

Welcome to The University of Kansas Medical Center!

The Department of Physical Therapy and Rehabilitation Science

(<http://www.ptrs.kumc.edu>)

The physical therapy program at the University of Kansas is one of the foremost professionally accredited physical therapy curricula in the nation. Established in 1943, the program has grown from a nine-month certificate program to a three-year Doctor of Physical Therapy program. As a leader in physical therapy education, the department has produced esteemed educators, well-established practitioners, and state and national leaders in the profession of physical therapy. According to the 2019 edition of US News & World Report Guide to America's Best Graduate Schools, the KUMC Physical Therapy and Rehabilitation Science program is in 20th place among all universities and is in **9th place among public universities**. This ranking is based on national reputation as assessed by "a survey of knowledgeable individuals in academia and each particular profession."

The School of Health Professions

The School of Health Professions (<http://www.kumc.edu/school-of-health-professions.html>) is one of the country's largest schools of health professional education in an academic medical center in terms of number of programs, number of students enrolled in its graduate programs, and total enrollment. Health professionals provide 60% of health care service and continue to be in increasing demand. The other departments in the School of Health Professions are: Clinical Laboratory Sciences, Dietetics and Nutrition, Health Information Management, Hearing and Speech, Nurse Anesthesia Education, Occupational Therapy Education, and Respiratory Care and Diagnostic Science.

The Medical Center

The University of Kansas Medical Center (<http://www.kumc.edu>) offers educational programs in the Schools of Medicine, Nursing, Health Professions, and Graduate Studies. Clinical services include a full-service, independently managed, tertiary-care hospital the University of Kansas Hospital (<https://www.kansashealthsystem.com/>) that serves a wide region including Kansas, Missouri, Oklahoma, Arkansas and Nebraska. Recognized as a leader in research in the health sciences, the Medical Center was founded in 1905. Today, the Medical Center covers over 40 acres and includes more than 6,800 employees, 1,400 faculty, nearly 3,700 students, and thousands of patients and visitors.

The University

The University of Kansas (<http://www.ku.edu>) is a major education and research institution with more than 28,000 students and 2,600 faculty members, and a member of the prestigious American Association of Universities. The university includes the main campus in Lawrence; the Medical Center in Kansas City; the Edwards Campus in Overland Park; campuses of the School of Medicine in Wichita and Salina; a School of

Nursing campus in Salina (new in 2018) and educational and research facilities throughout the state.

Kansas City

Kansas City (<http://www.visitkc.com>) combines the best of urban living with Midwest hospitality. An estimated 2 million people live in the bi-state metropolitan area, enjoying the region's temperate climate. Metropolitan Kansas City boasts several tourist attractions, including the downtown business district and Power and Light entertainment district, Nelson-Atkins Museum of Art, Kemper Museum of Contemporary Art and Design, City Market, the Country Club Plaza, Crown Center, the historic Westport area, the Kansas City Crossroads Art District, Truman Center and Library, the Kansas City Zoo, and Worlds of Fun/Oceans of Fun. Professional sports teams, an integral part of the community, include the Chiefs (football), our 2015 World Champion KC Royals (baseball), Sporting KC (outdoor soccer), Missouri Mavericks (ice hockey), Missouri Comets (arena soccer), and the T-Bones (minor league baseball). Dining ranges from international cuisine to Kansas City's famous barbecue, including the perennial favorite and award winning, Joe's Kansas City BBQ in the KUMC neighborhood. Kansas City is home to Boulevard Brewery and is enjoying expansion of microbreweries and distilleries. The Kansas City community is busy throughout the year with a wide range of activities, and of course, fountains are everywhere.

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KU Traditions

Like any university with a long history, the University of Kansas has a number of fascinating stories and traditions. At this web site you can learn more about KU's history, such as the history of the Kansas Jayhawk, the seal, and the colors.

<https://www.ku.edu/about/traditions/>

The PTRS department upholds its own traditions. Each class of DPT students has carried on a tradition of service through our pro bono physical therapy clinic and various community service projects. Each fall during Alumni Weekend, we welcome our first year DPT students into the physical therapy profession with a Pinning Ceremony. The completion of our DPT program is marked with a Departmental Recognition Ceremony, a School of Health Professions Recognition Ceremony, and our graduates strutting their doctoral regalia down the hill and attending the University Commencement Ceremony in Lawrence, KS.

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Department Address and Telephone Number

Physical Therapy and Rehabilitation Science

University of Kansas Medical Center
Mailstop 2002
4012 Student Center
3901 Rainbow Blvd.
Kansas City, KS 66160

Voice: (913) 588-6799

Fax: (913) 588-6910

Website: <http://www.pters.kumc.edu>

Facebook page: <https://www.facebook.com/KUMCPT>

To access contact information for other KUMC individuals or departments, use the KUMC phone directory, <http://www2.kumc.edu/directory/>.

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University of Kansas Mission

The first mission as a university is to educate students who will go out into the world and become leaders in their fields and their communities. As a flagship research university, KU is tasked with preparing students for active, engaged lives and preparing students for lives where they take on challenges as leaders in their communities, their nations, and our world. KU prepares students to live meaningful lives where they embrace the fact that we are each part of something bigger than ourselves.

The Mission of the University of Kansas is available at <http://www.ku.edu/about/mission/>.

University of Kansas Medical Center Mission

The Mission of the University of Kansas Medical Center is available at <https://www.kumc.edu/>.

Department and DPT Program Mission

The mission of the **Department of Physical Therapy and Rehabilitation Science** at the University of Kansas Medical Center is to further the profession of physical therapy through state-of-the-art education, research, and service at the local, state, national and international level. The department is committed to translational research that has an impact on physical therapy practitioners and on their clients. The department cultivates highly competent physical therapists, proficient faculty to meet professional workforce demands, and researchers in the field of rehabilitation to advance the science of healthcare.

The mission of the **Doctor of Physical Therapy program** of the Department of Physical Therapy and Rehabilitation Science at the University of Kansas Medical Center is to continually strive to develop caring physical therapists who exemplify the highest level of clinical expertise and knowledge, and are prepared to enrich the dignity and quality of the human experience by optimizing movement and maximizing functional potential.

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Additional Educational Opportunities

We are pleased to offer students additional educational opportunities such as a joint DPT/MBA degree, DPT/MHSA, DPT/PhD, the Multiple Sclerosis STEP UP program, and the LEND Training Program.

Further information regarding these programs may be found at:

Joint DPT/MBA degree: <http://www.kumc.edu/school-of-health-professions/physical-therapy-and-rehabilitation-science/doctor-of-physical-therapy/joint-dptmba-program.html>

Joint DPT/MHSA degree: Website currently being developed.

Joint DPT/PhD degree: Please contact the PTRS PhD in Rehabilitation Science Program Director and the DPT Program Director if interested in this joint degree program. Information regarding the PhD in Rehabilitation Science: <http://www.kumc.edu/school-of-health-professions/physical-therapy-and-rehabilitation-science/phd-in-rehabilitation-science.html>.

Multiple Sclerosis STEP UP program: <http://www.kumc.edu/school-of-health-professions/physical-therapy-and-rehabilitation-science/ms-step-up-program.html>.

Leadership Education in Neurodevelopmental and related Disabilities (LEND) Traineeship. The Center for Child Health and Development (CCHD) LEND training program provides trainees experiences as members of interdisciplinary teams serving children and adolescents with developmental disabilities, including autism spectrum disorders. <http://www.kumc.edu/school-of-medicine/cchd/graduate-education/lend.html>

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Academic Faculty

To view the most recent information on faculty in the Department of Physical Therapy and Rehabilitation Science, please visit the Faculty Page of the department's web site at: <http://www.kumc.edu/school-of-health-professions/physical-therapy-and-rehabilitation-science/our-faculty.html>.

Research Labs

KU is regarded as one of the premier research institutions in the country, and researchers in our department are at the forefront of advancing knowledge in health care. Students not only have the opportunity to learn from accomplished clinicians, but also from scientists striving to expand our knowledge base in a variety of health and science areas. Summaries of current research by PTRS faculty are listed at <http://www.kumc.edu/school-of-health-professions/physical-therapy-and-rehabilitation-science/research.html>.

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Class of 2022 Master Calendar

	YEAR 1			YEAR 2			YEAR 3		
	Summer 2019	Fall 2019	Spring 2020	Summer 2020	Fall 2020	Spring 2021	Summer 2021	Fall 2021	Spring 2022
	CLASSES						CLINICAL EXPERIENCE DATES		
First day of semester	5/28/2019	8/26/2019	1/21/2020	6/2/2020	8/24/2020	1/19/2021	6/8/2021	8/16/2021	1/3/2022
Last day of semester	7/23/2019	12/20/2019	5/15/2020	7/24/2020	12/18/2020	5/14/2021	7/30/2021	12/17/2021	5/6/2022
KU Breaks		KU Fall Break 10/12 - 10/15	KU Spring Break 3/9 - 3/15		KU Fall Break 10/10 - 10/13	KU Spring Break 3/8 - 3/14		KU Fall Break is NOT observed	KU Spring Break is NOT observed
Other	DPT Orientation 5/28/2019	Pinning Ceremony 10/3/2019		Comprehensive Exam (first week of classes)		CSM: Orlando, FL 2/24 - 2/27	Comprehensive Exam (first week of classes)		PTRS Ceremony 5/13/2022 SHP Ceremony 5/14/2022 Commencement 5/15/2022

Note: Calendar is subject to change.

**DPT Curriculum
Class of 2022**

SEMESTER 1 (Summer) <i>June 2019</i>	SEMESTER 2 (Fall) <i>August 2019</i>	SEMESTER 3 (Spring) <i>January 2020</i>	SEMESTER 4 (Summer) <i>June 2020</i>	SEMESTER 5 (Fall) <i>August 2020</i>	SEMESTER 6 (Spring) <i>January 2021</i>	SEMESTER 7 (Summer) <i>June 2021</i>	SEMESTER 8,9 <i>Aug 2021-May 2022</i>	
Clinical Curriculum (credit hours). ICE: Integrated Clinical Experience, CE: Clinical Experience								
	PTRS 720 ICE I	PTRS 730 Spring or (Summer enrollment) ICE II		PTRS 830 ICE III	PTRS 840 ICE IV			PTRS 920, 921, 922, (923) CE I, II, III, (IV)*
Academic Curriculum								
PTRS 703 Applied Anatomy	PTRS 702 PT Documentation and Health Informatics	PTRS 705 PT Interventions II	PTRS 825 Exercise Physiology	PTRS 852 Neurologic PT I	PTRS 826 Cardiopulm PT	PTRS 846 Orthopedic PT III	10(12)	14(12)
PTRS 710 Adv Topics in Human Anatomy	PTRS 704 PT Interventions I	PTRS 745 Orthopedic PT I	PTRS 860 Evidence-based Research Practicum I	PTRS 845 Orthopedic PT II	PTRS 833 Pediatric PT	PTRS 817 Ethics in Healthcare		
PTRS 828 Medical Imaging	PTRS 711 Applied Kinesiology and Biomechanics	PTRS 746 Musculoskeletal Conditions and Management	PTRS 877 Administration in PT		PTRS 853 Neurologic PT II	PTRS 861 Evidence-based Research Practicum II		
	PTRS 882 Pathophysiology and Physical Therapist Screens	PTRS 750 Research in Evidence-based PT Practice				PTRS 890 Specialities in PT Practice		
	PTRS 855 Pharmacology							
Credits	8	17	17 (16)	6 (7)	14	16	8	10(12) 14(12)

* Clinical Experiences generally consist of either four 9-week or three 12-week internships. If completing 9-week internships, enrollment will be 12 credits for both semesters 8 and 9. If completing 12-week internships, enrollment will be 10 and 14 credits for semesters 8 and 9, respectively.

TOTAL CREDIT HOURS	110
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Student Resources

Department Teaching Lab and Classroom

Students may use any of the Physical Therapy and Rehabilitation Science lab rooms, SC-1020 and SC-B018 for review sessions or special projects, provided that no one has previously reserved the room. The classroom, SC-1005 is also available for student study sessions and meetings. There is an online reservation calendar - please contact Robert Bagley (rbagley@kumc.edu) if you wish to reserve a lab room.

The lab rooms are secured with badge entry. *Students using the lab rooms should leave them clean and orderly at all times.* Failure to pick up trash and straighten the room will result in the lab rooms being made unavailable for the remainder of the semester. Do not disturb classes in session. Use of rooms is restricted to educational purposes.

Research Laboratories

Research facilities within the department include the Brain Behavior Laboratory, Clinical Orthopedic Rehabilitation and Research Laboratory, Health Exercise and Aging Laboratory (part of Georgia Holland Research Laboratory), Laboratory for Advanced Rehabilitation Research in Simulation, Neuromuscular Research Laboratory, and Research in Exercise and Cardiovascular Health Laboratory (part of Georgia Holland Research Laboratory). These rooms are used primarily for faculty research and for faculty-directed student research projects. Please make arrangements with your faculty research advisor if you are interested in touring one of these labs.

KU Med Books (bookstore)

The KUMC bookstore is located on the first floor of Orr-Major. More information including a search feature for course textbooks can be found on the KU Med Books web page at <http://www.kubookstore.com/>.

Copy Machines

Copy machines are available for student use in Dykes Library. More information on making copies and printing at the library can be found on the Dykes library web page at: <http://library.kumc.edu/how-to/print-and-copy.xml>. Students are not allowed to use the department's copy machine for personal use. The PTRS department is making efforts to support paperless and green instruction. Most handouts and materials will be provided online, and we encourage students to utilize desktop and mobile applications that will allow for accessing and annotating course materials electronically. Please contact the instructor if you have suggestions for improving paperless information sharing or are experiencing difficulty accessing instructional materials in a paperless format.

Technology

Use of technology is necessary to support your learning at KUMC. Information resources are available to assist in your technology needs, <http://www.kumc.edu/information->

[resources.html](#). Computers are available for student use at many locations throughout the Medical Center campus. All students will receive a KUMC e-mail account; it is an important tool for communicating with faculty and other students. Classrooms and PTRS labs are equipped with wireless networking. The secure network is recommended and requires kumc credentials for logging in:

<https://kumed.sharepoint.com/sites/mykumc/ir/Pages/Wireless-Networking-on-Campus.aspx?wa=wsignin1.0> (you will need your kumc credentials to access this page)

Social Media

The department has an active Facebook page, <https://www.facebook.com/KUMCPT>, and a Facebook closed group for each class, <https://www.facebook.com/groups/406485670102416/>.

The class schedules are housed within Google Calendar. Students can access their class academic calendar and a calendar with PTRS department events through their individual Google Calendar accounts.

If you already have a gmail account, you will easily be given access to the Google Calendar. If you do not have a gmail or Google Calendar account, you will need to create a Google Calendar account to access these calendars. For those without a Google Calendar account, you will be given the opportunity to create an account when you receive an email invitation. This email invitation will come to your kumc email address. Other students highly recommend using a Google account (e.g., Google docs, etc.) for group projects that are a part of specific courses.

Membership and participation in the class Facebook group and department page and access of the Google calendar are voluntary. Other forms of social media participation may be required as part of an individual course requirement.

By accessing, viewing and/or posting any content related directly or indirectly to the PTRS Social Media Sites on the internet, you accept the following terms of use:

By leaving comments, posting images, reviews, discussions, videos, and case studies on the PTRS social media sites, you are agreeing to have your image and/or identity published online. You acknowledge that this information is of public domain and may be viewed by anyone. You should not post any personal information, protected health information, or patient identifiers on any of the PTRS social media sites.

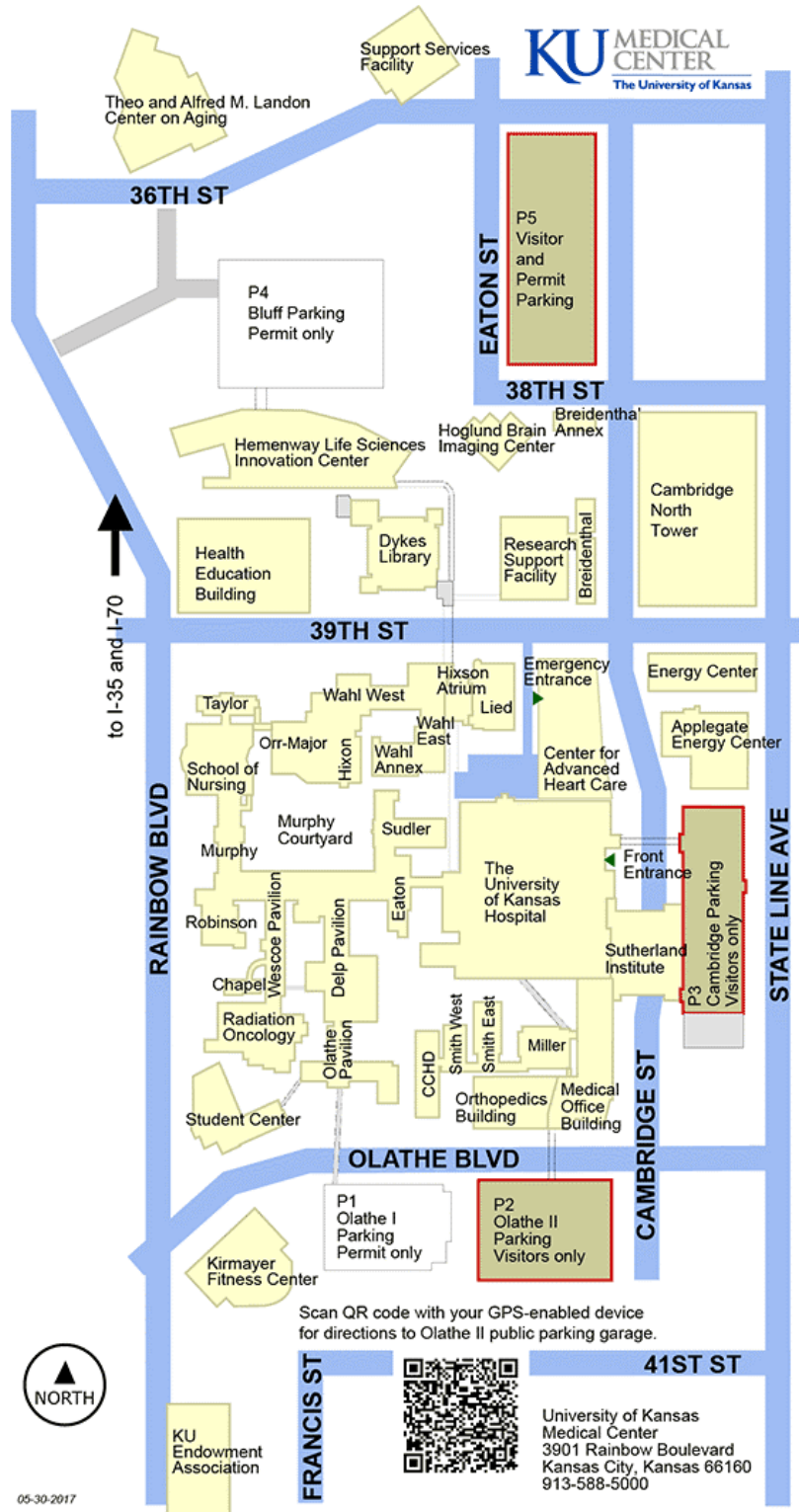
By posting content to PTRS social media sites, you agree that you will not violate any local, state, federal and international laws and regulations regarding internet usage or post inappropriate material as determined by the instructor(s) and/or department (owner of each social media site).

Miscellaneous

KUMC Classified Housing Notices are accessible through the KUMC intranet (requires kumc username and password). Another resource, although not through KUMC, that may be of use is <https://kumc.uloop.com/housing/>.

Campus Map

A full range of medical center and city maps can be found on the web at:
<http://www.kumc.edu/about-us/maps-and-contact-information.html>.



Departmental Activities

The faculty, staff and students of the department participate in many activities throughout the year. A benefit of being a member of the KUMC community is taking advantage of the numerous activities and events on this campus. These events include seminars provided by internationally recognized scholars as well as exposure to the broad expertise of the KUMC scholars and researchers. Your attendance and assistance in preparation for many of these events is highly encouraged. Additional information regarding these activities is provided throughout the school year. These activities include:

ALL STUDENTS:

- Department and School sponsored noon hour seminars
- Campus sponsored seminars
- Student Research Day – April
- Faculty Research Day – October
- PhD student exam: Comprehensive, Qualifying and Dissertation Defense (*every semester*)

SELECTED CLASSES:

- DPT New Student Orientation (first year students)
- Pinning Ceremony (first year students)
- Open House (incoming and first year students)
- Departmental Recognition Ceremony (graduating students)
- School of Health Professions Recognition Ceremony (graduating students)
- KU Commencement Ceremony (graduating students)

Professional Activities

Professional Activities that students are encouraged to consider if attendance does not interfere with their academic or clinical commitments and if students have the necessary funds include:

- American Physical Therapy Association National Student Conclave, <http://www.apta.org/nsc/> (*October*)
- Kansas Physical Therapy Association Fall Meeting (*October*)
- Combined Sections Meeting of the APTA, <http://www.apta.org/CSM/FutureDates/> (*January or February*)
- Kansas Physical Therapy Association Spring Meeting (*March or April*)
- Kansas Physical Therapy Association Legislative Day (*spring semester*)

In addition, various social events are held throughout the school year. More information about these events will be passed to you from the faculty and from other DPT classes as they are planned. Of course, you are encouraged to develop your own social traditions as personal balance is an important coping strategy for successful completion of the professional program.

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Class Officers and Committees

Class officers are elected during the second semester of the program. Students nominate classmates or themselves for offices and then vote for each position.

The officers, representatives and committee chairs for each class are:

- President
- Vice-President
- Treasurer
- Secretary
- Admissions Committee Representative (two elected positions)
- Curriculum Committee Representative
- School of Health Professions Student Senate Representative (two elected positions)
- SPTO Club Representative
- APTA/KPTA Student Liaison
- Fundraising Committee Chair (two elected positions)
- Social Committee Chair (two elected positions)
- Sports Committee Chair
- PEAKU (Performance Excellence at KU) Seminar Liaison
- Communications Representative

Class Officer Descriptions

PRESIDENT

- Schedule and run officer and class meetings.
- Attend faculty meetings as student liaison.
- Serve as a liaison between the class and the faculty/department on any issue.
- Serve as a liaison between the class and the School of Health Professions and/or Medical Center when needed for fundraising purposes (write letters, etc.).
- Schedule a class meeting with departmental chair once a semester.
- Be a source of information for classmates who have questions/concerns.
- Provide impromptu class leadership as needed.
- Become involved in other university committees as appropriate.
- Provide vision and encouragement for the class. (Where does your class want to make their mark?)
- Delegate responsibilities when necessary and appropriate. (This office can be time consuming if you don't delegate when appropriate).

VICE PRESIDENT

- Assist President in any way needed.
- Attend faculty meetings as student liaison when the president is unable to do so.
- Give reports at officer meetings headed by President.
- Assist other class officers with duties as necessary.
- Assist and lead fundraising activities as decided by fundraising co-chairs.
- Work with SPTO Club Representative to organize philanthropic and community service activities for the class. For example: Special Olympics, pen pals with

local schools, and organizing donations (food, toiletries, children's books, games, videos) for the fall, etc.

- Organize pinning ceremony for incoming 1st year students (during 2nd year only).

TREASURER

- Assist other officers with duties as necessary.
- Open checking account for the class through Student Life.
- Collect dues each semester (if applicable).
- Collect money activities as necessary.
- Disburse funds from checking account as appropriate.
- Present financial report at officers' meetings, class meetings, etc.
- Work closely with the Fundraising Committee Chair.

SECRETARY

- Take minutes at officer meetings and e-mail them to the rest of the class.
- Keep track of individuals in the class who are participating in events.
- Work closely with Treasurer (serve as the secondary person who can sign for checks and other financial, etc.)

ADMISSIONS COMMITTEE REPRESENTATIVE—Two elected positions

- Plan activities to support incoming class.
- Help the social representatives plan the summer welcoming party for the first year students. Coordinate with the host of the event. (Get students to sign up to bring food, organize beverage purchasing, coordinate times, get directions sent, etc.)
- Plan Spring Open House
- Assign Big Sibs/Little Sibs for incoming students.

CURRICULUM COMMITTEE REPRESENTATIVE

- Participate in PTRS Curriculum Committee meetings as a student representative.
- Provide updates to students related to curricular changes and/or other curricular information as needed.
- Provide aggregate student input as needed regarding course content.
- Provide feedback related to the overall curriculum (e.g., structure, etc.).
- Represent curriculum-related students' views and interests to the DPT Program Director.
- Meet with DPT Program Director annually or as needed.
- Collaborate with the PEAKU Seminar Liaison to support students.

SHP STUDENT SENATE REPRESENTATIVE—Two elected positions

- School of Health Professions (SHP) Student Senate is the student governing body for all programs in the School of Health Professions including: Clinical Laboratory Science, Dietetics and Nutrition, Health Information Management, Nurse Anesthesia, Occupational Therapy, Physical Therapy, Respiratory Care, and Hearing & Speech. Eight students are chosen from the SHP senate to be voting members of the Student Governing Council (SGC), which is the governing body of all schools at KUMC.
- Duties of the SHP Student Senate Representatives (2) from the PTRS department include:

- Attend monthly School of Health Professions Senate meetings and vote on issues that concern students in the School of Health Professions.
- Inform classmates of important news/issues discussed and/or voted on at School of Health Professions Student Senate meetings.
- One of these representatives is encouraged to be a voting member of the Student Governing Council. The SHP Student Senate will decide upon these roles once you meet. The SGC is a collection of representatives from all the schools at the Medical Center and is intended to be an opportunity for students to communicate directly with leadership at the Medical Center. There are also opportunities to serve on subcommittees within the SGC, including the Interprofessional, Student Services, Finance, and Campus Management committees. Duties for the representative to the SGC will include:
 - Attend Student Governing Council meetings that occur every two weeks. Issues that affect all students at KUMC are discussed and voted on at these meetings.
 - Inform classmates of important news/issues discussed and/or voted on at Student Governing Council meetings.

SPTO CLUB REPRESENTATIVE

- Work with Vice President to organize philanthropic and community service activities for the class. For example: Special Olympics, pen pals with local schools, and organizing donations (food, toiletries, children's books, games, videos) for the fall, etc.
- Help Fundraising Committee Chair design and order t-shirts and apparel if desired (beginning of fall semester).
- Schedule and organize SPTO Club meetings (3-4 per semester) on topics of interest to students in the class.
- Review community service broadcast e-mails and summarize opportunities for classmates.
- Work with APTA Student Liaison to set up at least one event to promote awareness of PT in the community.

APTA/KPTA STUDENT LIAISON

- Must be a member of the APTA and KPTA.
- Relay information received via newsletters and e-mails about student events/issues to classmates.
- Work with SPTO Club Rep to set up at least one event to promote awareness of PT in the community. For example, assist with organizing "PT Day" at KUMC to help promote PT month, set up a booth at the annual KUMC Health Fair, etc.
- May also work with Fundraising Committee Chair to raise funds for Marquette Challenge (provides support to physical therapy research through the APTA's Foundation for Physical Therapy)
- Provide information to classmates about attending KPTA fall and spring conferences. Encourage attendance at KPTA conferences

FUNDRAISING COMMITTEE CHAIR—Two elected positions

- Work with other chairs/ reps (e.g. SPTO Club Representative, APTA/KPTA Student Liaison) to raise money to support philanthropic events (e.g., Marquette Challenge, etc.)
- Work with SPTO Club Representative to design and order t-shirts and apparel if desired (beginning of fall semester).

- Maintain and update fundraising contact information.
- Work closely with Treasurer.

SOCIAL COMMITTEE CHAIR—Two elected positions

- Organize social activities with/for the class. Suggestions include: "end of the semester" dinner/party, holiday parties, game outings (KU, Royals, Chiefs), final graduation party, trips, & other morale boosters.
- 1st year spring: Organize social event for incoming class after the open house.
- 2nd year fall: Organize the beginning of the school year picnic. Organize social event after pinning ceremony for 1st year students.
- 3rd year: Plan graduation celebration for the class.

SPORTS COMMITTEE CHAIR

- Inform the class of sporting events including intramurals.
- Organize teams for intramurals for those who are interested.
- Work with the Social Committee Chair to plan fun things for parties.

PEAKU (Performance Excellence at KU) SEMINAR LIAISON

First year

- Attend all PEAKU seminars.
- Collaborate with the 2nd year PEAKU Seminar Liaison to schedule PEAKU seminars for your DPT class.

Second year

- Determine the topics for the PEAKU seminars for the 1st year DPT students (may ask for feedback from fellow classmates).
- Act as a liaison to the previous PEAKU seminar speakers from Counseling and Educational Support Services and the Student Financial Aid Office. Introduce yourself as the new Liaison and invite the speakers to speak again.
- Coordinate the scheduling of seminars, including date, time, and location. To reserve a room, contact Robert Bagley or Steve Jernigan. Once finalized, ask Robert or Steve to post the PEAKU seminar to the Google calendar.
- Notify the 1st year students (and your classmates if applicable) of the PEAKU seminars once scheduled, and encourage attendance.
- Introduce speakers at each of the PEAKU seminars.
- Take attendance (sign-in sheet).
- Assist 1st year PEAKU Seminar Liaison with transition to second year responsibilities.

COMMUNICATIONS REPRESENTATIVE

- Add updates to Departmental/Class Facebook page as needed
- Work with Departmental Administrative Staff on other communication efforts as needed

Professional Organizations

A variety of opportunities exist for physical therapy students to participate in professional development. These activities include:

American Physical Therapy Association (APTA)

The American Physical Therapy Association (<http://www.apta.org>) is the national organization for the physical therapy profession. The APTA provides educational opportunities and resource information in all areas of physical therapy and encourages student participation at the state level (Kansas Physical Therapy Association) and at the national level (Sections and Student Assembly). The APTA hosts many conferences throughout the year. Two of the most attended meetings are the APTA Annual meeting (held in June) and the Combined Sections Meeting (held in January or February). Membership in this professional association fosters professional growth and development and provides access to resources used during the program. **Every student is strongly encouraged to become a student member of the APTA.**

APTA Student Assembly

The Student Assembly is a component of the APTA, <http://www.apta.org/StudentAssembly/>. Upon joining the APTA you will become an automatic member of the Student Assembly. There are many opportunities for involvement at the national level as a student, including assembly officer, student delegate and student representative. The National Student Conclave is held in the fall of each year. PTRS often has excellent student representation at the National Student Conclave.

Kansas Physical Therapy Association (KPTA)

The Kansas Physical Therapy Association (<http://www.kpta.com>) is the state organization that represents physical therapists, physical therapist assistants, and physical therapy students across the state in legislative, ethical, professional, and practice matters. The KPTA meets for Fall and Spring conferences.

Students are encouraged to attend the KPTA conferences and participate in the Student-SIG, <http://www.kptastudentsig.com/>. Special events are planned for students at each conference to provide opportunities to meet with other physical therapy students. Student members of the APTA are required to become members of their state chapter, and state chapter membership is only available to APTA members.

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Student Organizations

Physical therapist students are offered the opportunity to participate in the governance of the School and the University through the following organizations. Here are the names and general descriptions of three student organizations.

Student Governing Council (SGC)

The Student Governing Council (SGC) serves as the students' primary voice to the leadership and is the primary student governing body at KUMC. Completely student run and supported by faculty advisors, the SGC consists of representatives from all four schools at KUMC: Health Professions, Graduate Studies, Medicine, and Nursing. They disburse student fees to registered student groups, provide services to the student body (like ticket giveaways and legal services), and promote all aspects of student life with committees ranging from technology to parking to legislative. More information can be found at: <https://kumc.campuslabs.com/engage/organization/SGC>.

Graduate Student Council (GSC)

All KUMC graduate students are eligible to become members of the GSC. The purpose of the Graduate Student Council is:

- To promote the welfare of KUMC Graduate Students through participation in University governance activities; representation of all graduate students at KUMC in campus-wide affairs that directly and primarily affect the Graduate Students; and representation of their interests and concerns to the faculty and University administration
- To allocate University funds derived from Student Activity Fees.
- To enhance the cultural, social and professional growth of KUMC Graduate Students.
- To ensure that the opportunities at the Medical Center are open to all Graduate Students regardless of race, religion, color, sex, disability, national origin, age, ancestry, marital status, parental status, sexual orientation or veteran status, as set forth in the University's Equal Opportunity and Nondiscrimination Policies.
- To protect and enhance student's rights.
- More information can be found at: <https://kumc.campuslabs.com/engage/organization/gsc>

Health Professions Student Senate

The purpose of the SHP Senate is to establish an organization representative of all SHP students. The SHP Senate supports and facilitates student involvement and provides an effective voice in the development and application of policies regarding academics and student affairs, while promoting a positive relationship and mutual respect among students, faculty, and administration. More information can be found at: <https://kumc.collegiatelink.net/organization/shpsenate>.

Scholarships and Awards

The faculty is responsible for nominating PT students for scholarships offered by the university. Selection is based upon the criterion of each scholarship; these typically include academic performance, community service and financial need. Students may be informed about scholarships that require self-nomination.

Students may also benefit from investigating local organizations, sororities, fraternities, business and health associations to determine whether scholarship programs are available.

Here is a listing of scholarships that have been available for physical therapy students in the past. This list may not include all of the scholarships available to students in our program. It is provided as a service, for your information. These scholarships may or may not be offered while you are in the physical therapy program.

Please visit the SHP web site for detailed information including deadlines for applications.

<http://www.kumc.edu/school-of-health-professions/scholarships.html>

School of Health Professions Dean's Scholarship

School of Health Professions Student Senate Scholarship

James P. Cooney Leadership Award (SHP Alumni Association)

Louise de Schweinitz Darrow Award (KUMC Medical Auxiliary)

PHI KAPPA PHI

Multicultural Student Scholarship (KUMC Medical Auxiliary)

Student Leadership Award (KUMC Student Services)

Student Diversity Award (KUMC Student Services)

Student Organization Award (KUMC Student Services)

Student Advisor Award (KUMC Student Services)

Graduate Student Award for Distinguished Service (KUMC)

Lawrence Memorial Hospital Auxiliary Scholarship

Visiting Nurse Association Scholarship

Dean's Diversity Scholarship

KU School of Health Professions Scholarships

Forever Friends Diana Lain Hughes Scholarship Fund

KPTA Outstanding Student (KPTA)

Mary McMillan Scholarship Award (APTA)

Minority Scholarship PT Student Award (APTA)

Orthopaedic Section Outstanding PT Student Award (APTA Orthopaedic Section)

For more information about scholarships, the student may consult with the departmental staff for scholarships.

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Departmental Awards for Students

At the end of the professional program, five honorary awards are presented. These are:

Ruth G. Monteith Outstanding Achievement Award

The faculty honors an outstanding student through the Ruth G. Monteith Award. The award, first given in 1975, is named in honor of Ruth G. Monteith, founder and director of the program from 1944 to 1975. Recipients are selected on the basis of excellence in academic performance, excellence in clinical performance, evidence of leadership skills, and potential for contribution to the profession of physical therapy.

Marsha E. Melnick Research Award

The faculty recognizes a student research group (or individual) for high-caliber research efforts through the Marsha E. Melnick Research Award. This award was established in 1989 in honor of former Department Chair Marsha Melnick. Award criteria include: 1) the research project is designed well and incorporates adequate review of the literature; 2) the data analysis and interpretation of results indicate that the student(s) have good comprehension of the clinical significance of the results and have identified alternative hypotheses and limitations of the study; 3) and the completed project contributes to the body of knowledge of physical therapy and has clinical application.

Bill Dunn Clinical Excellence Award / Joan Mills Clinical Excellence Award

The clinical instructors nominate two students to receive the Joan Mills and Bill Dunn Clinical Excellence Awards. These awards were established in 1992 in honor of Joan Mills, PT and Bill Dunn, PT, graduates of KUMC PT Education. Student award winners are selected based on the ability to demonstrate superior clinical performance in combining the art and science of physical therapy during full-time clinical experience, compassion, effective verbal and non-verbal communication skills, professionalism, integrity, and initiative.

Cam Wilson Students' Choice Award

The students recognize one of their peers to be a recipient of the Cam Wilson Student Choice Award.

Camilla (Cam) M. Wilson, PT, PhD a former faculty member, served as ACCE for seventeen years and Acting Chair of the Department for one year. Dr. Wilson graduated from KU with a bachelor's degree in 1970, a master's degree in 1978 and a doctorate in 1992. She currently chairs the Department of Physical Therapy Education at Wichita State University. She was honored in 2002 with the KUMC Allied Health Distinguished Alumnus Award. During her Alumnus acceptance speech, Dr. Wilson, along with her husband, Michael T. Wilson, committed \$10,000 to establish the **Jessie M. Ball and Ruth A. Blanchard Physical Therapy Faculty Development Fund** which will benefit the Department of Physical Therapy and Rehabilitation Science to foster and develop faculty.

The recipient of the Student Choice award is selected based on the following attributes: friendliness, helpfulness, genuine concern, cooperativeness, effective communication, and interpersonal skills.

Chairperson's Outstanding Student Award

Founded in 1997, this award recognizes a student who has contributed to the department in a unique way. The student is selected by the department chair on the basis of initiative, enthusiasm, creativity, an ability to motivate and get along with others, and for outstanding performance and exceptional service to the department.

Other Awards

Professional Leadership Scholarship Award

In May of 2002, Ms. Carolyn Bloom and Ms. Elena Foster pledged to establish the Bloom-Foster Scholarship Award, which is now called the Professional Leadership Award. Ms. Bloom is the owner of Bloom and Associates Therapy, PA, a Topeka-based private physical therapy practice. Ms. Bloom is a 1973 graduate of the KU Physical Therapy Program. Ms. Foster, retired, was the owner of American Rehabilitation, which was a private physical therapy practice. Ms. Foster is a 1973 graduate of the KU Physical Therapy Program.

The student who is selected for this scholarship will demonstrate a strong interest in professional leadership, as evidenced by membership in the American Physical Therapy Association, past attendance at a national or state physical therapy conference, or the National Student Conclave, an interest in professional leadership, and an understanding of the responsibility of being a lifelong professional physical therapist. Scholarship as evidenced by GPA within the PT program will also be considered.

Penny Cohn Scholarship Award Application

This scholarship, first awarded in 2002 in honor of Penny Cohn, PT, is intended to recognize students in the physical therapy program who exemplify the career of Mrs. Cohn. This is the first endowed fund that supports scholarships within the Department of Physical Therapy and Rehabilitation Science. Alice "Penny" Cohn was a 1960 graduate of the KU Medical Center's Physical Therapy Program. Penny dedicated her professional career to helping others through her expertise as a physical therapist. Penny was an active member of both the Kansas and Missouri Physical Therapy Associations, and worked as head physical therapist at Baptist Memorial Hospital (now Research, Brookside Campus) and later as senior therapist at Humana Hospital (now Overland Park Regional Medical Center). She frequently interacted with KU physical therapy students in the clinical setting, and had a passion to help them in their professional ventures.

Penny passed away due to cancer in April of 2000. Prior to her death, she requested that a fund be established to support students in the KU Physical Therapy Program. Because Penny had a love of golf, the Penny Cohn Memorial Golf Tournament was a way for the Cohn family, the University of Kansas, and the Kansas City community to honor Penny. Proceeds from past golf tournaments are used to purchase equipment for the teaching laboratories and to establish scholarships for students in the PT program at KU.

Beverly A. Drake Fellowship Award

The Beverly A. Drake Fellowship Award was established to recognize two students each year who display a strong commitment to assist individuals in the community who lack the resources to obtain physical therapy services.

DPT Legacy Award

This award is given by graduating (3rd year) DPT students to 1st or 2nd year DPT students in a way to pass on the legacy of KUMC DPT excellence.

Lou Loescher-Junge Professional Development Award

In 2016, Lou Loescher-Junge established this award to support professional development of DPT students. This award is intended to financially support expenses related to student involvement or participation at professional events that may include APTA Combined Sections Meeting, APTA National Conference – NEXT, APTA National Student Conclave, or APTA House of Delegates. This award is determined through a competitive application process.

Lou Loescher-Junge contributed to the KUMC campus and the PTRS department for decades. She began her physical therapy career in 1966 and served as clinical director of physical therapy in an area medical center. She came to KUMC in 1991 and served as interim Chair of the Department of Physical Therapy and Rehabilitation Science. She served as Assistant Dean and Associate Dean of the School of Health Professions since 1998. She has been a mentor to PTRS faculty and a model professional advocating for the PTRS department, its faculty and students.

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Licensure Examination: General Information

Upon jurisdiction eligibility, each student will need to take and pass the National Physical Therapy Examination (NPTE) before being eligible for licensure. More information about the exam can be found on the Federation of State Boards in Physical Therapy web site at <https://www.fsbpt.org/ExamCandidates.aspx>.

State licensing jurisdictions approve licensure candidates to sit for the NPTE. Requirements to sit for the licensure exam vary among state licensing boards. At this time, the Kansas State Board of Healing Arts allows candidates to take the exam as early as the last semester in the physical therapy education program. Many states will grant a temporary license to a student who has graduated and is waiting to take the licensing examination or has taken the exam and is awaiting final degree credentials. Contact the licensing board in the state in which you wish to get a temporary license for more information. In Kansas, contact the Kansas State Board of Healing Arts, <http://www.ksbha.org>. Physical Therapy licensure information can be found by navigating to Professions, then to Physical Therapist (P.T.). In particular, the FAQs about "Licensing" may be helpful.

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Core Values in Professionalism

Core values are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. The Core Values are found on the APTA web site:

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Judicial/ProfessionalismPT.pdf

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APTA Code of Ethics

We expect the students in our professional program to read and abide by the APTA Code of Ethics. The link below leads to the APTA web site that provides the Code of Ethics and the Guide for Professional Conduct, a document that assists in interpreting the ethical code.

http://www.apta.org/uploadedFiles/APTAorg/About_US/Policies/HOD/Ethics/Codeofethics.pdf

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Department of Physical Therapy and Rehabilitation Science

School of Health Professions

The University of Kansas Medical Center

Professional Program in Physical Therapy

Student Handbook: Policies and Procedures

This document contains departmental policy and procedure statements that are designed to define expectations of students. The Graduate School, KUMC, and the School of Health Professions (SHP) also have many policies and procedures that affect you. Links to all of these can be found at <http://www.kumc.edu/studenthandbook/> (KUMC Policies, Procedures, and Operational Protocols; Graduate Studies, and Health Professions). Or, you can find them specifically at the following links: KUMC (<http://policy.ku.edu/campus/medical-center/>), Graduate Studies (<http://catalog.ku.edu/graduate-studies/kumc/>) and SHP (<http://www.kumc.edu/school-of-health-professions/student-handbook.html>).

All students must sign the Confidentiality Policy and the Proof of Notification (Student Acknowledgement), the last two pages of this document. Return the signed pages to Robert Bagley (electronic versions are preferred). These signed documents serve as verification that you have read through the Student Handbook and related policies, and the confidentiality policy, understand them, and agree to abide by them. These signed notification pages will be maintained in your student file.

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I. University and Program Accreditation

The University of Kansas was granted a full 10-year accreditation in May of 2005. The university is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools.

The Doctor of Physical Therapy program at the University of Kansas was granted a full 10-year accreditation in October of 2009, recently completed their reaccreditation process. The program is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

Who is CAPTE?

The Commission on Accreditation in Physical Therapy Education (CAPTE) grants specialized accreditation status to qualified entry-level education programs for physical therapists and physical therapist assistants. CAPTE is listed as a nationally recognized accrediting agency by the US Department of Education and the Council for Higher Education Accreditation (CHEA).

The 26-member Commission comprises broad representation from the educational community, the physical therapy profession, and the public. Members include physical therapy educators who are basic scientists, curriculum specialists, and academic administrators; physical therapy clinicians and clinical educators; administrators from institutions of higher education; and public representatives. The wide-ranging experience and expertise of this group in education in general and physical therapy education in particular provide ongoing assurance that the accreditation process of physical therapy education programs is fair, reliable, and effective.

How can I file a complaint against a CAPTE accredited program?

The only mechanism through which the Commission on Accreditation in Physical Therapy Education (CAPTE) can act on your concerns is through the formal complaint process. Please be aware that your complaint **MUST** be related specifically to one or more of the Evaluative Criteria, to the Statement on Integrity in Program Closure, or to the Statement of Integrity in Accreditation. In other words you need to link your complaint to violation of the Criteria or the Statements. The Criteria can be found in the Accreditation Handbook, <http://www.capteonline.org/AccreditationHandbook/>.

“Also, in order for CAPTE to consider your complaint to be bona fide, you **MUST** have exhausted all of your avenues for redress at the institution. You need to understand that CAPTE cannot function as an arbiter between you and the school. Should CAPTE find that your complaint has merit and that the program is out of compliance with the Evaluative Criteria or the Statements, CAPTE can only require the program to come into compliance with the Evaluative Criteria. If you wish to pursue filing a complaint against a program, please contact the Department of Accreditation, <http://www.capteonline.org/Complaints/> and we will provide you with the appropriate forms and information for doing so.”

The Department of Accreditation can be contacted:

American Physical Therapy Association
Attention: Accreditation Department
1111 North Fairfax Street
Alexandria, VA 22314-1488
Fax: 703-706-3245
e-mail: accreditation@apta.org

II. Technical Standards

The expectations for physical therapist students are presented on the program webpage, <http://www.kumc.edu/school-of-health-professions/physical-therapy-and-rehabilitation-science/doctor-of-physical-therapy/technical-standards.html>. These Technical Standards are listed below. The standards identify the requirements for admission, retention, and graduation of applicants and students, respectively.

Because a Doctor of Physical Therapy signifies that the holder is eligible to sit for the National Physical Therapy Examination and signifies that the holder is prepared for entry into the profession of physical therapy, it follows that graduates must have the knowledge and skills to function in a broad variety of clinical, private, community, or school-based situations and to render a wide spectrum of physical therapy services. Therefore, the following abilities and expectations must be met by all students admitted to the program.

1. **Observation:** The candidate must be able to learn from experiences in the basic sciences and in the clinical physical therapy laboratory that involve performing visual and tactile examination and interventions and accurately assessing substitution, compensation patterns, abnormal responses to exercise or activity.
2. **Communication:** Communication includes not only speech but reading and writing. The candidate must be able to assimilate information from written sources (texts, journals, medical/school records, etc.). The candidate must be able to attain, comprehend, retain, and utilize new information presented in written formats as well as produce appropriate written documentation. The student must be able to communicate accurately and effectively with patients, caregivers, physicians, other health professionals, clinical facility staff, faculty and staff, peers, and the community in general. Communication includes timely response to emergency/crises situations, as well as more routine communication as situationally appropriate. Communication includes the ability to elicit information, describe changes in mood, activity and posture and perceive non-verbal communications.
3. **Sensorimotor:** Candidates must have gross motor, fine motor and equilibrium functions reasonably required to carry out assessments (palpation, auscultation, percussion and other diagnostic maneuvers) and to provide physical therapy intervention. A candidate should be able to execute motor movements required to provide therapeutic intervention (patient transfers, exercise and application of electrotherapy) and emergency treatment to patients. Quick reactions are necessary not only for safety, but for one to respond therapeutically. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.
4. **Intellectual, Conceptual, Integrative, Quantitative and Problem Solving Skills:** Candidates should have cognitive abilities including measurements, calculation, reasoning, analysis and synthesis. Problem solving, the critical skill demanded of physical therapists requires all of these intellectual abilities. In addition, the applicant should be able to comprehend three dimensional relationships to understand the spatial relationships of structures.
5. **Judgment:** The candidate will be expected to demonstrate judgment in classroom, laboratory, and clinical settings which shows an ability to make mature, sensitive and

effective decisions in the following areas: 1) relationships with supervisors, peers and patients/clients, 2) professional behavior, 3) the effectiveness of intervention and research strategies. He/she must demonstrate an understanding of the rationale and justification for his/her performance.

6. **Behavioral and Social Attributes:** Candidates must possess the emotional health required to utilize their intellectual abilities fully, exercise good judgment, complete all responsibilities attendant to the physical therapy diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients and their families. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients/clients. Compassion, integrity, concern for others, interpersonal communication skills, interest and motivation are all personal qualities that are assessed during the education process.

It is the student's responsibility to notify the DPT program if there is any reason he/she cannot meet the expectations for the DPT program described above, **with or without accommodations**. Reasonable accommodation will be considered and may be made to qualified students who disclose a disability, so long as such accommodation does not significantly alter the essential requirements of the curriculum and the training program, or significantly affect the safety of patient care or others.

III. Student Support and Notification of Disability

Learning assistance, academic performance enhancement, and psychological services at KUMC are free, confidential, and available at Student Counseling & Educational Support Services, <http://www.kumc.edu/student-services/counseling-and-educational-support-services>, by calling 913-588-6580, scheduling an appointment online, or visiting G116 Student Center.

It is the policy of KU Medical Center to accommodate students with disabilities, pursuant to federal and state law. Any student with a qualified disability who needs an accommodation, for example in arrangements for exams, note taking, or access to events should contact, Cynthia Ukoko @ cukoko@kumc.edu, in the Academic Accommodations Services Office (1007 Dykes Library), 913-945-7035, as soon as possible to better ensure that such accommodations can be implemented in a timely fashion. Reasonable accommodation will be provided in accordance with the University of Kansas Medical Center's Americans with Disability Act compliance policy. Online appointments may also be made at <https://medconsult.kumc.edu>. For online information about academic accommodations, please go to www.kumc.edu/accommodations.

IV. Attendance of Academic and Clinical Courses

Philosophy

As part of the professional education process for physical therapist students, prompt, regular attendance is expected at ALL academic and clinical education sessions. *Students are expected to arrive at class, clinical education experiences, and internships on time.* Students are strongly discouraged from absences during a clinical experience, including time off for job interviews.

Policy

The course instructor determines specific attendance policies on a class-by-class basis. It is the instructor's prerogative to implement an attendance policy that he/she feels is appropriate for that class. Excessive absence may be grounds for failure of an academic or clinical education course. Specific information about the attendance policy of each course (including consequences for excessive absence) will be stated in the course syllabus. The course instructor/coordinator may modify the attendance policy at any time throughout the semester as long as the students are notified in writing of the change.

KUMC has a Childbirth Accommodation Policy, which is available on the Office of Graduate Studies website: <https://catalog.ku.edu/graduate-studies/kumc/#ChildbirthAccommodation>

V. Course Grades

Policy

As stated in the Graduate Catalog, <http://catalog.ku.edu/graduate-studies/#regulationstext>, the basic system is an A, B, C, D, F system, where A designates above average graduate work; B, average graduate work; C, passing but not average graduate work (C– is not considered a passing grade); D and F, failing graduate work. A course grade of a C–, D, or F work does not count toward fulfilling degree requirements. Course work counted toward a doctorate should average better than a B.

The letter "I" is used to indicate course work that has been of passing quality, some part of which is unfinished (incomplete). The grade of "I" for graduate courses shall remain unchanged on the student's record except that should the student subsequently complete the course work, the instructor would then change the "I" to a letter grade (i.e., A, B, C, D, or F). A student in the professional program has a maximum of one year from the time he/she receives an "I" in a physical therapy course to complete the requirements for the course and receive a grade for the course. The instructor has the prerogative to require a shorter time for completion of the requirement.

VI. Academic and Non-Academic Misconduct and Subsequent Actions

The policy of the Department of Physical Therapy and Rehabilitation Science follows that provided by the School of Health Professions. The student should refer to the School of Health Professions Student Handbook found at <http://www.kumc.edu/school-of-health-professions/student-handbook.html>.

Academic misconduct includes knowingly breaching a patient's rights to privacy and confidentiality by disclosing Protected Health Information as specified by HIPAA regulation. This breach includes accessing an electronic health record in an area where others can view it, printing of information at an unauthorized printer, and sharing patient information details in social networking tools such as Facebook, Twitter, texting or photographing with a cell phone, and other electronic devices.

VII. Appeals Procedure for Academic and Non-Academic Misconduct

The policy of the Department of Physical Therapy and Rehabilitation Science follows that provided by the School of Health Professions. The student should refer to the School of Health Professions Student Handbook found at <http://www.kumc.edu/school-of-health-professions/student-handbook.html>.

VIII. Student Grievance

Policy

Should a grievance arise between a student and a faculty member or other person pertinent to the student's program of study, the student should follow the grievance procedure outlined below. Issues involving grades of a particular class should be resolved between the student and the instructor of the course, and will normally not be considered as grounds for grievance. Exceptional circumstance must be evident for grade matters to fall within grounds for grievance.

Procedure

1. The student (Complainant) must make a good faith effort to resolve the matter with the party involved (Respondent) before proceeding any further with this procedure.
2. If the Complainant is unable to resolve the matter after discussion with the Respondent, and if the Complainant wishes to pursue the grievance further, the Complainant discusses the matter with the department chairperson or his/her designee.
3. If the Complainant is unable to resolve the matter after discussion with the department chairperson or designee, and if the Complainant wishes to pursue the grievance further, the Complainant requests a hearing in front of a Department of Physical Therapy and Rehabilitation Science Ad Hoc Grievance Committee.

Background on Departmental Ad Hoc Grievance Committee

1. The department chair establishes the departmental Ad Hoc Grievance Committee (Committee) on an "as needed" basis.
2. The Committee shall consider no complaint if more than six (6) months have elapsed since the grieved action or event.
3. The Committee's charge is to hear evidence from both parties, deliberate, and decide by majority vote on a recommendation to be made to the Chairperson of the Department of Physical Therapy and Rehabilitation Science. The Committee has no enforcement powers and does not command sanctions.
4. Because the Committee has the responsibility to hear grievances, it cannot function to develop evidence on behalf of either Complainant or Respondent.
5. The Committee may not alter the basic requirements of the grievance procedure, as stated herein. However, the Committee may establish procedures in addition to those listed in this document concerning the operation of the Committee's activities. All procedures shall ensure prompt and fair handling of complaints but shall avoid the formalism of legal process.

Composition of the Departmental Grievance Committee

1. The Committee is composed of three faculty members from the Department of Physical Therapy and Rehabilitation Science and two students who are currently enrolled in the professional program in physical therapy. The Chairperson of the Department of Physical Therapy and Rehabilitation Science appoints the faculty members, the chair of the Committee solicits one student member and the Complainant solicits the other student member of the Committee. The term of the students appointed will be limited to that period of time which is required for the Committee to determine its recommendation.

2. Should a conflict of interest exist for any of the designated Committee members, then another member will be appointed.
3. The chair of the Committee shall have the power to keep order, rule on questions of relevance and evidence, and possess other powers normal and necessary for a fair and orderly hearing.

Procedure for Hearing a Student Grievance and Making a Recommendation

1. As soon as the Committee is seated, the Complainant sends a letter to the chair of the Committee stating a desire to meet with the Committee and indicating the provision or provisions of the University rules and regulations alleged to have been violated, or officials alleged to have been arbitrary or capricious.
2. The chair of the Committee requests copies of any and all supporting documentation from both the Complainant and Respondent. The chair of the Committee makes copies of all materials for all members of the Committee as well as both the Complainant and Respondent.
3. The chair of the Committee also requests the names of any witnesses that either the Complainant or Respondent wishes to address the committee on their behalf. The chair of the Committee forwards a list of those names to all members of the Committee as well as both the Complainant and Respondent.
4. The Committee holds a hearing within five working days of submission of materials unless the Committee determines there is good cause to schedule the hearing at a later time.
5. The grievance proceedings shall be as informal as possible. The use of legal counsel is not recommended. The proceedings in which evidence and testimony are presented shall be tape recorded. The permanent record will reflect the tape recording, copies of submitted materials, and documentation of Committee recommendations.
6. The Committee meets individually with both the Complainant and Respondent. The Complainant and Respondent then have the opportunity to attend any hearing in which the Committee meets with witnesses for the other party, and to question and/or challenge said witnesses.
7. Except when all parties agree that the hearing before the Committee shall be public, all proceedings provided for in this grievance procedure shall be closed to all but the parties involved. Public reports by the Committee may refer to the types of cases heard, but no mention may be made of the names of the parties, nor any reference made which would permit their identification.
8. After hearing the evidence and arguments presented by the Complainant, Respondent and their respective witnesses, the Committee deliberates and decides by majority vote on a recommendation to the Chairperson of the Department of Physical Therapy and Rehabilitation Science. The Committee delivers said recommendation together with all submitted documents and tape recordings to the Chairperson within five working days of the conclusion of the hearings.
9. The Chairperson of the Department notifies both the Complainant and Respondent in writing regarding the Committee's recommendation and the Department Chairperson's decision concerning the recommendation, within five working days of his/her receipt of the Committee's recommendation.
10. If the Complainant is unsatisfied with the decision reached by the Department Chairperson after considering the committee report, and if the Complainant wishes to pursue the

grievance further, the Complainant requests an appeal of the Department Chairperson's decision to the Dean of the School of Health Professions (refer to "School of Health Professions Student Grievance Procedure" found in the Student Planner and Handbook).

IX. Food and Beverages in the Classrooms

Policy

Eating and drinking is not allowed in some education classrooms. Please be aware of these rules as they apply to various teaching spaces.

X. Dress Code

Philosophy

The Program in Physical Therapy is a professional program. Thus, all students enrolled in the program are expected to present a neat, well-groomed appearance when participating in program-related activities. Such appearance reflects well on the department and the profession during interactions with individuals from other professions, patients, and families throughout the Medical Center and the community.

Policy

The course instructor determines specific dress code policies on a class-by-class basis. It is the instructor's prerogative to implement a dress code that he/she feels is appropriate for that class (particularly laboratory and clinical education courses). Specific information about the dress code of a course must be stated in the course syllabus or the Clinical Education Notebook (including consequences for not following the prescribed dress code). The course instructor/coordinator may modify the dress code policy at any time throughout the semester as long as the students are notified in writing of the change.

XI. Comprehensive Examinations

The purpose of the exam is to evaluate each student's level of comprehension in all areas covered in the curriculum and to afford students the opportunity to take an exam similar in some respects to the national board licensure exam. The first annual comprehensive examination (Comp Exam 1) will take place sometime during the first week of Semester 4 (Summer Year 2). The second annual comprehensive exam (Comp Exam 2) will take place sometime during the first week of Semester 7 (Summer Year 3). Comp Exam 1 will consist of 100 multiple choice questions to be completed in 2 hours. Comp Exam 2 will consist of 200 multiple choice questions to be completed in 4 hours. Any and all content in the curriculum covered in the semesters prior to each comprehensive exam should be considered as potential exam material. Comp Exam 1 may include all year 1 content. Comp Exam 2 will cover all year 1 and year 2 content. Some questions may require problem solving and cover material that has not been explicitly taught in the curriculum. Success on the comprehensive exams is not tied to course grades. The exams are computer-based and completed at a pre-determined time in the Computer Testing Center.

After each exam has been taken, an item analysis will be performed before the pass rate is determined. Decisions by the faculty on exam questions are final.

Students must earn 75% to pass each of these exams. Any score of less than 75% will require a retake of the exam. The retake may or may not be computer-based based on testing center

availability; however each retake will be a full exam with new questions. If a student needs to retake the exam after the first attempt, the student will need to self-identify areas of weakness and therefore will not be allowed to review the failed exam. However, if a student fails the exam a second time, remediation may be pursued which will include a general analysis of that student's performance on exam content and the development of new study strategies. Interested students may review Comp Exam 1 with correct answers marked (not their individual results) *only* during the spring semester (Semester 3) prior to Comp Exam 2. If students choose to review Comp Exam 1, this review will take place in the PTRS department during times when the staff are available. Students will only be able to use a single piece of paper and a writing utensil when reviewing the exam. This paper must be turned in after the exam review.

Faculty may refer students to Counseling and Educational Support Services for assessment of test-taking skills and other resources.

Students will not be allowed to progress to the next semester in the DPT curriculum until they have successfully passed the comprehensive exam.

XII. Student Policies and Procedures for Advising Sessions

Purpose of advising sessions in the DPT program

The purpose of student academic advising is to monitor academic progress and to proactively meet the academic advising needs of students enrolled in the Graduate Physical Therapy Programs.

Advising

Academic advising occurs through introduction to the DPT curriculum at DPT Orientation. Each semester the DPT Program Director communicates information for semester enrollment. The DPT Program Director also communicates Graduate Studies requirements and procedures regarding the Application for Degree within the terminal semester of the program. Monitoring progress within each academic or clinical course is the responsibility of the student and the course instructor. It is the student's responsibility to seek assistance from the course instructor if the student recognizes need for assistance or risk of adverse outcome. If a student experiences academic or clinical issues, the course instructor and DPT Program Director may request a meeting with the student. A written report will be completed during the meeting articulating an action plan for corrective action or remediation. A specific academic or clinical event may prompt reporting through completion of an Anecdotal Record describing the incident and recommended action plan.

If a student is placed on academic probation, the DPT Program Director is notified in writing by the Graduate Studies Office. Upon this notification, the DPT Program Director will request a meeting with the student. The DPT Program Director and the student will meet and formulate a written, corrective action plan that will assist the student in achieving academic and clinical success within the program.

Any advising documentation is retained in the student record.

Faculty Liaison Assignment

In addition to the role of the DPT Director in academic advising, students in the DPT program in the Department of Physical Therapy and Rehabilitation Science are assigned a faculty liaison. The purpose of the faculty liaison is for the student to have a consistent faculty contact to independently approach for academic, professional, clinical, or personal matters. The liaison serves to support the student and direct the student to campus or community resources.

Whenever possible, a student is assigned to the same faculty member throughout the student's program. If a faculty member leaves or reduces his/her percent appointment, the student may be assigned a new liaison. If a student is not satisfied with his/her liaison, the student may petition the Director of the DPT program, in writing, to be assigned to a different faculty liaison at any time.

XIII. Decelerated Schedule When GPA Falls below 3.0

Policy

The DPT program follows KUMC Graduate Studies Academic Probation policy, <http://catalog.ku.edu/graduate-studies/kumc/#regulationstext>. In order to continue in the entry-level program in Physical Therapy a student must maintain a GPA of 3.0 or greater. If at any time a student's GPA falls below 3.0 s/he will be considered on probation for the semester in which the GPA is less than 3.0. If the student was admitted on provisional status, the student may be dismissed from Graduate School if their GPA is not 3.0 or better after the first semester of enrollment.

Procedure

The student will receive a letter from the Graduate School. A copy is sent to the Department of Physical Therapy and Rehabilitation Science. If the student does not bring his/her GPA up to a 3.0 by the end of the following semester the student must withdraw from the program. In exceptional cases, the department may offer the student an option to begin an individualized decelerated schedule or consider alternative options.

A decelerated schedule will result in a delay in the originally planned graduation from the program. Before a schedule of less than full-time is pursued, students should check with offices of student financial aid, student health, and international programs (if applicable), to ensure a reduction from full-time status does not impact their enrollment status. If a student is receiving a stipend, the office granting the stipend should be contacted before starting a decelerated schedule.

The decelerated schedule will require the student to reduce the required courses and credit hours in the next semester. This is to be determined based on individual strengths and weaknesses, course grades, and timing of clinical education courses. Please note that clinical education courses are pass/fail courses so there is no grade applied to GPA. All courses will need to have a grade. A student cannot move to the decelerated schedule if any course has an incomplete.

The decelerated schedule will delay any clinical education courses until such time as all prerequisite courses for that semester clinical course have been successfully completed. The student is required to keep current any clinical skills successfully completed prior to the deceleration. The student is required to work closely with an advisor and the DCE in course scheduling and learning opportunities including clinical opportunities. Courses will only be offered in their normal sequence. Students will not have an opportunity to take "special courses"; they must still follow the outlined curriculum although in a decelerated fashion.

At the end of each semester of the decelerated schedule the student GPA must be at least 3.0. If at any point in the decelerated schedule the student GPA falls below a 3.0, the student will be dismissed from the program.

Note: special circumstances apply to international students

The maximum time allowed to earn a doctoral degree is 8 years (with a one year extension for compelling reasons).

XIV. Statistics for retention and student outcomes (compiled May 2019)

Summary of last 3 graduating classes; DPT Class of 2018, 2017, 2016

Total # of students enrolled at start of program: 156

Total # graduated: 154

Average retention: 98.7%

Summary of last 3 graduating classes' performance on NPTE (National Physical Therapy Examination); DPT Class of 2018, 2017, 2016

Overall pass rate (n= 97/98, 2018 data not yet available for full cohort): 99.0%

XV. Physical Therapist Licensure

Physical Therapist licensure is granted by U.S. state licensing jurisdictions. The state jurisdiction approves the applicant to sit for the National Physical Therapy Examination through the initial licensure process.

The National Physical Therapy Examination is delivered by the Federation of State Boards of Physical Therapy, <https://www.fsbpt.org/>. Detail test dates, deadlines, and jurisdiction information is found on the FSBPT website.

The Kansas State Board of Healing Arts, <http://www.ksbha.org/main.shtml>, is the Kansas licensing agency. Kansas allows early testing for physical therapists who are in their last semester of the academic program. KUMC DPT students are eligible to test in April prior to graduation. The KUMC Registrar's Office verifies academic eligibility by verifying that all the following conditions have been met:

- 1) Application for Degree has been completed through Enroll & Pay
- 2) Student is enrolled in Semester 9 in a progression to fully meet DPT program graduation requirements
- 3) The student transcript reflects a passing grade in all DPT program coursework in Semester 1-8 of the DPT program.

The PTRS department and DPT Program Director is available to assist students in completion of application materials that require campus or department signatures and/or seal. It is solely the students' responsibility to pursue licensure including investigation of licensure requirements outside of Kansas.

XVI. Job and career opportunities:

The American Physical Therapy Association hosts a searchable, web-based career center which can be accessed at <http://www.apta.org/apta/jobbank/index.aspx?navID=10737422765>. Classified ads through the Kansas Physical Therapy Association may also list some job opportunities: <https://kpta.com/classifieds/>.



**DPT STUDENT CLINICAL
EDUCATION HANDBOOK**

Subtitle
CLASS OF 2022

STRENGTH DOESN'T COME FROM WHAT YOU CAN DO. IT COMES FROM
OVERCOMING THE THINGS YOU ONCE THOUGHT YOU COULDN'T

~ RIKKI ROGERS

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ACRONYM INDEX

DCE	Director of Clinical Education
CI	Clinical Instructor
ICE	Integrated Clinical Experience
SCCE	Site Coordinator of Clinical Education
PTRS	Physical Therapy & Rehabilitation Science
KUMC	Kansas University Medical Center
SHP	School of Health Professions (University of Kansas)
CSIF	Clinical Site Information Form

PHYSICAL THERAPY PROGRAM: CLINICAL EDUCATION

Department Mission Statement

The Doctor of Physical Therapy program at the University of Kansas Medical Center continually strives to develop caring physical therapists who exemplify the highest level of clinical expertise and knowledge, and are prepared to enrich the dignity and quality of the human experience by optimizing movement and maximizing functional potential.

Values Statement

Leadership. KUMC DPT faculty and students are recognized leaders in the profession through a high level of engagement on the campus, within the university, the profession and the community and state that we serve.

Social Responsibility. KUMC DPT faculty and students continually strive to model the highest standard of ethics, aspire to culturally competency, and advocate for all members of society.

Patient-centered, compassionate. KUMC DPT faculty and students are committed participation in interprofessional collaboration to provide the highest quality, safest patient care.

Innovation. KUMC DPT faculty and students are committed to lifelong learning that supports personal and organizational improvement, to be effective change agents, and to translation of emerging evidence to clinical practice.

Knowledgeable/expertise. KUMC DPT faculty and students are recognized for highly competent and knowledgeable professionals positioned to make substantial contribution in research, education, and clinical practice.

Clinical Education Definitions

Director of Clinical Education (DCE) – The academic faculty member who is responsible for planning, directing and evaluating the clinical education program for the academic institution, including facilitating clinical site and clinical faculty development.

Site Coordinator of Clinical Education (SCCE) - The individual employed by the clinical site who administers, manages, and coordinates clinical assignments and learning activities for students during their clinical education experience. This person determines the readiness of persons to serve as preceptors and clinical instructors for students, supervises preceptors and clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information to academic programs.

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

Preceptor - An individual who provides short-term specialized instruction, guidance, and supervision for the physical therapist student during a clinical education experience. This individual may or may not be a physical therapist as permitted by law.

STANDARDS OF PERFORMANCE AND PROFESSIONAL EXPECTATIONS

Minimum Required Skills of Physical Therapist Graduates at Entry-Level

The KUMC DPT program bases its program goals and student expected competencies on the APTA document, Minimum Required Skills of Physical Therapist Graduates at Entry-Level (APTA 2005), Code of Ethics which defines ethical behavior and standards for accountability for ethical practice and behavior, and PTRS Department Technical Standards. The documents can be accessed at: [APTA Minimum Required Skills \(PT\)](#), [APTA Code of Ethics \(PT\)](#) and [Technical Standards](#).

Medicare Reimbursement for Student Services

Patient care provided by students is not reimbursable for patients with Medicare Part B. This regulation only applies to outpatient services. Student minutes can count for patients with Medicare Part A in skilled nursing facilities and inpatient settings where the supervising therapist will determine if the individual student needs to be supervised in the line of sight but at minimum must be direct supervision as defined by the APTA. Regulation is specific to type of clinical setting. The APTA has suggested strategies for adherence to Medicare regulations during clinical education: [APTA Medicare Payment](#)

Student Supervision Guidelines

It is the position of the APTA that student physical therapists, when participating as part of a physical therapist professional education curriculum and when acting in accordance with APTA 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 management during full-time clinical experiences. Direct supervision means the physical therapist is immediately available for direction and supervision [APTA Levels of Supervision](#). The physical therapist will have direct contact with the patient during each visit that is defined in the Guide to Physical Therapist Practice as all encounters with a patient in a 24-hour period. Students are also required to abide by any policies of reimbursement sources and state practice acts.

To promote a broader understanding of interprofessional care and the roles and services of various health care providers, students will be supervised by a primary physical therapist, but may be assigned to observe and follow other providers during integrated clinical experiences, scheduled during the first and second year of the didactic curriculum.

GUIDELINES FOR CLINICAL EDUCATION

Overview of The Clinical Education Process

Clinical Education Within the Curriculum. - Clinical education is divided into two distinct sections: integrated clinical experiences (ICE) and full-time clinical experiences (CE), sometimes referred to as clinical rotations. The entire clinical education program is an essential part of the physical therapist education program. Clinical education not only allows the student to practice and apply concepts and skills learned in the classroom to the real-world setting, it also allows the student to expand their didactic knowledge, develop necessary communication and interpersonal skills, develop good work habits, develop clinical competencies and identify role models. Obtaining a wide variety of experiences fosters the development of a well-rounded, versatile physical therapist and allows the student to assess

their future goals and needs. The clinical education program is designed to prepare the graduate for entry-level, generalist practice. While some full-time clinical rotations may offer specialized experiences beyond entry-level, general practice that is representative geographically is the priority in overall clinical education program assignments.

Integrated Clinical Experiences (ICE) - Integrated Clinical experiences are individual courses within the curriculum that contain clinical and classroom components. Academic and Clinical Course Coordinators are responsible for assigning clinical sites, managing supervision and evaluation, and assessing student performance in the class. Students will rotate through designated sites as determined by the course coordinators.

Full-Time Clinical Experiences - The DCE is responsible for scheduling and assigning students to all full-time clinical experiences. Students are given opportunities to share information with the DCE regarding their interests and preferences for locations and types of facilities for each semester of full-time clinical experiences. Clinical assignments are based on multiple factors including the availability of placements and most likely will involve out of town travel. In keeping with the goal of generalist practice, there is a requirement that all students must successfully complete at least 9 weeks in an inpatient setting and 9 weeks in a general or orthopedic outpatient setting.

The Department of Physical Therapy and Rehabilitation Science currently has contractual arrangements with nearly 300 facilities and practices within the United States and in foreign countries. Students are sent only to those facilities in which an affiliation agreement exists. The active list of clinical education sites is available on the current clinical education tracking system.

Student accessible files containing facility information is located on the CSIF website, the student tracking system and the Class Folder on Blackboard. Students are encouraged to utilize information in developing their preferences and rationale for requesting placement at a specific facility. Feedback from students who are currently in the program and have already been assigned to particular facilities is a great source of informal assessment of the opportunities available. The DCE can also provide valuable insight into the clinical sites you may wish to consider. Additional information regarding clinical education is available in the Clinical Education materials provided to students before each clinical education rotation and is also located on the [PTRS Department website](#).

Schedule and Time Lines

Clinical education is an essential part of the preparation of physical therapists. The DPT curriculum provides clinical education in a variety of practical settings through integrated clinical experiences during the first two years of the curriculum and full-time clinical rotations during the last year of the curriculum. Students are expected to attend sites in the major areas of physical therapy practice.

First Year.	Integrated Clinical Experience I – semester 2 (fall, first year)
	Integrated Clinical Experience II – semester 3/4 (spring of first year or summer between first and second year)
Second Year.	Integrated Clinical Experience III – semester 5 (fall, second year)
	Integrated Clinical Experience IV – semester 6 (spring, second year)

Third Year Full-time Clinical Experience I-II – (9-12wks) offered during the fall semester of the third year

Full-time Clinical Experience III-IV: (9-12wks): offered during the final spring semester

The length of full-time clinical experiences is based on site availability and preference. There is limited availability of modified timelines under special circumstances such as international travel or modified interprofessional education opportunities. This must be arranged in advance through the DCE.

Site Requirements

A primary goal of the clinical education curriculum is to build competency in generalist physical therapist practice that is representative of practice geographically and across the lifespan. To achieve this goal, students participate in integrated clinical experiences (ICE) in different settings; inpatient acute, inpatient skilled and outpatient settings during the first two years of the curriculum before beginning full-time clinical experiences. Sites for integrated clinical experiences are limited to specific partnering facilities in the Kansas City metropolitan area.

Sites for full-time clinical experiences are located throughout the United States. In addition, there are international sites available during full-time clinical rotations in central America, Europe, Africa and Asia. The current listing of international clinical sites is available in the class folder on Blackboard. Full-time clinical rotation assignments are made, based on program requirements, student's educational needs and availability of appropriate sites. If the site has changes to their information, they should contact the KUMC clinical education coordinator with the changes to ensure records is current. The site can request changes to their account by emailing [Heather Williams](#).

Full-time clinical rotations are available in acute, sub-acute, and rehabilitation hospitals, ambulatory care centers, private practices, nursing homes, inpatient and outpatient pediatric facilities, occupation medicine, home health, school districts, child development centers, and some specialty areas such as golf performance, hippotherapy, burn units, women's health, oncology or neurology. Full-time clinical experiences are assigned at least 6 to 12 months in advance. Students are assigned by the DCE to clinical sites in the summer semester each calendar year. Matching is based on site availability, student preference and compatibility considerations.

At no point in time should a student contact a clinical site to arrange a full-time clinical rotation or ICE placement. This will result in the student not being allowed to do a full-time clinical rotation or ICE placement at the contacted site and may result in disciplinary action.

Formal Written Agreement

Before any students are assigned to any clinical placements at a specific facility, a legal written agreement must be completed. Formal written agreements exist for all facilities participating in clinical education.

Site Selection

The department makes an effort to select, develop and maintain quality clinical sites. The sites that provide integrated clinical experiences, while limited, have an ongoing close relationship with our department. These sites are pre-selected by the department to match the curricular goals of the ICE

program. Students are assigned by the course coordinator to rotation groups through the different facilities. Student requests for group assignment or rotation placements are not allowed.

Many of the program's full-time clinical rotation sites are located throughout Kansas. It is often more fiscally opportune for students to stay in-state and as a state institution, we strive to place student in area clinics to be an active contributor in meeting the needs of our state. Sites are selected based on the following criteria:

1. Compatibility of the academic program and clinical education site philosophy.
2. Commitment to equal opportunity.
3. Clinical site physical therapy services are provided in an ethical and legal manner.
4. Clinical site administrative support of clinical education is demonstrated.
5. Clinical education experiences are planned to meet objectives of the program, clinical site/instructor and individual student.
6. The site offers a stimulating environment appropriate to the learning needs of students including an adequate number of qualified Clinical Instructors needed to meet student needs.
7. Clinical Instructor(s) demonstrates clinical competence, professional conduct, and effective instructional, supervisory, communication, interpersonal and performance evaluation skills. Clinical Instructors should be active in professional activities.
8. The site demonstrates a willingness to offer clinical experiences on an ongoing routine basis.

The DCE may consider developing additional sites at the request of students, only if the proposed site provides an exceptional learning experience that meets the ongoing educational needs of the program. Areas of development currently include certain specialty practices, inpatient sub-acute rehabilitation and acute care hospitals. They **do not** include general outpatient clinics. The areas of development may change over the course of the time students are in the program, so students inquiring about new site development will need to contact the DCE. New clinical contracts **will not** be developed for purposes of the students wanting to travel, stay near friends or family, or to procure post-graduation employment.

Clinical sites may initiate contact with the DCE to inquire about becoming an affiliating site. Students interested in a new site may contact the facility to gather information about the willingness to accept students from a new contract and contact information. Students then forward this information to the DCE. At this point, further communication is assumed by the DCE and the potential of formulating a long-term clinical education relationship is determined. A clinical education initiation packet is sent containing affiliation agreement (unless use of a facility specific contract is requested), and overview of the curriculum.

Site Visits

During integrated experiences, course instructors may make periodic visits to the participating clinics while students are present. Visits to full-time clinical rotation sites by the DCE are scheduled to occur every 2-3 years for routinely used facilities within the Kansas City metropolitan area. Routinely used sites within a 300-mile radius may be visited approximately every 3-5 years. Sites not routinely used or outside the 300-mile radius may not receive a visit but will be screened using other communication methods. Most site visits are performed in conjunction with student placement at the facility. Site visits may be in-person or virtual (using video conferencing technology). Phone consultations may be scheduled with the student and/or clinical instructor when in-person or virtual site visits are not

performed. A site may request that the DCE or other faculty members provide their staff with consultation, or a workshop/presentation.

Evaluation and Communication

Evaluation of clinical education program sites will occur during and at the completion of each course. Evaluation is ongoing and occurs both formally and informally on a regular basis through written and verbal communications with the facility and student. Information is garnered from the Clinical Site Information Form (CSIF) for learning opportunities meeting the basic site selection standards in the APTA Guidelines and Self-Assessment for Clinical Education. This information is available on the [Web-CPI](#) website.

The DCE documents site visits and phone consultations as an informal means of gathering meaningful information used to develop a closer relationship with clinical sites and clinical instructors. Formal evaluation is completed online using the Student Evaluation of Clinical Instruction Evaluation. Ratings of either some good learning experiences; student program needs further development or student clinical education program is not adequately developed at this time trigger exploration by the DCE as to the reasons for such ratings from the students and if necessary, discussion with the facility.

It is suggested that the clinical sites complete a self-assessment using the APTA Guidelines and Self-Assessments for Clinical Education that is available on the Physical Therapy & Rehabilitation Science Department's [Clinical Education webpage](#).

Dissemination of Student Information

Prior to integrated clinical experiences, the participating facilities will receive the list of student's names, contact information, assigned days and times for all students assigned to their site. Students will be responsible for maintaining/meeting their assignments as scheduled.

Prior to the full-time clinical rotation, a placement letter indicating student's name, composite and contact information is provided to the assigned site. A working CV/resume and the student's individual goals will also be sent by the student at least one month prior to each full-time CE rotation start date. The current [Clinical Education Handbook](#) is available online to each student and clinical instructor. It is student's responsibility to share this information with their CI and to inquire about the specific site requirements including clinical instructor work schedule, site requirements and dress code. Each student will maintain electronic documents that are sent to clinical instructor.

Clinical Competency Assurance

It is essential that students are demonstrating reasonable progress in their clinical skills during the first two years in the curriculum. Successful completion of all didactic courses including skills based lab courses is required for continuance through the curriculum. Academic instructors contact respective ICE coordinators to identify students who are not demonstrating the appropriate clinical competence for monitoring if student is currently engaged in ICE or for planning of future ICE courses. A remediation plan would be put in place by the academic instructor The ICE program requires meeting the expectations and completion of assignments in each course as part of assessment designed to meet course objectives as they are listed in the course syllabi.

Prior to the beginning of the first full-time CE rotation, academic instructors must contact the DCE to identify students who are not demonstrating appropriate clinical competence. A remediation plan would

be put in place by the academic instructor. The DCE should be informed of the plan and notified when the student has successfully completed the remediation. Depending on the time the remediation is complete, the student may be able to attend the planned full-time clinical experience or the clinical rotation will be reassigned by the DCE. Students must also show reasonable progress during their full-time clinical rotations as listed in the course syllabi.

Clinical Experience Descriptions

PTRS 720: Integrated Clinical Experience I. (1 credit hour) - A series of weekly supervised clinical experiences and seminar sessions that provide preliminary opportunities for the application of didactic coursework in the clinical environment. Emphasis is placed on the development of professionalism, interpersonal and interprofessional communication, and problem-solving skills in the clinical setting, as well as basic physical therapy skills introduced in coursework.

***Prerequisite:** Successful completion of semester 1 of the DPT curriculum or permission of instructor. The student should be able to integrate skills learned in didactic curriculum to achieve a beginner level of performance in most aspects of patient and practice management in an inpatient setting.*

PTRS 730: Integrated Clinical Experience II. (1 credit hour) - A series of weekly supervised clinical experiences and seminar sessions that provide opportunities for the application of didactic coursework in the clinical environment. In addition to basic physical therapy skills and procedures introduced in classes, emphasis is placed on the development of professionalism, teamwork, and leadership skills in the clinical setting.

***Prerequisite:** Successful completion of semesters one and two of the DPT curriculum or permission of instructor. The student should be able to integrate skills learned in didactic curriculum to achieve a beginner or advanced beginner level of performance in most aspects of patient and practice management in an inpatient setting.*

PTRS 830: Integrated Clinical Experience III. (2 credit hours) - A series of weekly supervised clinical experiences and seminar sessions that provide opportunities for the application of didactic coursework in the clinical environment. In addition to physical therapy skills and procedures introduced in classes, emphasis is placed on the development of personal risk management skills, understanding the roles of the physical therapist, and interprofessional collaboration in the clinical setting.

***Prerequisite:** Successful completion of semesters 1-4 of the DPT curriculum or permission of instructor. The student should be able to integrate skills learned in didactic curriculum to achieve advanced beginner or intermediate level of performance in most aspects of patient and practice management in selected settings.*

PTRS 840: Integrated Clinical Experience IV. (2 credit hours) - A series of weekly supervised clinical experiences and seminar sessions that provide opportunities for the application of didactic coursework in the clinical environment. In addition to physical therapy skills and procedures introduced in classes, emphasis is placed on the development of customer service skills, understanding physical therapy practice in different settings, information management, and interprofessional practice skills in the clinical setting.

***Prerequisite:** Successful completion of semesters 1-5 of the DPT curriculum or permission of instructor. The student should be able to integrate skills learned in didactic curriculum to achieve an*

intermediate level of performance in most aspects of patient and practice management in selected settings.

PTRS 920: Full-Time Clinical Experience I (6-8 credit hours) - Nine to twelve weeks of full-time clinical experience. During the clinical rotation, the student will have the opportunity to develop the patient care skills needed for successful practice as a physical therapist. The student will work under the supervision of an experienced physical therapist in clinical settings affiliated with the program.

***Prerequisite:** Successful completion of the first seven semesters of the DPT curriculum or permission of instructor. The student should be able to integrate skills learned in didactic curriculum to achieve advanced intermediate level performance using the Web-CPI in all aspects of patient and practice management in selected settings including inpatient, outpatient or a setting of student's interest.*

PTRS 921: Full-Time Clinical Experience II (6-8 credit hours) - Nine to twelve weeks of full-time clinical experience. During the clinical rotation, the student will have the opportunity to develop the patient care skills needed for successful practice as a physical therapist. The student will work under the supervision of an experienced physical therapist in clinical settings affiliated with the program.

***Prerequisite:** Successful completion of the first seven semesters of the DPT curriculum or permission of instructor. The student should be able to integrate skills learned in didactic curriculum, achieve half-way between advanced-intermediate and entry-level performance using the CPI-Web evaluation tool in all aspects of patient and practice management in selected settings including inpatient, outpatient or a setting of student's interest.*

PTRS 922: Full-Time Clinical Experience III (6-8 credit hours) - Nine to twelve weeks of full-time clinical experience. During the clinical rotation, the student will have the opportunity to develop the patient care skills needed for successful practice as a physical therapist. The student will work under the supervision of an experienced physical therapist in clinical settings affiliated with the program.

***Prerequisite:** Successful completion of the first seven semesters of the DPT curriculum or permission of instructor. The student should be able to integrate skills learned in didactic curriculum to achieve entry level performance using the Web-CPI in all aspects of patient and practice management in selected settings including inpatient, outpatient or a setting of student's interest.*

PTRS 923: Full-Time Clinical Experience IV (2-6 credit hours) - Three to nine weeks of full-time clinical experience. During the clinical rotation, the student will have the opportunity to develop the patient care skills needed for successful practice as a physical therapist. The student will work under the supervision of an experienced physical therapist in clinical settings affiliated with the program.

***Prerequisite:** Successful completion of the first seven semesters of the DPT curriculum or permission of instructor. The student should be able to integrate skills learned in didactic curriculum to achieve entry level performance using the Web-CPI in all aspects of patient and practice management in selected settings including inpatient, outpatient or a setting of student's interest.*

PTRS 924: Specialized Clinical Experience (2-6 credit hours) - Three to nine weeks of clinical experience. During the clinical rotation, the student will have the opportunity to have exposure to a different health care system such as an international clinical experience, or a specialized area of physical therapy practice. This course is also used as a bridge between the fall and spring semester for 12-week full-time clinical experiences for maintaining the appropriately distributed credit hours.

The student will be under the supervision of an experienced physical therapist in clinical settings affiliated with the program.

Prerequisite: Successful completion of the first seven semesters of the DPT curriculum **and** permission of instructor. Students are expected to follow the course requirements as outlined in the syllabus. For specialized practice or international placements, students develop their own specific learning objectives and provide an annotated bibliography supporting their learning objectives and any applicable performance rubrics. Upon completion, the student will prepare and/or deliver a scholarly paper or presentation.

STUDENT RESPONSIBILITIES

The student's role and level of expected function is stated in the individual course syllabi. Students are expected to take responsibility for their own learning and demonstrate professionalism at all times. It is the student's responsibility to inform the course instructor during integrated clinical experiences or the DCE during full-time clinical experiences as soon as a problem related to clinical learning is identified. The students are required to abide by the requirements of the clinical affiliation agreement and follow the Department Clinical Policies and Procedures.

Expectations

Integrated Clinical Experiences:

1. Complete all necessary documents including HIPAA training, criminal background check, drug screen, health information (immunizations, TB test) CPR training and signed confidentiality policy as directed by the course coordinator.
2. Use the student tracking system (Typhon and Blackboard) to manage required documents and assignments. The Typhon system is utilized for all integrated clinical experiences and full-time clinical experiences, and requires payment of a one-time user access fee. The PTRS Department will pay for all registered students.
3. Comply with the policies and procedures of the clinical site and the Department of Physical Therapy and Rehabilitation Science.
4. Fulfill all requests, duties and assignments made by the course coordinator and/or clinical supervisor.
5. Provide honest and constructive feedback to the clinical site and the course coordinator.
6. Timely attendance and active participation in all integrated clinical experience sessions.
7. Promptly reschedule make up time for any absences.
8. Adhere to the profession's Code of Ethics and comply with Guides for Professional Conduct and Professional Behaviors.

Full-Time Clinical Experiences:

1. Contact the site at least 4-6 weeks in advance to learn the specific requirements of the assigned site.
2. Provide all necessary documents (health information, criminal background checks, drug screens) to assigned site, either prior to their arrival or upon arrival on the first day.
3. Assume the cost associated with the clinical education experiences including travel, transportation and housing.
4. Students must enroll in the appropriate clinical education course prior to the first day of the clinical rotation.

5. Review the required documents with Clinical Instructors within the 1st two days of their full-time clinical experience.
6. Comply with the policies and procedures of the clinical site and the Department of Physical Therapy and Rehabilitation Science.
7. Fulfill all duties and assignments made by the clinical instructor and Director of Clinical Education within the time limit specified.
8. For web-based postings (such as discussion boards or Web-CPI), patient identifiers will be removed and discussion will remain in the educational context.
9. Provide honest and constructive feedback to the clinical site and Director of Clinical Education.
10. Adhere to the profession's Code of Ethics and comply with Guides for Professional Conduct and Generic Abilities.
11. Reschedule make up time for any absences.
12. Write a letter of appreciation to the appropriate individuals (e. g. clinical instructor, department supervisor, clinical site administrator) for the educational opportunities provided.
13. Students are to work through their DCE for clinical assignments and are not to contact established affiliating sites to gain a clinical placement. Such action will result in potential disciplinary action and/or loss of the negotiated placement.

Travel and Expense Expectations

Due to the requirements of clinical practice in rural Kansas and in a variety of settings that are not always available in local region, students are expected to travel outside the metropolitan area. Students must understand the additional responsibilities and obligations that are required during clinical education. These responsibilities include provision for reliable transportation, living expenses (housing, meals, etc.) and other potential expenses like meeting the dress code or site compliance requirements. Financial aid planning should include an expense budget for clinical education. The estimated cost may vary significantly from student to student and site to site. Students are responsible for their own transportation and living arrangements related to full-time clinical rotations unless otherwise supported by the clinical facility.

Clinical Experience Objectives

Each clinical education course has course objectives that are part of the course syllabus. Students are expected to create individualized learning objectives compatible with their learning needs and the experiences offered at the clinical site. In addition, the clinical site may also have specific objectives they have developed. Learning experiences for students at the clinical site are developed to address all the possible relevant learning objectives.

Rules and Regulations

Dress Code - The student is required to adhere to the dress code of the facility. For integrated clinical experiences, the student will receive dress code requirements of the facility in which they are assigned prior to the first day they are in the clinic. In contacting the facility prior to each full-time clinical experience, the student should ask about the attire requirements. The student should wear their KUMC student identification nametag visibly unless prohibited by the facility.

Attendance and Absences - As part of the professional education process for physical therapist students, prompt, regular attendance is expected during clinical education. Students must arrive at all clinical experiences on time allowing for adequate preparation to start the day on time. The student must adhere to the clinic time schedule at all times. Excused absences must be arranged in advance with the course coordinator for ICE and CI at the clinical facility for full-time clinical experiences. Students are expected to arrange make up time for any sessions missed.

During full-time clinical rotations, the student may be permitted one (8-hour day) excused absence per rotation for out of town travel between clinical sites over 550 miles apart. In the event of other excused absences, the student and the clinical instructor will arrange additional hours either by extended day or weekend hours. It is at the discretion of the clinical site whether this is acceptable. Students are strongly discouraged from absences during a clinical rotation, including time off for job interviews.

In general, a student may be allowed up to 3 days of excused absence per semester for unanticipated absences including sick days, immediate family funeral leave, or facility closure.

Vacation time or interview time is NOT considered excused absence. The excused absence time may need to be made up if the student requires the clinical time to meet performance expectations. It is standard that students attempt to make up any time missed. More than 2 absences on any given clinical rotation will require permission from the DCE. Students must also contact the DCE in a timely manner for more than three absences for the semester.

Unexcused absences occur when the student has either failed to notify his/her clinical supervisor/instructor of illness or failed to obtain permission from the supervisor/CI prior to the absence. Any unexcused absence must be reported to the DCE by the student and SCCE/CI immediately. More than one unexcused absence during a semester may result in a hearing before the academic faculty, at which time possible dismissal from the program may be considered.

In the event of illness, the student must notify the CI as soon as possible. If an illness or excused absences necessitates more than one day away from the clinical site, it is the responsibility of the student to notify the DCE as to the nature of the illness. If a student is absent for 3 consecutive clinical days due to illness, he/she upon returning must provide written assurance from a physician that he/she can return to assigned duties. A copy must be furnished to the student's clinical supervisor/instructor and to the DCE. It is at the discretion of the DCE in concert with the SCCE/CI as to how the missed clinical experience will be made up. In the case of prolonged absence, the clinical rotation may be ended and the student will receive an incomplete for the class. A leave of absence may be sought by the student and will follow the School of Health Professions policy and procedures. Completion, reassignment or remediation may be allowed depending on the circumstances.

In the event of inclement weather during full-time clinical rotations, best judgment by the student for travel to/from the clinical site will need to be exercised. If the student's judgment is to delay or cancel travel for the clinical day, then the student will need to contact their CI as soon as possible for notification of plans and rationale. The student will also need to notify the DCE in a timely manner.

In the event of KUMC campus closure for inclement weather, integrated clinical experiences will also be cancelled for the day. It is still the responsibility of the student to notify the clinical site and follow the same procedure for the student's absence.

Excessive absence may be grounds for failure of a clinical education course. The course instructor/coordinator or Director of Clinical Education may modify the attendance policy at any time throughout the semester as long as the students are notified in writing of the change.

If the student is unavoidably tardy, he/she should notify the clinical facility by telephone of the reason for the lateness. Even tardiness of a few minutes should be reported to the acting clinical instructor or preceptor immediately upon arrival. The student must also report the tardiness to the DCE within 24 hours. The SCCE or clinical instructor must report more than one episode of tardiness or leaving the facility early to the ICE coordinator or DCE for action decided by the academic faculty. Repeated tardiness or leaving the facility early will not be tolerated and may result in a hearing before the academic faculty and may result in dismissal from the program.

Holidays - Since full-time clinical education functions in a real-world environment, students will follow the clinical instructor's schedule around the standard holidays (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas Day). If the CI works on the holiday and expects the student to be present, then the student will follow the CI's schedule. The CI is usually given a make-up day off during the week for working the holiday. If CI does not work the holiday or does not expect the student to be present on holiday, then the student will have the holiday off. The student may follow or be under the supervision of another clinician any time the CI is absent.

Religious Accommodations - Information regarding [Religious Accommodations Policy](#) can be found on the KUMC website. For students on full-time clinical rotations, the policy states: Students on clinical rotations may request an absence to observe a religious holiday from the appropriate Associate Dean and must also inform the director or coordinator responsible for placing the student. Details of the absence will be worked out directly between the student and their director/coordinator on an individual basis, following approval of the request by the Associate Dean. Modifications to schedules (including breaks for prayer), will be supported as long as these requests do not fundamentally alter the requirements of the clinical rotation, require substantial program modification, or pose safety risks to patients. Allotted non-work days may need to be used to allow for schedule adjustments or to make up missed time which results from religious holidays or other religious-related absences. Students should make such requests for accommodation as soon as possible after the student's clinical rotation schedule is known or, at the latest, at the beginning of a course or clerkship.

A student may request to be excused from participating in specific healthcare and/or research procedures or other educational experiences where such care or experiences presents a conflict with the student's religious beliefs. At least 30 days prior to the start of the semester or rotation involving the specific health care, procedures, or experiences for which the exclusion is sought, or as soon as the conflict is known. If within 30 days, the student must submit a request for an accommodation with the appropriate Associate Dean and provide notice to their department chair. The request must include the specific aspects of care from which the student seeks to be excused and the reasons for making the request. The Associate Dean will discuss the request with the involved faculty to determine whether an exclusion or alternative educational arrangement can be provided without eliminating or fundamentally altering academic requirements or technical standards.

Restrictions During Full-Time Clinical Experiences - If you are unable to fully participate in the assigned full-time clinical experience either before and/or during the rotation, you will need a physician's order specifying the nature of the restriction. If known prior to the start date of the clinical rotation, it must be disclosed to the DCE. The student will work with the DCE and possibly the SCCE and

CI to formulate a reasonable alternative for meeting the clinical education course requirements. If accommodations are not available, an incomplete grade is assigned and remaining clinical time/rotation will be repeated in a different facility that is able to provide accommodations.

Student Liability Insurance - The University provides professional liability insurance (malpractice insurance) for all enrolled students during clinical education experiences. Enrollment in a clinical education course is required and the student to be onsite at the assigned clinical site.

Criminal Background Checks - Criminal background checks are required by most facilities providing clinical education. The student will complete a criminal background check through the Dean's Office that includes: GSA Excluded Parties Testing System, Police/Criminal Background Check, Department of Health and Senior Services Employee Disqualification List and US Department of Human and Health Services List of Excluded Individuals/Entities. Students should have these completed before beginning integrated clinical experiences. Students are responsible for the fees incurred. In some instances, facilities require additional criminal background checks of students in addition to the ones already completed for enrollment. If the process is not followed, it may delay ICE of full time clinical placements. The student should carry a copy of the required criminal background check(s) with them to the clinical facility as he/she may be requested to provide it to the facility for their records. The student must contact the DCE prior to rotation in the event of any additional fees are required for the rotation. Fees may be charged for additional site requirements such as criminal background checks, site-specific software licensing or other site-based regulations such as drug testing. If proper notification is made with DCE; additional fees may be paid by the program. If the student does not go through the DCE, they may be subject to assuming the added cost. The student is responsible for notifying the SHP office and Department Chair or Program Director if there is any newly reported criminal action(s) since the admission check.

The student should notify the Department Chair or Program Director if an adverse criminal background check exists. The School of Health Professions policy will be followed (<https://www.kumc.edu/school-of-health-professions/background-checks-and-drug-screening-for-students.html>). If there are adverse findings from the criminal background check, the DCE will contact the clinical site in advance and notify them of the adverse finding. It will be at the discretion of the clinical site as to whether they will accept the student for placement. Adverse findings may negatively impact the ability to place students in clinical facilities, which may in turn impact the student's ability to progress through the clinical curriculum and/or graduate. It should also be noted that depending on the nature of the adverse finding, the student might be able to successfully graduate but may not be eligible for licensure.

Health Insurance - Students are required to provide their own health insurance. The student should carry proof of coverage with them to the clinical facility as he/she may be requested to provide it to the facility for their records.

Immunizations - To comply with OSHA requirements, students are required to have immunizations or serology reports completed prior to beginning the first integrated clinical experience including:

- Measles, mumps, rubella (MMR)
- Tetanus/ diphtheria/pertussis (Tdap) – within past 10 years
- Varicella (chicken pox) series or previous illness
- Hepatitis B series (or waiver)

*Students are required to have an initial two step TB screening (PPD) that is updated annually. A student who was immunized against TB or received treatment for TB and has a positive TB test needs to have a chest x-ray done to demonstrate that there is no evidence of active TB. Seasonal flu shots are also required

The University provides students access to needed immunizations and screening in the Student Health Center with the expense to be borne by the student. Proof of the above is required by all clinical facilities and must be completed prior to the first ICE course and must remain current for all remaining CE experiences. For those involved in international travel, additional immunizations may be required as determined by the [Office of International Programs](#). The student should carry a copy of their health records with them to the clinical facility as he/she may be requested to provide it to the facility for their records.

A physician's physical examination is also required by Student Health Services. [Student Health Forms](#) for all the above immunizations are available on Student Health Services website.

CPR - The student is required to maintain a current American Heart Association Healthcare Provider Basic Life Support CPR card throughout all clinical education courses. Other lay person training programs cannot substitute for this requirement. The student should carry a copy with them to the clinical facility as it may be requested by the facility for their records.

Drug Screening - Drug screening is required by many clinical sites including those used for integrated clinical experiences. The student must pass a drug screen prior to beginning the first integrated clinical experience. Students are encouraged to ask about these tests and to obtain information on avoiding ingesting anything that could cause a false positive result on a drug test. Full-time clinical experience sites may require an additional drug screen to be completed within a certain time frame prior to beginning their clinical rotation. The screening will be completed by the facility's guidelines and may be eligible for payment by the program. If a drug screen is positive, the SHP KUMC [alcohol and drug use policy](#) will be followed and the student may be dismissed from the program. The student must contact the course coordinator for the initial integrated clinical experience, as this may affect ICE placement. The student must contact the DCE prior to rotation in the event of any additional fees are required for drug screening. Fees may be charged for additional site requirements as addressed on page 16. If proper notification is made with DCE; additional fees may be paid by the program. A list of current known additional requirements is kept on Blackboard but students may check with the DCE regarding current individual facility policy.

Potential Health Risks - Clinical practice poses potential for exposure to hazardous materials, infectious agents and personal injury. Prior to beginning the first integrated clinical experience, the student must be trained in standards for preventing transmission of blood borne and other infectious agents and must also successfully pass training in injury prevention and safe body mechanics modules on the EHS TLC training website. A student must complete any additional training required by the clinical site.

It is the student's responsibility to seek all the information needed to comply with the clinical site's policies including infection control, use/storage/labeling of hazardous materials, fire and emergency procedures, security and incident reporting of personal or patient injury. A list will be provided online for specific integrated clinical experiences.

Exposure or Workplace Injury Plan. - In the event of exposure to an infectious agent or hazardous material or injury at the clinical site, the student should seek treatment through the site's employee health department if available. Otherwise, treatment should be sought by a nearby qualified physician or urgent care center. The student must follow site protocol for injury or exposure reporting and must promptly notify the SCCE, CI, and DCE. Emergency services and treatment will likely be at the student's expense.

Patient Incidents or Injury. - Students are to immediately report all incidents or accidents involving patient/clients to their clinical instructors and DCE. The CI should report the occurrence as required by facility policy and procedures. The Site Coordinator of Clinical Education or CI should contact the DCE to notify him/her of such incidents/accidents and discuss measures being taken. Students are advised to speak to no one other than the SCCE, CI and DCE regarding any incident or accident in which they were involved or which they witnessed during their full-time clinical rotation. All matters regarding such occurrences are to be processed according to the clinical facility's policy and procedures.

Statement on Disability

Learning assistance, academic performance enhancement, and psychological services at KUMC are free, confidential, and available at Student Counseling & Educational Support Services by calling 913-588-6580 or visiting G116 Student Center. To schedule an appointment online, you can visit the [Counseling and Educational Support Services](#) website or call the clinic directly. More information about location, services, hours, staff, screenings and policy is available on their website.

Students in clinical education who, because of a disability, believes they may need accommodations to complete course requirements are encouraged to contact [Cynthia Ukoko](#) in the Academic Accommodations Services Office (G020 Dykes), 913-945-7035. It is encouraged to make contact as soon as possible to better ensure that such accommodations can be implemented in a timely fashion. Online appointments may also be made at [Student Health Services](#). Reasonable accommodation will be provided in accordance with the University of Kansas Medical Center's Americans with Disability Act compliance policy. Please go to the [Academic Accommodation Services](#) webpage for online information about academic accommodation.

Accommodation for Disability

The Department of Physical Therapy and Rehabilitation Science does not discriminate against any student on the basis of disabling conditions. Any student with functional limitations should consult with academic and clinical faculty to determine mutually acceptable compensatory learning methods and activities that are equivalent substitutions for established performance standards. It is the student's responsibility to self-identify. Learning assistance, academic performance enhancement, and psychological services at KUMC are free, confidential, and available at the [Counseling and Educational Support Services](#) or by calling 913-588-6580. Any student who needs an accommodation because of a disability in order to complete the course requirements should contact the DCE and/or the [Academic Accommodation Services](#) or by calling 913-945-7035, as soon as possible. If the student does not self-identify prior to beginning the integrated clinical experience or full-time clinical experience and problems arise, the student may be removed from the facility, experience a delay in the progression of the curriculum or potentially fail the clinical education course.

Patient Rights

The student is obligated to obtain informed patient consent. The student must disclose his/her status as a student and provide the patient with the name of the supervising therapist. A patient has the right to refuse treatment by the student without effects on services.

Professional Behavior

Any behavior exhibited by the student deemed inappropriate by the ICE course instructor, DCE, clinical instructor or the SCCE will result in failure of the clinical education course in which the behavior is being displayed. Repeated or multiple issues with professionalism during any full-time clinical rotation may also result in course failure, probation or dismissal from the program.

Institutional Property

All institutional (clinical site) resources are considered proprietary. The student may not remove or copy resources or materials from the clinical institution without consent of the clinical director.

HIPAA Compliance

The student is required to complete training for awareness and compliance with the patient privacy regulations of the Health Insurance and Portability and Accountability Act (HIPAA) prior to beginning the first integrated clinical experience and is a part of the student's annual compliance core training. An annual retraining is required thereafter. The student should carry a copy of the HIPAA certificate with them to the clinical facility as he/she may be requested to provide it to the facility for their records. The student is required to strictly adhere to standards. The student must protect patient confidentiality and is not to discuss the patient/patient condition outside the clinical setting. Patients may be discussed with classmates and faculty for educational purposes only. All patient and clinical site identifiers must be removed. The confidentiality policy for KUMC fellows, residents and students in the appendix (Exhibit A) will need to be signed and returned to the ICE course instructor upon receipt of this handbook and prior to the first integrated clinical experience.

Reporting Incidents

An incident out of the ordinary involving or witnessed by the student should be immediately reported to the CI and the appropriate facility incident report should be filled out. The DCE should be contacted of the incident within 24 hours.

Statement of Student Responsibility

It is the responsibility of each student enrolled in this course to monitor grades and progress. Clinical education courses are graded on a Satisfactory/Unsatisfactory grade, and as such, will not affect the student's grade point average. Unsatisfactory grades will affect the progression through the curriculum.

Receiving a satisfactory grade in a clinical education course is necessary to continue in the program. Students who receive an unsatisfactory grade may have the opportunity to retake a clinical course **one time**. On full-time clinical experiences if a student feels that he/she is not doing satisfactory work prior to or at mid-term, the student is responsible for contacting the DCE to design a plan for improvement. Likewise, the clinical instructor should contact the DCE when performance is not within the expected range before or at midterm. The DCE will work with the clinical instructor and/or the student to develop a plan for improvement. Unsatisfactory clinical coursework may interrupt the student's ability to proceed

within the curriculum or graduate. The student will need to enroll in, repeat and successfully complete the pertinent course to remain in the program and/or graduate. More than one clinical education course failure will likely result in dismissal from the program.

INTEGRATED CLINICAL EDUCATION COURSE COORDINATOR

Roles and Expectations

1. Assign and coordinate all eligible students to integrated clinical experience sites.
2. Orient students to the course expectations and guidelines and the required policies and procedures including any pertinent reference information.
3. Prior to ICE experience, insure student completion of appropriate compliance information (CBC, drug screen, health requirements and student handbook signature page).
4. Check for registration of student in ICE course enrollment.
5. Maintain open communication with clinical coordinators, supervisor and students during each integrated clinical education course.
6. Organize and manage seminars associated with each integrated clinical education course.
7. Evaluate material submitted by students for fulfillment of the requirements of the clinical education course.
8. Evaluate preceptor assessment of student performance during ICE to assign grade and determine if remediation is needed.
9. If challenges, conflicts or problems arise during the student's integrated clinical education course, the course coordinator will maintain contact with the relevant person(s) and guide the conflict resolution process with the goal of achieving successful resolution.
10. Evaluate remediation needs and provide a plan of approach including remediation for experiences students who are eligible for reassignment.

DIRECTOR OF CLINICAL EDUCATION (DCE) RESPONSIBILITIES

Roles and Expectations

The DCE is dedicated to facilitating successful completion of each full-time clinical education course of each student by fulfilling the following criteria:

1. Assure that written legal contracts between the University and all clinical sites are in place and updated as needed. A current signed affiliation agreement must be on file before assigning and sending a student to a clinical site.
2. Assign all eligible students to full-time clinical experiences.
3. Orient students to the purpose and process of clinical education, and the policies and procedures required.
4. Check for registration of students in full-time clinical education courses.
5. Maintain open communication with each clinical instructor and/or SCCE by any method deemed appropriate before, during and after assigned full-time clinical rotations.
6. Maintain reference information describing each clinical education site and its policies, procedures and resources.
7. Develop new clinical education experiences that meet the criteria and guidelines established by the department.

8. Provide pertinent course information to clinical instructors and students.
9. Evaluate material submitted by students for fulfillment of the requirements of the full-time clinical education course.
10. Evaluate the CI(s) assessment of each student's performance and determine the course grade in compliance with the stated criteria.
11. If challenges, conflicts or problems arise during the student's full-time clinical rotation, upon notification the DCE will maintain contact with the relevant person(s) with the goal of achieving successful resolution. The DCE serves as a resource to both students and clinicians to assist with resolution of issues that are identified during the experience and to provide advisement as necessary in collaboration with the clinical instructor and the student.
12. If deemed appropriate, terminate the student from the full-time clinical rotation.
13. Arrange remediation experiences for students who are eligible for reassignment.
14. Provide affirmative feedback to clinical sites for providing clinical education experiences for the program's students.
15. Assess clinical education needs of the clinical instructors and clinical site.
16. Conduct or coordinate clinical education opportunities to facilitate development of the skills of clinical instructors.

Full-Time Clinical Experience Assignments

To assist students in planning, it is requested that each clinical site complete a Clinical Site Information Form (CSIF) that provides information pertinent to clinical education. Students may also review feedback from previous students/graduates or seek information from the DCE. Some facilities also have specific criteria or objectives for clinical education that may also be useful in determining facility expectations. The DCE will inform students where this information may be obtained during the clinical education planning meeting. Students will have an opportunity to research available options and identify their preferences.

The DCE will be available to discuss the process and answer questions about student needs or specific facilities of interest during the clinical education planning meeting where student requests for clinical placement information is disseminated. ***At NO time during the selection and assignment process, are students to contact clinical sites for procuring clinical assignments.*** Students will rank order of their preferences (the number as requested by the DCE) and submit their information to the DCE on or before the specified deadline. Please note that it is in the student's best interest to choose from available sites when selecting placement sites rather than hoping to be placed at a new site that may not transpire or for which a current contract does not exist.

The SCCE will be sent clinical preference forms requesting clinical placements in March of each year. Information received back from clinical sites will be recorded in the database. Assignments will be done by one of two methods, at the discretion of the DCE:

1. Computer database matching method using a randomized computer match.
2. Lottery method using by first reducing competition by assignment to uncontested slots and then randomly matching names from the pool of the remaining students requiring clinical assignment.

The DCE reviews assignments for alternative placements if it is deemed to be in the best interest of the students and/or program. Every reasonable effort will be made to share the rationale for reassignment

with the student. Students will receive notification of their upcoming assignments and be given an opportunity to discuss any concerns with the DCE.

SCCEs are provided with finalized clinical placement information for the upcoming calendar year including filled and released time slots, updated clinical education policies and other relevant clinical education program information annually during the summer semester. Once assignments are made, the only changes that will be allowed for students are for unexpected circumstances of hardship. The student may petition the DCE after the assignment has been made. The DCE will consider on an individual basis, if the assignment creates a hardship. The DCE may consult with other faculty members, if needed, to determine the extent of the hardship. If hardship is determined, the student and DCE will work together to find another assignment that will allow the student to meet clinical education requirements. If the DCE decides a hardship is not present, the student must attend the assigned site or risk failing the course.

If a site becomes unavailable during a planned clinical rotation, the student will individually consult with the DCE who will make every reasonable effort to secure an equitable learning alternative. Records of site cancellations are kept for review.

CLINICAL SITE ASSIGNMENTS

Site Coordinator of Clinical Education (SCCE) Roles and Expectations

The SCCE is committed to facilitating successful student experiences by abiding by the following policies:

1. Describe the philosophy of the clinical site and provide consistent student expectations.
2. Prior to student placement, review the contractual agreement between the academic institution and clinical site to assure that these agreements are current.
3. Submit current information of the clinical site and CI staff to DCE and/or clinical education coordinator.
4. Keep confidential student records with personal information including evaluations secured.
5. Provide student orientation including safety, emergency, security procedures, department policies and “unwritten” policies that may impact student performance or evaluation.
6. Communicate with DCE to serve as an objective mediator between CI and student if necessary.
7. Provide consultation regarding learning experiences to the clinical instructor.
8. Assist in planning and problem solving with the CI/student team in a positive manner.
9. Communicate with the DCE regarding coordinating student assignments, maintaining a student schedule, clinical education planning and evaluation, and CI development.
10. Encourage feedback from students, CI(s), DCE and other interested colleagues.
11. Evaluate the resources and needs of CI(s) and facility.
12. Manage the site’s comprehensive clinical education program.
13. Supervise the educational planning, clinical experiences and evaluation of the CI and student.
14. Update facility information ([CSIF](#) or [email](#)) as needed or annually at a minimum.

Clinical Instructor (CI) Roles and Expectations

The role of the clinical instructor (CI) is multifaceted since the CI has multiple roles within their facility. As a CI, the focus is on teaching and facilitating the learning experience for each individual student to meet learning objectives. The CI is committed to facilitating the student's successful completion of the full-time clinical experience by abiding by the following policies:

1. Structure the clinical experience to offer the best opportunity for the student to build on theoretical concepts and practical clinical skills.
2. Provide formal and timely student evaluation at midterm and the completion of each full-time clinical experience. Review the student evaluation with the student.
3. Understand the clinical education policies and procedures of KUMC including the procedures for student attendance, addressing deficit practice behaviors, full-time clinical experience termination, and/or student conflict.
4. Communicate with the DCE when student has been advised of unsatisfactory performance, unsatisfactory progress, or when a remediation plan has been initiated.
5. Provide appropriate level of supervision of students that allows evaluation of student's skills, knowledge and attitudes. Provide timely formal and informal feedback.
6. Arrange for alternative student supervision and/or learning experiences in light of CI absence.
7. Work with the SCCE to provide student orientation of institution and departmental policies including any written and unwritten policies that impact student evaluation.
8. Maintain current, evidence-based practice.
9. Model professionalism, and maintain a professional relationship with the student.

Clinical Faculty Privileges

SCCE's, and CI's are considered Volunteer Clinical Faculty. The DCE and/or faculty members are available to provide seminars and in-services on clinical education at clinical sites. Academic faculty members are available to consult with clinical faculty on clinical research, clinical education or clinical projects. Clinical faculty members are invited to campus sponsored seminars, and continuing education courses sponsored by KUMC Department of Physical Therapy and Rehabilitation Science. Limited assistance may be available for clinical faculty to attend the APTA sponsored Credentialed Clinical Instructor Program course. Access to online library materials is available through the student during any clinical experiences and access can be granted by contacting the DCE.

Student Confidentiality

The University of Kansas affords all its students their full rights as required by the Family Educational Rights and Privacy Act (FERPA). This law was enacted to protect the privacy of students and to provide for the right to inspect and review education records which are directly related to a student and which are maintained by the University or by a party acting for the University including the clinical education site. The University may disclose personally identifiable information from the education records without the consent of the student to an outside contractor such as a clinical site who is a party acting for the institution and is performing a service which the institution would otherwise have to perform for itself. They are not permitted to disclose that information to others without the written consent of the student and that the information is to be used only for the purpose(s) intended. A student may request amendment of the content of an education record on the grounds that the record is inaccurate, misleading, or otherwise in violation of the privacy of the student.

EVALUATION OF THE CLINICAL EXPERIENCE

Evaluation Tools

Integrated Clinical Experiences will use different sources of information as listed in the syllabus to assess student performance. The APTA web-based Physical Therapist Clinical Performance Instrument (Web-CPI) is the official evaluation instrument used to evaluate student performance and professional development during full-time clinical experiences.

The student will use student driven goals and objectives, and the Web-CPI to self-assess their performance of different components of their clinical experience. The students will also complete an online student assessment of clinical site and their clinical instruction to evaluate the performance and student satisfaction with the clinical site and the clinical instruction in meeting the individual student's needs. The evaluation will be sent to the CI and/or SCCE following the completion of the full-time clinical rotation. Information collected on and from each facility is reviewed annually by the DCE.

Student Performance Expectations

Integrated Clinical Experiences - Expectations of student performance is provided in the syllabus of each integrated clinical education course. Satisfactory completion of course assignments, self-assessments, clinical feedback and performance rubrics/check sheets provide the standards for measurement of performance.

Full-time Clinical Experiences - Students are expected to reach the performance expectations outlined in the syllabus for each full-time clinical education course. CIs are expected to provide narrative comments to support unusually high or low ratings on all applicable performance indicators. CIs are encouraged to consult with the DCE for assistance in rating the student's performance as needed. A written midterm assessment is required. The DCE will contact each student via e-mail and each clinical instructor with the method previously indicated when students send in Web-CPI pairing information (direct or through the Web-CPI) during the week of midterm.

Completion and timely submission of the student's midterm and final evaluation by the clinical instructor and student is expected. All evaluation material must be completed and returned to the DCE or in person by the student within one week after the completion of a full-time clinical experience or sooner if otherwise communicated by the DCE. When the evaluation materials are received, the DCE will review the content to assess whether performance standards were met. If clarification is required, the DCE will consult with the CI, SCCE and/or student for supplemental information.

Student Self-Assessment

During specified integrated clinical experiences, student self-assessment and/or reflection will be a requirement of the course according to course guidelines. Students will complete a self-assessment of performance during full-time clinical experiences (PTRS 920- 923) on the Web-CPI. Student will also assess their individual student goals and objectives generated for each full-time clinical experience. A well-written objective should contain a performance statement that is written in behavioral and measurable terms describing what a learner will do. It contains a condition statement that indicates any restrictions or limitations under which the learner will perform. Lastly, it contains a criterion statement describing when or how the learner will do the task. The student goals and objectives should be

reviewed with the clinical instructor at the onset of the full-time clinical education rotation and refined as needed with periodic review during the full-time clinical education experience.

Grading

Grading is based on a pass/fail basis and is the sole responsibility of the Course Coordinator of the ICE courses or the DCE for full-time clinical experiences. Satisfactory completion is based on the specific criteria outlined in the syllabus for each clinical education experience.

Clinical Remediation Policy

If successful completion of any integrated clinical experience or clinical education course is not attained during the normal time frame, student may be terminated, placed on probationary status, given one opportunity to repeat the clinical experience course or extend the current clinical education course, depending on individual situation as evaluated by the ICE course coordinator or DCE in conjunction with feedback from the program director and/or program chair. If student performance is unsatisfactory, the course coordinator or DCE will contact the student to gain the student's perspective of extenuating circumstances. Assessment of the circumstances will determine if the student is given a failing grade or an incomplete grade. The student will need to meet with the course coordinator or DCE to discuss and develop a plan for to address remediation necessary to attain a passing grade. Incomplete clinical coursework may interrupt the student's ability to proceed within the curriculum or graduation.

In certain cases, not related to student performance, such as family death, illness and maternity leave, an incomplete grade may be assigned and the student will be allowed to extend or repeat their full-time clinical experience.

CONFLICT RESOLUTION

Student Grievance During Clinical Experiences

If a clinical problem or conflict arises from the student's perspective (supervision, professionalism, academic preparation), the student should take the following steps:

1. First discuss the problem immediately with supervising CI and if the situation warrants, inform the course coordinator and/or DCE.
2. If the situation is not improved in a reasonable amount of time, notify the DCE and SCCE of the facility for assistance in resolving the problem.
3. If the situation is still not improved, notify the course coordinator or DCE immediately. Alternative strategies for resolving the problem may be implemented; a telephone conversation and/or onsite visit may be arrangement.

It is recommended that the student file a confidential report to the course coordinator or DCE if situation is not resolved on time and at a satisfactory level. Students are encouraged to discuss ethical issues on discussion board in professional de-identified manner and seek peer and faculty advice. If the conflict/situation is egregious in nature (sexual harassment, violence, illegal activity), the DCE should be contacted immediately for consultation on how student should proceed.

Clinical Instructor Grievance

Formal advisement between the CI, course coordinator and/or DCE is warranted if student conduct, in any way, disrupts safety or services to patients or relationships at the clinical education site. The student may also initiate advisement with the DCE.

If a clinical problem or conflict arises from the CI's perspective the instructor should take the following steps:

1. If a clinical problem arises from the clinical instructor's or patient's perspective, the CI should immediately discuss the problem with the student and formulate a plan for resolution. If the situation is not improved, the CI should either contact the SCCE, or the course coordinator or DCE to discuss alternatives in resolving the problem, depending on the nature of the problem. Before the course coordinator or DCE becomes involved, a resolution attempt must be made between the student and CI to address identified issues.
2. The CI and student must document the nature and disposition of the problem and provide this documentation to the course coordinator or DCE.
3. The course coordinator or DCE will provide written confirmation of the documented problem and the course of action.
4. The course coordinator and DCE's role is to serve as a mediator between the student and the CI insuring the best interests of the public safety, the student, the clinical education site, the university, and the profession is met.
5. An onsite visit may be arranged with the CI, student and SCCE. The course coordinator or DCE, the student, the CI, and will share perceptions, define the problem, and document a corrective action plan.
6. The course coordinator or DCE will determine whether the student can be successful with continuation of the clinical education course. The student will be removed from the site if the problem appears irresolvable or detrimental to patient safety, the student's learning or clinical site business. The student will be reassigned for completion of the remaining duration of the clinical rotation or the entirety of the clinical rotation at the discretion of the course coordinator or DCE.
7. An action plan will be devised outlining specific behavioral expectation, time frames, and evaluation process. The action plan will be signed by the student, CI, and course coordinator or DCE.
8. The course coordinator or DCE will communicate with the student and CI at the completion date specified in the action plan.
9. At the completion date, student performance may result in:
 - a. Resolution of the problem with successful completion of the full-time clinical rotation
 - b. Partial resolution of the problem with full or partial remediation required
 - c. Unsuccessful resolution of the problem with "unsatisfactory" grade of the full-time clinical education rotation and full remediation or dismissal from the program.

Clinical Site Grievance

The SCCE and/or the CI may find it necessary to file a grievance with the program. This may be necessary if issues are not student-specific but involve issues with general academic preparedness,

communication with academic faculty and/or DCE, or clinical education policies. The SCCE and/or the CI should document the specific problem and forward the document to the DCE or Department Chair. All documentation will be shared with the Program Director and Chair of the DPT program and will be forwarded to appropriate faculty. The program will provide the SCCE and/or CI a written response documenting the planned course of action.

Termination of Clinical Education Experience due to Student Performance

In the event that a student's conduct or performance, in any way, disrupts services to patients or relationships in the clinical education site, the CI may dismiss the student or the course coordinator or DCE may immediately terminate the student's placement. Areas of conduct are not limited to technical skills or academic preparation but also include commitment to learning, effective interpersonal skills, effective communication skills, effective use of time and resources, acceptance of feedback with adjustment in targeted behavior, professionalism, problem solving, and stress management.

The following examples may be grounds for immediate termination. The list of examples is provided for clarification but is not an exhaustive list of all unprofessional behaviors that may warrant termination:

- Student does not exercise sound judgment placing a patient at risk for injury.
- Student behavior undermines the positive relationship between the university and the clinical site.
- Student performance jeopardizes relationships between employees at the clinical site.
- Student fails to adhere to department, program, or university policies and procedures.
- Student uses poor professional judgment leading to unsafe or inadequate patient care or has unethical conduct.
- Student fails to remediate unacceptable behavior that has been addressed.
- Student misrepresents level of competency or practices beyond abilities.
- Student has unreasonable absences or tardiness.
- Student dates a patient currently undergoing any form of treatment at the clinical site.
- Student dates a staff member employed at the clinical site.
- Student deceives the CI or clinical staff.
- Student informs the patient or family of personal disagreement with an aspect of care.

If the student is dismissed from the clinical education site or if the full-time clinical experience is terminated:

- The student will be given an "unsatisfactory" for the full-time clinical experience.
- The student may not return to the site for a future clinical full-time clinical experience.
- The student or agents of the student may not interact or contact the clinical site, its staff, or patients.
- The student must formally meet with the course coordinator or DCE to outline a remediation plan.
- Students may be granted the opportunity to re-enroll in a clinical education course in which they have received an "unsatisfactory" one additional time. Students who do not successfully complete the course the second time will be dismissed from the program.

CLINICAL EDUCATION PROGRAM AND FACULTY EVALUATION

Procedures are in place for communication and documentation of the quality of clinical education.

Student Evaluation of the Clinical Experience

Students will have the opportunity to evaluate the clinical instruction, course coordinator and clinical experience of each integrated clinical experience course following the completion of the course. At the end or immediately upon completion of the full-time clinical education rotation, the student must complete an assessment of their full-time clinical experience and clinical instruction. Any student rating of an experience that is poor or needing improvement prompts the DCE to follow up with contact with the student and/or facility. Students are encouraged to contact the DCE at any time to discuss any concerns about a clinical site or CI. The DCE is available to the student to discuss the full-time clinical experience with the student. Student feedback will be documented.

Evaluation of the DCE

Students will complete an evaluation of the clinical education process and of the DCE at the completion of their final full-time clinical education rotation which is usually done during the exit interview. Information gathered will be used for full-time clinical experience program development and faculty development.

Evaluation of the Clinical Curriculum

The clinical education curriculum will be evaluated through graduate interviews, graduate surveys, and advisory committee meetings among program stakeholders including clinical faculty. Student feedback is elicited through communication activities with students in the third year of the program.

CONFIDENTIALITY POLICY

KUMC FELLOWS, RESIDENTS, STUDENTS

Patients are entitled to confidentiality with regard to their medical and personal information. The right to confidentiality of medical information is protected by state law and now by federal privacy regulations known as the Health Insurance Portability and Accountability Act (“HIPAA”). Those regulations specify substantial penalties for breach of patient confidentiality.

1. All patient medical and personal information is confidential information regardless of my educational or Clinical setting(s) and must be held in strict confidence. This confidential information must not become casual conversation anywhere in or out of a hospital, Clinic or any other venue. Information may only be shared with health care providers, supervising faculty, hospital or Clinic employees, and students involved in the care or services to the patient or involved in approved research projects who have a valid need to know the information.
2. Under strict circumstances, upon receipt of a properly executed medical authorization by the patient or a subpoena, medical information may be released to the requesting party. Inquiries regarding the appropriateness of the authorization or subpoena should be directed to the medical records department, the Hospital’s counsel of the University’s Office of Legal Counsel at 913-588- 7281, depending upon the situation.
3. Hospital Information System’s user codes/passwords are confidential. Only the individual to whom the code/password is issued should know the code. No one may attempt to obtain access through the computer system to information to which he/she is not authorized to view or receive. If you are aware that another individual knows your code/password, it is your responsibility to request a new user code/password.
4. If a violation of this policy occurs or is suspected, immediately report this information to your supervising faculty.
5. Violations of this policy will result in disciplinary action up to and including termination from the program. Intentional misuse of protected health information could also subject an individual to civil and criminal penalties.

I, _____, acknowledge receipt of this Confidentiality Policy. I have read the policy and agree to abide by its terms and requirements throughout my education/training at K.U. Medical Center and as part of my participation in patient care activities.

Signature _____

Date _____

Student Acknowledgement (Proof of Notification) of PTRS Student Handbook

My signature below denotes the following:

- I have read the information provided by the Department of Physical Therapy and Rehabilitation Science, University of Kansas Medical Center, in the department's "Student Handbook – Class of 2022".
- I agree to abide by the guidelines presented in said document.
- I agree to abide by the APTA Code of Ethics and Guide for Professional Conduct.
- I agree to notify my faculty liaison (in writing) of changes that may affect my ability to comply with guidelines in this document.

Student's Name (please print legibly)

Student's Signature

Date

Please submit signed acknowledgement to Robert Bagley (rbagley@kumc.edu) to be kept on file in the Physical Therapy and Rehabilitation Science department.