

## 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 2016 edition of US News and World Report Guide to America's Best Graduate Schools, the KUMC Physical Therapy and Rehabilitation Science program is in 20<sup>th</sup> place among all universities and is in **10<sup>th</sup> 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.

### 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, KU Hospital ([www.kumc.edu](http://www.kumc.edu)) 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 50 acres and includes more than 5,500 employees, 2,500 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 27,000 students and 1,900 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, a clinical campuses of the School of Medicine in Wichita and Salina, 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 1.5 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), KC Sporting (outdoor soccer), Brigade (arena football), and Explorers (team tennis). 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 craft beers. The Kansas City community is busy throughout the year with a wide range of activities, and of course, fountains are everywhere.

This page last updated: 23-May-2016.

## **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.

<http://kuhistory.com/themes/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 department Hooding Ceremony followed by our graduates strutting their doctoral regalia down the hill at University Commencement.

This page last updated: 23-May-2016.

## 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/>.

This page last updated: 23-May-2016.

## 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 <http://www.kumc.edu/about-us/mission-statement.html>.

## 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.

This page last updated: 23-May-2016.

## **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>.

This page last updated: 23-May-2016.

## Class of 2019 Calendar

	YEAR 1			YEAR 2			YEAR 3		
	Summer 2016	Fall 2016	Spring 2017	Summer 2017	Fall 2017	Spring 2018	Summer 2018	Fall 2018	Spring 2019
	<b>CLASSES</b>						<b>CLINICAL INTERNSHIP DATES</b>		
<b>First day of semester</b>	6/1/2016	8/22/2016	1/17/2017	6/6/2017	8/21/2017	1/16/2018	6/5/2018	8/13/2018	1/7/2019
<b>Last day of semester</b>	7/22/2016	12/16/2016	5/12/2017	7/28/2017	12/15/2017	5/11/2018	7/27/2018	12/14/2018	5/10/2019
<b>KU Breaks</b>		KU Fall Break 10/8 - 10/11	KU Spring Break 3/20 - 3/26		KU Fall Break 10/14 - 10/17	KU Spring Break 3/19 - 3/25		KU Fall Break is NOT observed	KU Spring Break is NOT observed
<b>Other</b>	DPT Orientation 5/31/2016	Alumni Weekend 10/7-10/8		Comprehensive Exam		CSM: New Orleans, LA 2/15 - 2/18	Comprehensive Exam		CSM: Washington DC 1/23 - 1/26
		Pinning Ceremony 10/6/2016					DPT Student Research Day 7/10/2018		<b>Commencement</b>  <b>5/19/2019</b>

\*Calendar is subject to change

**DPT Curriculum  
Class of 2019**

<b>SEMESTER 1</b> (Summer) <i>June 2016</i>	<b>SEMESTER 2</b> (Fall) <i>August 2016</i>	<b>SEMESTER 3</b> (Spring) <i>January 2017</i>	<b>SEMESTER 4</b> (Summer) <i>June 2017</i>	<b>SEMESTER 5</b> (Fall) <i>August 2017</i>	<b>SEMESTER 6</b> (Spring) <i>January 2018</i>	<b>SEMESTER 7</b> (Summer) <i>June 2018</i>	<b>SEMESTER 8,9</b> <i>Aug 2018-May 2019</i>
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**Clinical Curriculum** (credit hours). ICE: Integrated Clinical Experience, CI: Clinical Internship

	<b>PTRS 720</b> <b>ICE I</b>	<b>1</b>	<b>PTRS 730</b> (Spring or Summer enrollment) <b>ICE II</b>	<b>1</b>	<b>PTRS 830</b> <b>ICE III</b>	<b>2</b>	<b>PTRS 840</b> <b>ICE IV</b>	<b>2</b>		<b>PTRS 920, 921, 922</b> <b>CI I, II, III</b>
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**Academic Curriculum**

<b>PTRS 703</b> Applied Anatomy	<b>1</b>	<b>PTRS 702</b> PT Documentation and Health Informatics	<b>1</b>	<b>PTRS 705</b> PT Interventions II	<b>4</b>	<b>PTRS 825</b> Exercise Physiology	<b>3</b>	<b>PTRS 852</b> Neurologic PT I	<b>6</b>	<b>PTRS 826</b> Cardiopulm PT	<b>5</b>	<b>PTRS 846</b> Orthopedic PT III	<b>3</b>	<b>8</b>	<b>8</b>	<b>8</b>
<b>PTRS 710</b> Adv Topics in Human Anatomy	<b>6</b>	<b>PTRS 704</b> PT Interventions I	<b>3</b>	<b>PTRS 745</b> Orthopedic PT I	<b>6</b>	<b>PTRS 860</b> Evidence-based Research Practicum I	<b>1</b>	<b>PTRS 845</b> Orthopedic PT II	<b>6</b>	<b>PTRS 833</b> Pediatric PT	<b>3</b>	<b>PTRS 877</b> Administration in PT	<b>2</b>			
<b>PTRS 828</b> Medical Imaging	<b>1</b>	<b>PTRS 711</b> Applied Kinesiology and Biomechanics	<b>4</b>	<b>PTRS 746</b> Musculoskeletal Conditions and Management	<b>3</b>	<b>PTRS 817</b> Ethics in Healthcare	<b>2</b>			<b>PTRS 853</b> Neurologic PT II	<b>6</b>	<b>PTRS 861</b> Evidence-based Research Practicum II	<b>1</b>			
		<b>PTRS 882</b> Pathophysiology and Physical Therapist Screens	<b>6</b>	<b>PTRS 750</b> Research in Evidence-based PT Practice	<b>3</b>							<b>PTRS 890</b> Specialities in PT Practice	<b>2</b>			
		<b>PTRS 855</b> Pharmacology	<b>2</b>													
<b>Credits</b>	<b>8</b>	<b>17</b>	<b>16</b>	<b>7</b>	<b>14</b>	<b>16</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>

**TOTAL CREDIT HOURS 110**



## Student Resources

### Department Teaching Lab and Classroom

Students may use any of the PT and Rehab 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 see Robert Bagley ([rbagley@kumc.edu](mailto: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. 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, Diabetes Research Laboratory, Functional Performance Laboratory, Georgia Holland Research Laboratory, Neuromuscular Research Laboratory, Living with Vitality through Exercise Laboratory, and Research in Exercise and Cardiovascular Health 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. Student 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: <http://www.kumc.edu/information-resources/wireless-networking-on-campus.html>.

## **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/688868161243177/>.

The class schedules are housed within Google. Students can access their class academic calendar and a calendar with PTRS department events on a shared student account,

**Username:** [ptrsstudents@gmail.com](mailto:ptrsstudents@gmail.com)

**Password:** JayPT425

***Do not share this password or post in publically available forums (such as Facebook).***

It is recommended that you access the calendars through your personal gmail account. The calendar for you class can be shared to your personal gmail account by emailing your gmail username to [csabus@kumc.edu](mailto:csabus@kumc.edu) or messaging through Facebook.

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.

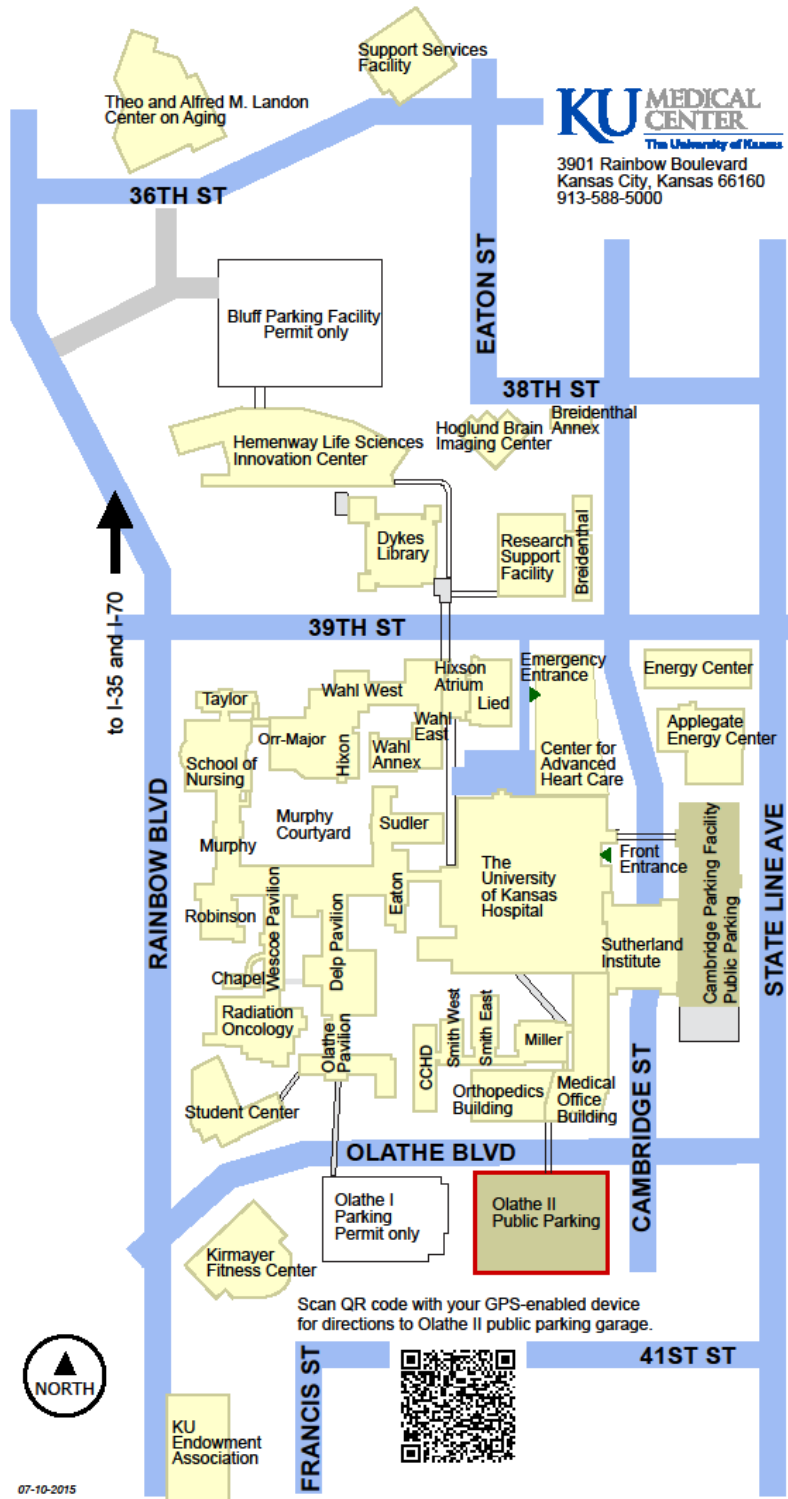
By posting content to PTRS social media sites, you agree that you will not violate any local, state, federal and international laws and regulations regarding internet usage or post inappropriate material as determined by the instructor(s) and /or department (owner of each social media site).

## **Miscellaneous**

KUMC Classified Housing Ads: <http://www.kumcreatestatewithhonors.com/>.

# 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*)
- Career Fair

### SELECTED CLASSES:

- DPT New Student Orientation (*May 31, 2016; first year students*)
- Pinning Ceremony (*October 6, 2016; first year students*)
- PT and Rehab Science Student Research Day - *summer semester*
- Open House (*April; first year students and incoming students*)
- Departmental Hooding Ceremony (*May; graduating students*)
- School of Health Professions Recognition Ceremony (*May; 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, <https://www.apta.org/csm/> (*January or February*)
- Kansas Physical Therapy Association Spring Meeting (*March/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 successfully completing the professional program.

This page last updated: 24-May-2016.

## **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
- KUMC Student Governing Council Representative
- School of Health Professions Student Senate Representative
- SPTO Club Representative
- APTA/KPTA Student Liaison
- Fundraising Committee Chair (two elected positions)
- Social Committee Chair (two elected positions)
- Sports Committee Chair
- JaySTART (Student Teaching and Rehabilitation Training) Representative (six elected positions)
- PEAKU (Performance Excellence at KU) Seminar Liaison
- Communications Representative
- HAWK Committee Representative (four elected positions)

## **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: Christmas in October, KUMC Street Fair, adopting Children's Center Family Room and organizing donations (food, toiletries, children's books, games, videos) for the fall, etc.
- Help organize annual Career Fair with staff and faculty coordinator.
- Organize pinning ceremony for incoming 1st year students (during 2<sup>nd</sup> year only).

### **TREASURER**

- Assist other officers with duties as necessary.
- Open checking account for the class.
- Obtain not-for-profit Tax ID certificate from department.
- Collect dues each semester.
- 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.
- Assist in June orientation for incoming students.

### **CURRICULUM COMMITTEE REPRESENTATIVE**

- Provide aggregate student input as needed regarding curriculum flow and course content.
- The individual in this position also represents students' views and interests to professors and faculty members.
- Meet with DPT Program director annually.

### **KUMC STUDENT GOVERNING COUNCIL REPRESENTATIVE**

- Attend monthly Student Governing Council meetings. This is a collection of representatives from all the schools at the Medical Center and is intended as an opportunity for students to communicate directly with those who are in charge of the Medical Center. Issues that affect all students at KUMC are discussed and voted on at these meetings. There are also opportunities to serve on subcommittees such as Kirmayer, parking, technology, etc.
- Inform classmates of important news/issues discussed and/or voted on at Student Governing Council meetings.

### **SHP STUDENT SENATE REPRESENTATIVE**

- 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.

### **SPTO CLUB REPRESENTATIVE**

- Work with Vice President to organize philanthropic and community service activities for the class. For example: Christmas in October, KUMC Street Fair, adopting Children's Center Family Room 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. 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.

### **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 (ie. SPTO Club Representative, APTA/KPTA Student Liaison) to raise money to support philanthropic events (ie. Christmas in October, Marquette Challenge)
- 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. Organize mixer for incoming class on the day of summer orientation.



- 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.

### **JaySTART REPRESENTATIVE—six elected positions**

- Six JaySTART co-chairs are elected, and each co-chair assists with clinic nights throughout the semester (currently every other Wednesday evening)
- The co-chair is responsible for contacting patients beforehand, supervising volunteers and handling supplies and paperwork during clinic, and scheduling patients afterward.
- The co-chairs work closely with the faculty member in charge of the clinic as well as the OT students involved with JaySTART.
- Some co-chairs are responsible for providing marketing to local safety net clinics and JayDoc.

### **PEAKU (Performance Excellence at KU) SEMINAR LIAISON**

#### First year

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

#### Second year

- Determine the topics for the PEAKU seminars for the 1<sup>st</sup> 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 1<sup>st</sup> 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).
- Compose list of students who attended all 4 seminars and give to Steve once all seminars have been completed.
- Assist 1st year PEAKU Seminar Liaison with transition to second year responsibilities.

### **COMMUNICATIONS REPRESENTATIVE**

- Update Departmental Facebook page
- Provide Lisa Coke with information about your class's activities for the departmental newsletter.

## **HAWK REPRESENTATIVE—Four elected positions**

- First year students elected to these positions will assist the second year students with running the program and take over the program in the fall of their second year. Second year students will be in charge until the fall of the third year.
- At least one executive board member should be present at each session to supervise and assist student volunteers.

### **1. Program Director:**

- Acts as the ambassador for the program.
- Serves as the main contact and will communicate with PTRS department, community, and fellow students.
- Assist other coordinators with any duties as needed and organize regular committee meetings.

### **2. Volunteer Coordinator**

- Create a schedule through Google docs for each semester and on WebPT
- Email DPT classes and HAWK Executive Staff to recruit volunteers for HAWK sessions
- Email reminders to volunteers before their assigned date
- Social media duties

### **3. Marketing Coordinator**

- Distribution of brochures and flyers to JaySTART, Silver City Clinic, KU Hospital, and any other additional locations as necessary
- Print brochures and flyers through the PTRS department as needed
- Fundraising events and items for promotion of the program

### **4. Social Media Coordinator**

- Check the HAWK gmail and respond to any emails
- Update the Facebook page as necessary and create events and/or statuses for HAWK events

## 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). Detailed information regarding the APTA is given during orientation to the program. 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. A national student conclave is held in the fall of each year.

### **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 meetings.

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.

This page last updated: 24-May-2016.

## 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 governing body at KUMC. Completely student run and supported by faculty advisors, the SGC consists of representatives from all four schools at KUMC: Heath 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.collegiatelink.net/organization/sgc/about>.

### **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.

### **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 application.

<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**

**Forever Friends Diana Lain Hughes Scholarship Fund**

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

This page last updated: 24-May-2016.

## 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 Wahbeh-Foster pledged to establish the Bloom-Wahbeh-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. Wahbeh-Foster, retired, was the owner of American Rehabilitation, which was a private physical therapy practice. Ms. Wahbeh-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.

#### **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.

This page last updated: 24-May-2016.

## **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/ForCandidatesAndLicensees/NPTE/index.asp>.

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 Licensure Information, then PT.

Last updated 24-May-2016.

## **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/ProfessionalisminPT.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Judicial/ProfessionalisminPT.pdf)

This page last updated 24-May-2016.

## **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](http://www.apta.org/uploadedFiles/APTAorg/About_US/Policies/HOD/Ethics/Codeofethics.pdf)

This page last updated: 19-May-2015.

## **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 and The School of Health Professions (SHP) also have many policies and procedures that affect you. These can be found at <http://www.kumc.edu/studenthandbook/> and <http://www.kumc.edu/school-of-health-professions/student-handbook.html>.

**All students must sign the Proof of Notification page and the Confidentiality Policy, the last two pages of this document. Return the signed pages to Robert Bagley.** These signed documents serve as verification that you have read through the departmental policies and 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 June 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. 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/About/> 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: 703/706-3387  
e-mail: [accreditation@apta.org](mailto: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 American Physical Therapy National 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 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, Cyn L Ukoko @ [cukoko@kumc.edu](mailto: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. Online appointments may also be made at <https://medconsult.kumc.edu>. For online information about academic accommodations, please go to [www.kumc.edu/accommodations](http://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 internship, 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: <http://www.kumc.edu/academic-affairs/graduate-studies/forms.html>.

## **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. C-, D, and 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. SHP 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 Sciences 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 Examination / Board Review Examination**

The purpose of the exam is to evaluate each student's level of comprehension in all areas covered in the curriculum and to simulate the board licensure exam as much as possible in order to prepare students for success on the board exam. The first annual comprehensive examination (Comp Exam 1) will take place sometime during the first few weeks of Semester 4 (Summer Year 2). The second annual comprehensive exam (Comp Exam 2) will take place sometime during the first few weeks 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 be modeled after the Federation of State Boards in Physical Therapy (FSBPT) examination and will therefore 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; 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 *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 staff availability. 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 correction 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://www2.ku.edu/~distinction/cgi-bin/general-regulations#02>. 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.

The 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 2014)

Summary of last 3 graduating classes; DPT Class of 2015, 2014, 2013

Total of students enrolled at start of program: 109

Total graduated: 106

Average retention 97%

Summary of last 3 graduating classes' performance on NPTE (National Physical Therapy Examination); DPT Class of 2014) 2013, 2012

1<sup>st</sup> time pass rate (n=102): 98%

2<sup>nd</sup> time pass rate (n=2): 99%

Overall pass rate (n=103) = 99%

#### **XV. Job and career opportunities:**

Both the American Physical Therapy Association and the Kansas Physical Therapy Association host searchable, web-based careers centers which can be accessed at <http://www.apta.org/apta/jobbank/index.aspx?navID=10737422765> and <http://kpta.associationcareernetwork.com/Common/HomePage.aspx>.

In addition a career fair sponsored by the department is held each fall on the KUMC campus. Details are provided to the student in the weeks preceding the event.



Last updated 21-July-2016.

# **DPT Student Clinical Education Handbook Class of 2019**

**University of Kansas Medical Center  
Department of Physical Therapy & Rehabilitation Science**

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## **PHYSICAL THERAPY PROGRAM: CLINICAL EDUCATION**

### **Mission Statement**

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 prepare highly competent, critical thinking physical therapists committed to lifelong professional development so that they deliver high-quality and efficient care throughout their careers. Through a clinical and evidence-based didactic curriculum, our mission is to foster autonomous, professional practitioners, who provide service to diverse and underserved populations and ethical, compassionate care.

### **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 an 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):** 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 the clinical education experience. When engaged in full-time clinical education designated to meet the minimum number of weeks required by CAPTE, the clinical instructor must be a licensed physical therapist with a minimum of one year of full time (or equivalent) post licensure clinical experience.

**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). This document can be accessed at:

[http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/BOD/Education/MinReqSkillsPTGrad.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Education/MinReqSkillsPTGrad.pdf)

### **Code of Ethics**

Ethical behavior for physical therapist is defined by the APTA. Students are accountable for ethical practice and behavior. The principles for ethical practice of physical therapy can be accessed at:

[http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/HOD/Ethics/CodeofEthics.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Ethics/CodeofEthics.pdf)

### **Medicare Reimbursement for Student Services**

Patient care provided by students is not reimbursable for patients with Medicare Part-B. However, 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 the minimum must be direct supervision as defined by the APTA. Regulation is specific to type of clinical settings. The APTA has suggested strategies for providing physical therapist student clinical education with adherence to Medicare regulation: <http://www.apta.org/Payment/Medicare/Supervision/>

### **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. Direct supervision means the physical therapist is immediately available for direction and supervision.

[http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/HOD/Terminology/Supervision.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Terminology/Supervision.pdf). 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.

In order 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 the course of 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 is divided into two distinct sections: integrated clinical experiences and full-time clinical experiences. 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 experiences may offer specialized experiences beyond entry-level, general practice that is representative geographically and through the lifespan is the priority in full-time clinical experience assignments.

#### *Integrated Clinical Experiences:*

Integrated Clinical experiences are individual courses within the curriculum. 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 full-time clinical experiences. The DCE is responsible for all full-time clinical experiences assignments during each fall and spring semesters. Students are given opportunities to share information with the DCE regarding their interests and preferences for locations and types of facilities for each level of clinical education. Clinical assignments are based on multiple factors including the availability of placements and most likely will involve out of town travel.

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 a contract exists. The list is available on Blackboard in the DPT Clinical Education Organization or in the student tracking system.

Student accessible files containing facility information is located on the CSIF website, 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 particular 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 department website:

<http://www.kumc.edu/school-of-health-professions/physical-therapy-and-rehabilitation-science/doctor-of-physical-therapy/clinical-education.html>.

### **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 IV – semester 5 (fall, second year)

Integrated Clinical Experience V – semester 6 (spring, second year)

#### Third Year

Full-time Clinical Experience I-II: (9-12 weeks) beginning and extending through the fall semester

Full-time Clinical Experience III-IV: (9-12 weeks): 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 in different settings; inpatient acute, inpatient skilled and outpatient settings during the first two years of the curriculum prior to 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 for long-term rotations including 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, on the basis of program requirements, student's educational needs and availability of appropriate sites.

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. 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 an outpatient setting.

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. Computer generated 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 clinical rotation or ICE placement at the contacted site and could 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 integrated learning experiences. Students are assigned by groups for rotation through the different facilities by the course coordinator. 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 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, 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 agreements (unless use of a facility specific contract is requested) and overview of the curriculum.

### **Site Visits**

During integrated experiences, course instructors will make routine 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 outside of the 300 mile radius may be visited approximately every 3-5 years, except international sites. 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 or presentation.

### **Evaluation and Communication with Clinical Sites**

Evaluation of integrated clinical experiences and sites will occur during and at the completion of each course.

Evaluation of the full-time clinical rotation site 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 clinics complete a self-assessment using the APTA Guidelines and Self-Assessments for Clinical Education that is provided in the student clinical education handbook which is available on the KUMC Clinical Education Website:

### **Dissemination of Student Information to Affiliating Clinics**

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

Prior to the full-time clinical experience, a letter indicating student's name, composite and contact information is provided to the site where a student is assigned. A working resume and the student's individual goals will also be sent by the student at least one month prior to each full time clinical experience start date. The Clinical Education Handbook containing clinical education policies and all evaluation forms is available online to each student and clinical instructor. It is student's responsibility to share this information with their clinical instructor 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.

### **Student Competency Assurance**

It is essential that students are demonstrating reasonable progress in their clinical skills during the course of the first two years in the curriculum. Integrated clinical experiences will require meeting the expectations and the completion of assignments in each course as part of assessment designed to meet course objectives as they are listed in the course syllabi.

Students must also show reasonable progress during the course of their full-time clinical experiences. Prior to the beginning of the first full-time clinical rotation, academic instructors must contact the DCE to identify students who are not demonstrating appropriate clinical competence. A remedial plan would be put in place by the 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 will be able to attend the planned full-time clinical experience or the clinical rotation will be reassigned by the DCE.

### **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. In addition to basic physical therapy skills and procedures introduced in classes, emphasis is placed on the development of communication, interpersonal, and problem solving skills in the clinical setting. 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 professional, teamwork, and leadership skills in the clinical setting. Prerequisite: Successful completion of semesters 1 and 2 of the DPT curriculum or permission of instructor. The student should be able to integrate skills learned in didactic curriculum to achieve an 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 customer service skills, understanding the roles of the physical therapist, continuum of health care in different practice settings 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 intermediate/advanced 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 information management, quality improvement 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 advanced 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 7 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 in all aspects of patient and practice management in selected settings including inpatient, outpatient and 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 7 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 in all aspects of patient and practice management in selected settings including inpatient, outpatient and 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 7 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 in all aspects of patient and practice management in selected settings including inpatient, outpatient and 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 7 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 in all aspects of patient and practice management in selected settings including inpatient, outpatient and 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 7 semesters of the DPT curriculum **and** permission of instructor. Students are expected to 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 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 of the DCE during full-time clinical experiences as soon as a problem related to clinical learning is identified.

## 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) 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. Students are responsible for paying this one-time fee prior to beginning ICE I.
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 Generic Abilities.

### *Full-Time Clinical Rotations:*

The students are required to abide by the requirements of the contract and follow the Department Clinical Policies and Procedures.

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 (i.e., health information, criminal background checks or drug-screens) to assigned site, either prior to their arrival or upon arrival of 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 1<sup>st</sup> 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), 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 slot. Such action will result in potential disciplinary action or loss of the negotiated slot.

### **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 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 additional background checks and drug screening. Financial aid planning should include an expense budget for clinical education. This estimate 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 of 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 making contact with the facility prior to each full-time clinical experience, the student should ask about the attire requirements. The student should wear their KUMC student nametag/identification 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. The student must adhere to the clinic time schedule at all times. Excused absences must be arranged in advance with the course coordinator for integrated clinical experience and the clinical instructor at the clinical facility for full-time clinical experiences. During integrated clinical experiences, students will be 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 make arrangements for 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. Students must also contact the DCE in a timely manner for more than 3 absences over the semester.

Unexcused absences occur when the student has either failed to notify his/her clinical supervisor of illness or failed to obtain permission from the supervisor prior to the absence. Any unexcused absence must be reported to the DCE by the 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 Clinical Instructor 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 is capable of returning to assigned duties. A copy must be furnished to the student's clinical supervisor 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. Remediation may be allowed depending on the circumstances.

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 immediately upon arrival. The student must report 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 DCE for action 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.

### **Restrictions during Full-Time Clinical Experiences**

If you are unable to fully participate in the assigned clinical rotation either before and/or during the rotation, you will need a physician's order specifying the nature of the restriction. The student will work with the DCE and possibly the CCCE, and CI to formulate a reasonable alternative for meeting the clinical education course requirements.

### **Student Liability Insurance**

The University provides professional liability insurance (malpractice insurance) for all enrolled students during clinical education. Enrollment in a clinical education course is required 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 the clinical education program. 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. Students assigned to those facilities will have to provide this information at their expense. 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 should notify the Department Chair or Program Director if an adverse criminal background check exists. 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.

The student will be responsible for the cost of any additional criminal background checks or other site based regulations such as drug testing. The student is responsible for notifying the SHP office if there is any newly reported criminal action(s) since the admission check.

### **Health Insurance**

Students are required to provide their own health insurance. The student should carry a copy 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 annual updated TB screening (PPD). 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 integrated clinical experience and must remain current for all remaining clinical experiences. For those involved in international travel, additional immunizations may be required as determined by the International Travel office. 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 the student health office. Forms for all of the above are available on the KUMC student health center website (<http://www.kumc.edu/student-services/student-health-services/health-requirements-for-continuing-students.html>).

## **CPR**

The student is required to maintain a current American Heart Association Healthcare Provider Basic Life Support CPR card throughout the course of 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 a number of 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 at the student's expense. If a drug screen is positive, the SHP policy will be followed and the student may be dismissed from the program.

## **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 an 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 SSCCE, CI, and DCE. Treatment may be at the student's expense.

### **Patient Incident or Injury**

Students are to immediately report all incidents or accidents involving clients to their clinical instructors and DCE. The Clinical Instructor should report the occurrence as required by facility policy and procedures. It is the responsibility of the Site Coordinator of Clinical Education or CI to 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 facility 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 making an appointment online at <http://www.kumc.edu/student-services/counseling-and-educational-support-services.html>.

Students who believe they may need accommodations in order to complete the course requirements are encouraged to contact Cynthia Ukoko ([cukoko@kumc.edu](mailto:cukoko@kumc.edu)) in the Academic Accommodations Services Office at 913-945-7035, as soon as possible to better ensure that such accommodations can be implemented in a timely fashion. Online appointments may also be made at <https://medconsult.kumc.edu/>. For online information about academic accommodations, please go to [www.kumc.edu/student-services](http://www.kumc.edu/student-services).

### **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 Student Counseling & Educational Support Services by calling 913-588-6580. Any student in who needs an accommodation because of a disability in order to complete the course requirements should contact the instructor or the Academic Accommodation Services Office 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 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.

### **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 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 HIPPA 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 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 course instructor upon receipt of this handbook and prior to the first integrated clinical experience.

**Professional Behavior:**

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

**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 your grade point average. Unsatisfactory grades will affect the progression through the curriculum.

Receiving a satisfactory grade in a clinical education course, however, is necessary to continue in the program. Students who receive an unsatisfactory grade may have the opportunity to retake a clinical education course **one time**. If a student feels that he/she is not doing satisfactory work at mid-term, the student is responsible for making an appointment with the assigning 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 graduation. The student will need to enroll in, repeat and successfully complete the pertinent course to remain in the program and/or graduate.

**INTEGRATED CLINICAL EDUCATION COURSE COORDINATOR/INSTRUCTOR RESPONSIBILITIES**

The course coordinator will:

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. Maintain open communication with clinical coordinators, supervisor and students during each integrated clinical education course.
4. Organize and manage seminars associated with each integrated clinical education course.
5. Evaluate material submitted by students for fulfillment of the requirements of the clinical education course.
6. 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.
7. Evaluate remediation needs and provide a plan of approach including remediation experiences students who are eligible for reassignment.

**DCE RESPONSIBILITIES**

The Director of Clinical Education (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 contract 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 clinical education courses.
5. Maintain open communication with each clinical instructor and/or CCCE 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 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 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 all 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 use feedback from previous students/graduates. 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.

The SCCE will be sent clinical preference forms requesting clinical placements March of each year. Information received back from clinical sites will be recorded in the database. 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 make contact with clinical sites.** 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.

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 will review the 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

reassignments 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 FACILITY RESPONSIBILITIES AND PRIVILEGES**

### **SCCE Responsibilities**

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.
4. Keep student records with personal information including evaluation secure and confidential.
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 comprehensive clinical education program.
13. Supervise the educational planning, clinical experiences and evaluation of the CI and student.

### **CI Responsibilities**

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 in order 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 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 procedure for 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. Provide student orientation of institution and departmental policies including any written and unwritten policies that impact student evaluation.
7. Arrange for alternative student supervision and/or learning experiences in light of CI absence.
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 of its students their full rights as required by the Family Educational Rights and Privacy Act. 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 and satisfaction of different components of their clinical experience. The students will also complete an online Student Assessment of Clinical Instruction to evaluate the performance of the 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 are provided in the syllabus of each integrated clinical education course. Satisfactory completion of course assignments, self-assessments, and clinical feedback, 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. CIs are encouraged to consult with the DCE for assistance in rating the student's performance as needed. A midterm assessment using the web-CPI is required. The DCE will contact each student and clinical instructor via e-mail during the week of midterm unless otherwise specified when students send in web-CPI pairing information.

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 electronically, via fax, by mail, 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 rotations on the web-CPI. Students will also assess their individual student goals and objectives generated for each full-time clinical experience. Remember that a well-written objective should contain a performance statement that is written in behavioral and measurable terms describing what you as a learner will do. It contains a condition statement that indicates any restrictions or limitations under which you, the learner will perform. Lastly, it contains a criterion statement describing when or how you, the learner must do the task. Be prepared to review with your clinical instructor and refine your goals and objectives. The student goals and objectives should be reviewed periodically during the full-time clinical experience.

### **Grading**

Grading is based on a pass/fail basis and is the sole responsibility of the Course Coordinator of the integrated clinical experience 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 clinical time frame, student may be terminated, placed on probationary status or given one opportunity to repeat the 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. Student will receive an unsatisfactory grade until a course of action is implemented. 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, such as family death, illness and maternity, 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 arises from the student's perspective (supervision, professionalism, academic preparation), the student should take the following steps:

- First discuss the problem immediately with supervising clinical instructor and may inform the course coordinator or DCE.

- If the situation is not improved, notify the CCCE of the facility for assistance in resolving the problem.
- 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.

Students are also suggested to file a confidential report to 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 the student should proceed.

### **Clinical Instructor Grievance Procedure**

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

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 of the facility 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. Clinical Instructor's Handbook is a suggested guide to help resolve clinical problems.
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 CCCE. 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 make a determination whether the student can be successful with continuation of the clinical education course. The student will be removed from the site if the problems appears irresolvable or detrimental to the student's learning. 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 meet with the student and CI at the completion date specified in the action plan.
9. At the completion date, student performance may result in 1) resolution of the problem with successful completion of the full-time clinical rotation, 2) partial resolution of the problem with full or partial remediation required, or 3) unsuccessful resolution of the problem with "unsatisfactory" grade of the full-time clinical 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. All documentation will be shared with the Program Director and Chair of the DPT program and will be forward to appropriate faculty. The program will provide the CCCE 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, 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 serious 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 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 future full-time clinical experiences.
- 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 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 rotation, the student must complete an assessment of their 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 clinical instructor

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 rotation which is usually done during the exit interview. Information gathered will be used for clinical education 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.



**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 2018"
  
- 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 advisor (in writing) of changes that may affect my ability to comply with guidelines in this document.

\_\_\_\_\_  
Student's Name (please print legibly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

Submit to Robert Bagley. The signed page will be kept on file in the Physical Therapy and Rehabilitation Science office.

## **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 Accounting 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 or 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 received and reviewed

Submit to Robert Bagley