- Submit your narrative and your self-assessment rating tool (with ongoing markings) to your faculty advisor at least one week prior to your scheduled advisor/student meeting or by the date specified if you are on clinical internship when it is due.

Part III: Professional Development Meeting (PDM)
Reflection Timeframe (circle one): Sem. 2 | Sem. 4 | Sem. 6 | Sem. 8

Required Items:
_____ Professional Development Tool (PDT)
_____ Professional Development Reflection (PDR)

Timeliness:
_____ Documents turned in by stated deadline
_____ Meeting established by student with consideration of schedules of both parties

Quality: [‘+’ sufficient; ‘?’ somewhat but o.k. with discussion; ‘–’ requires revision]
_____ Tool ratings appear realistic
_____ Tool includes measurable goals for appropriate areas
_____ Previous goal achievement is noted in reflection and/or tool [after semester two only]

_____ Reflection covers all questions put forth in assignment

What was I actively trying to improve upon (review of goals)? What actions did I take to make the improvements? Did I meet my goals? Why or why not?
What feedback was obtained, from whom, and how did I respond/learn from it?
What have I learned from completing my PDT? How has reflection changed me?
Were there areas of improvement that I achieved without my conscious attempt to improve in these areas?
Can I make generalizations about my strengths and weaknesses using my reflection?
What have I struggled with during this reflection period?
How do I intend to address/resolve these struggles?
Which of the core values resonate most for me during this reflective timeframe and why? Provide examples.
What are several specific actions I will work on to further develop my professional behaviors (might be included within goals of tool)?

_____ Reflection and/or tool includes mention of feedback from appropriate others
(_____ peers, _____ faculty, _____ clinical instructors, _____ patients, _____ family member/close person outside profession)

_____ Narrative appears consistent with tool ratings/remarks

Professional Growth:

<table>
<thead>
<tr>
<th>Assessment Item:</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Are the results of the assignment reflective of positive professional change?</td>
<td></td>
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<tr>
<td>Is student self-reflection consistent with faculty/CI/peer/patient feedback?</td>
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<tr>
<td>(In this box: faculty member to note which documents/feedback was reviewed prior to student meeting and results)</td>
<td></td>
<td></td>
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<tr>
<td>____ Reflection/Tool</td>
<td>____ DCE Feedback</td>
<td>____ Tutorial Feedback</td>
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<tr>
<td>____ Recent CPI</td>
<td>____ Other:</td>
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<tr>
<th>Does the student appear to understand the concept of professional development/growth?</th>
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<tr>
<th>Is the professional behavior development of the student at a satisfactory level at this time?</th>
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<tr>
<th>Are there any revisions necessary for the student to make?</th>
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<tr>
<td>If so, what are the revisions and when are they due?</td>
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<tr>
<th>What comments/remarks/feedback was discussed during this meeting in addition to (or in summary of) what is stated above? [Student concerns, next internship site/feelings on this, support mechanisms working, other]</th>
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<tr>
<th>Acknowledgement of review:</th>
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<tbody>
<tr>
<td>Student Signature</td>
<td>Date</td>
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<tr>
<th>Advisor Signature</th>
<th>Date</th>
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| Revisions Completed: | On Time | Are / Are Not Sufficient | Follow Up Needed with Student? | Yes | No |
|---|---|---|---|---|

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<th>Advisor Signature/Date:</th>
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APPENDIX C: STUDENT STATEMENT OF INFORMED CONSENT

I have received my personal copy of the "Clarkson Physical Therapy Student Handbook." I have reviewed this handbook and I understand and am prepared to abide by these policies and procedures while enrolled in the program.

I understand that if any changes and/or additions are made to this handbook or any other policies and procedures that affect my class, I will be notified either in writing or via electronic mail.

________________________________________
printed name

________________________________________
signature

________________________________________
date