

## **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 2004 edition of US News and World Report Guide to America's Best Graduate Schools, KUMC Physical Therapy Education is in **10th place in public universities** and 25th place overall out of the PT schools in the United States. That ranking is based on national reputation as assessed by "a survey of knowledgeable individuals in academia and each particular profession." We believe that our program continues to climb toward the top of all programs in the country.

### **The School of Allied Health**

The School of Allied Health (<http://www.kumc.edu/allied>) is one of the country's largest schools of allied health in an academic medical center, in terms of number of programs, number of students enrolled in its graduate programs, and total enrollment. Allied health professionals provide 60% of health care service and continue to be in increasing demand. The other departments in the School of Allied Health are: Clinical Laboratory Sciences, Cytotechnology, Dietetics and Nutrition, Health Information Management, Hearing and Speech, Nurse Anesthesia, 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, Allied Health, and Graduate Studies. Clinical services include a full-service, tertiary-care hospital 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 campus of the School of Medicine in Wichita; and educational and research facilities throughout the state. According to the September 1995 issue of U.S. News and World Report, KU ranks 28th in the nation in academic reputation among 147 public universities and 24th among the nation's best-buy public universities.

### **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 metropolitan area, enjoying the region's temperate climate. Metropolitan Kansas City boasts several tourist attractions, including the downtown business 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, 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), Royals (baseball), Wizards (outdoor soccer), Comets (indoor soccer), Blades (hockey), and Explorers (team tennis). Dining ranges from international cuisine to Kansas City's famous barbecue. 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: 4-May-07

## **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://www.ku.edu/about/traditions/index.shtml>

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## Department Address and Telephone Number

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This page last updated: 4-March-07

## Department Mission and Philosophy

### **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 an evidenced-based clinical and didactic curriculum, our mission is to foster autonomous, professional practitioners, who provide service to diverse and underserved populations and ethical, compassionate care.

### **Philosophy**

The Department of Physical Therapy and Rehabilitation Science recognizes that all members of society deserve to benefit from a health care system that promotes wellness and health. Physical therapy, a dynamic and evolving profession, is an essential component of the health care system. The practice of physical therapy includes services to all individuals through prevention, habilitation, rehabilitation and education. The profession of physical therapy is committed to providing optimum levels of care for all individuals and striving for excellence in practice.

The goal of the Department of Physical Therapy and Rehabilitation Science is to prepare highly qualified, professionally adaptable physical therapists that function as clinicians, teachers, advocates and researchers. The functions of physical therapists shift as they strive to meet the needs of a diverse population of consumers and new health care delivery systems. Thus, physical therapists must be flexible and constant learners with a strong background in basic and behavioral sciences and humanities. Successful physical therapists must be self-directed and responsible individuals.

The faculty and administrators must create an educational environment that promotes active participation of the learner in the acquisition of knowledge, skills and attitudes necessary for the practice of physical therapy. Faculty must ensure the rights of students in academic and clinical settings. The curriculum must consist of planned opportunities for education that encourage students to accept responsibility for their own learning and to develop skills as problem-solvers and life-long learners.

Faculty members serve as role models within the university, the profession, and the community. They participate in teaching, community service, research, clinical practice, consultation and governance of the department, the school, the university and the profession. The faculty as a whole is responsible for the development and continual evaluation of the curriculum. We recognize that the profession of physical therapy is diverse, and the backgrounds and activities of the faculty should reflect that diversity.

## **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.pters.kumc.edu/facstaff.html>

This page last updated: 4-May-07

**University of Kansas Medical Center**  
**Physical Therapy and Rehabilitation Science**  
Overall Curriculum Flow, DPT Class of 2010

SEMESTER 1 (Summer) June 2007	SEMESTER 2 (Fall) August 2007	SEMESTER 3 (Spring) January 2008	(Summer) June 2008	SEMESTER 4 (Fall) August 2008	SEMESTER 5 (Spring) January 2009	SEMESTER 6 (Summer) June 2009	SEMESTER 7 (Fall) August 2009	SEMESTER 8 (Spring) January 2010
PTRS 701 Professional Interactions (1)	PTRS 702 PT Documentation (1)	PTRS 705 PT Interventions (4)	NO CLASSES	PTRS 825 * Exercise Physiology (3)	PTRS 826 * Cardiopulmonary PT (4)	PTRS 832 Health Promo. thru the Lifespan (3)	PTRS 833 * Pediatric PT (3)	
PTRS 703 * Physical Therapy Tests and Measures (2)	PTRS 704 * Basics of Acute Care PT (3)	PTRS 745 * Musculoskeletal PT I (4)		PTRS 845 * Musculoskeletal PT II (3)	PTRS 846 * Musculoskeletal PT III (3)	PTRS 852 * Neurologic PT I (4)	PTRS 853 * Neurologic PT II (4)	
PTRS 710 * Adv. Topics in Human Anatomy (5)	PTRS 711 * Applied Kinesiology & Biomechanics (4)	PTRS 746 * Orthopedic Medicine (3)		PTRS 850 Neuroscience (4)	PTRS 851 Control of Human Movement (2)	PTRS 860 <sup>a</sup> Evidence-based Research Practicum (1)	PTRS 861 Evidence-based Research Practicum (1)	
	PTRS 712 Pathophysiology & the PT Diagnosis (4)	PTRS 750 Research in Evidence-Based PT Practice (3)		PTRS 855 Pharmacology (1)			PTRS 876 Administration in PT (3)	
	PTRS 880 * Differential Dx of Gen. Medical Conditions (3)						PTRS 865 <sup>b</sup> (Elective) (1)	
	PTRS 720 Clinical Ed. I (1.5) (3 weeks at end of semester)	PTRS 730 Clinical Ed. II (1.5) (3 weeks at end of semester)		PTRS 820 Clinical Ed. III (2) (4 wks – middle)	PTRS 830 Clinical Ed. IV (2) (4 wks – middle)		PTRS 840 Clinical Ed. V (2) (4 weeks –begin)	PTRS 920 Clinical Ed. VI (9) (18 weeks)
8 hours	16.5 hours	15.5 hours		13 hours	11 hours	7(8) hours	13 (14) hours	9 hours
							Total:	<b>94 (95)</b>

- \*indicates Lab Based Courses
- <sup>a</sup> indicates required course that may be taken in any semester after Semester 3
- <sup>b</sup> indicates optional course that may be taken in any semester after Semester 3

## **Table of Contents: Clinical Education Handbook**

### **PHYSICAL THERAPY PROGRAM**

- Department Mission Statement
- Department Philosophy Statement
  - Department Goals
  - Program Objectives
  - Faculty and Staff

### **STANDARDS OF PERFORMANCE**

- Standards

### **PROFESSIONAL EXPECTATIONS**

- Minimal Skill Set
- Code of Ethics
- Use of Medicare

### **GUIDELINES FOR CLINICAL EDUCATION**

### **OVERVIEW OF CLINICAL EDUCATION PROCESS**

- Clinical Education Within the Curriculum
- Schedule and Timelines
- Site Requirements
- Formal Written Agreement
- Site Selection
- Site Visits
- Evaluation and Communication
- Dissemination of Student Information
- Clinical Competency Check Lists

### **STUDENT RESPONSIBILITIES**

- Roles
- Expectations
  - Student Travel
  - Student Expenses
- Clinical Experience Objectives
- Rules and Regulations
  - Clinical attire
  - Attendance
  - Student Liability Insurance
  - Criminal Background Check
  - Medical
    - Immunizations
    - CPR
    - Potential Drug Screening
    - Potential Health Risks

- Exposure or Workplace Injury Plan
- Patient Incidents or Injury
- Disability Statement and Accommodation
- Patient Rights
- HIPAA Compliance
- Professional Behavior
- Reporting Incidents
- Statement of Student Responsibility

#### ACCE RESPONSIBILITIES

- Roles and Expectations
- Legal Compliance
- Clinical Supervision
- Clinical Resource
- Clinical Assignments
- Evaluation

#### CLINICAL FACILITY RESPONSIBILITIES

- Clinical Coordinator of Clinical Education (CCCE)
  - Roles and Expectations

- Clinical Instructor
  - Roles and Expectations
  - Student Confidentiality

#### EVALUATION OF CLINICAL EXPERIENCE

- Evaluation Tools
- Student Performance Expectations
- Student Self-Assessment
- Grading
- Clinical Remediation

#### CONFLICT RESOLUTION

- Student Grievance
- Clinical Instructor Grievance
- Termination of Internship Due to Student Performance
- Clinical Site Grievance

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

### **Mission Statement**

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## **STANDARDS OF PERFORMANCE AND PROFESSIONAL EXPECTATIONS**

### **Standards**

#### **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/AM/Template.cfm?Section=Professional\\_PT&CONTENTID=27559&TEMPLATE=/CM/ContentDisplay.cfm](http://www.apta.org/AM/Template.cfm?Section=Professional_PT&CONTENTID=27559&TEMPLATE=/CM/ContentDisplay.cfm)

### **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/AM/Template.cfm?Section=Professional\\_PT&CONTENTID=21760&TEMPLATE=/CM/ContentDisplay.cfm](http://www.apta.org/AM/Template.cfm?Section=Professional_PT&CONTENTID=21760&TEMPLATE=/CM/ContentDisplay.cfm)

### **Physical Therapist Student Services and Medicare Reimbursement**

Patient care provided by students is not reimbursable for patients with Medicare Part-B. However, this regulation only applies to outpatient services, whereas student minutes can count for patients with Medicare Part-A in skilled nursing facilities and inpatient settings where the supervising therapist is within "line of sight." Thus, this regulation does not apply to all types of clinical settings. The APTA has suggested strategies for providing physical therapist student clinical education with adherence to Medicare regulation:

<http://www.apta.org/AM/Template.cfm?Section=Clinical&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=21075>

## **GUIDELINES FOR CLINICAL EDUCATION**

### **OVERVIEW OF THE CLINICAL EDUCATION PROCESS**

The Academic Coordinator of Clinical Education (ACCE) is responsible for scheduling and assigning students to clinical Internships. Each class of students will have one assigning ACCE who is responsible for all internship assignments during each fall and spring semester. Students are given opportunities to share information with their assigning ACCE 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 may involve out of town travel.

The department of Physical Therapy and Rehabilitation Science currently has contractual arrangements with nearly 250 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 our web site <http://www.pt.rs.kumc.edu/>

A student file containing detailed facility information is located in the department. Students are encouraged to utilize this resource 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 ACCE 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.

The 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 but it 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.

### **Schedule and Time Lines**

Clinical education is an essential part of the preparation of physical therapists. The DPT curriculum includes 36 weeks of clinical education in a variety of practical settings. Students are expected to attend sites in all major areas of physical therapy practice. It involves short and long term clinical Internships during every fall and spring semester of each year as outlined below:

#### **First Year**

Clinical Internship I (3 weeks): offered at the end of fall semester

Clinical Internship II (3 weeks): offered at the end of spring semester

#### **Second Year:**

Clinical Internship III (4 weeks): offered at the middle of fall semester

Clinical Internship IV (4 weeks): offered at the middle of spring semester

#### **Third Year**

Clinical Internship V (4 weeks): offered at the beginning of fall semester

Clinical Internship VI (18 weeks): This full time long-term clinical Internship is offered during the final spring semester in which students choose either 3 six week or 2 nine week clinical internships.

### **Site Requirements**

Sites for clinical Internships are located throughout the United States. In addition, there are international sites available for long-term rotations in Ireland, England, South Africa, Australia and India. Clinical Internship assignments are made commensurate to the content taught in the curriculum, on the basis of student's educational needs and availability of appropriate sites.

Clinical internships require that all students practice in inpatient and outpatient setting for one of their long-term rotations and complete a rural site and/or a geriatric rotation at anytime in the curriculum. Placements are available in acute, subacute, and

rehabilitation hospitals, ambulatory care centers, private practices, nursing homes, inpatient and outpatient pediatric facilities, occupation medicine, home health, and some specialty areas such as golf performance, hippotherapy, burn units, women's health, education or administration.

Clinical rotations are assigned at least 6 to 12 months in advance. Students are assigned by the ACCE to inpatient and outpatient hospital/clinic during the summers of the first two academic years. During the 2nd year, students are assigned to a variety of clinics based on their educational needs and interests. For the 3rd year, an ad hoc student clinical education committee is created who assigns all students based on school requirements and student interests. The ACCE then reviews student assignments made by student committee and makes the final approval.

### **Formal written agreement**

Before any students are assigned to clinical internships at a specific facility, a legal written agreement must be completed.

### **Site selection**

The department makes an effort to select, develop and maintain quality clinical sites. Many of the program's clinical education sites are located throughout Kansas. It is often more fiscally opportune for students to stay in-state for clinical internships 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. A willingness to offer internships on an ongoing routine basis.

The ACCE will consider developing additional sites at the request of students, if the proposed site provides an exceptional learning experience particularly in specialty practices. New clinical contracts will not be developed for purposes of the students wanting to travel, or stay near friends or family.

Clinical sites may initiate contact with the ACCE 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 ACCE. At this point, communication is assumed by the ACCE 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), overview of the curriculum, copy of student professional liability waiver and a CSIF form.

### **Site Visits**

Visits to clinical sites by the ACCE are scheduled to occur every 2-3 years for routinely used facilities within the state of Kansas or 300 miles. Routinely used sites outside of the 300 mile radius will be visited every 5 years, except international sites. Most site visits are performed in conjunction with student placement at the facility. Phone consultations are scheduled with the student and/or clinical instructor when site visits are not performed. A site may request that the ACCE or other faculty members provide their staff with a workshop or presentation.

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

Evaluation of the clinical site occurs both formally and informally on a regular basis through written and verbal communications with the facility. 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.

The ACCE 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 using the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction. 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 ACCE 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.

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

Prior to clinical Internship, a letter indicating student's name, composite and contact information is provided to the site where a student is assigned. A Clinical Education Handbook containing clinical education policies and all evaluation forms is provided to each student prior to clinical internship. It is student's responsibility to share this information with their clinical instructor. In addition, clinical information is available to clinicians on the department web site. Each student is suggested to maintain an

individual electronic clinical education folder (on ePortfolio) which can be accessed anywhere by the student and forwarded to clinical instructor.

### **Clinical Competency Check-list**

It is essential that students be demonstrating reasonable progress in their clinical skills at the time of each internship. Prior to the beginning of each internship, instructors for the corresponding semester must contact the ACCE at least one week ahead to identify students who are not demonstrating appropriate clinical competence. A remedial plan would be put in place by the instructor. The ACCE 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 internship or the internship will be reassigned by the ACCE.

- **Clinical Internship I**

Given the individual experience and confidence level, the student should be able to perform the following skills during Clinical Internship I: Perform goniometric measurements, ROM exercises, MMT, segmental neurological exam, basic skills of acute care management, appropriate use of adaptive equipment, application of differential diagnosis of general medical conditions, systems review, gait analysis and PT documentations.

- **Clinical Internship II**

In addition to the above mentioned skills, students will be able to perform assessment and treatment of peripheral joints, management of amputation, selection and application of prosthesis and orthotics, application of modalities and electrotherapy, and wound management.

- **Clinical Internship III**

Students should be able to perform assessment and treatment of peripheral and spinal conditions, review and analyze research findings and demonstrate understanding of neurological disorders and pharmacology.

- **Clinical Internship IV**

Students should be able to perform assessment and treatment of peripheral and spinal conditions including post operative care, management of cardiopulmonary conditions, review and analyze research findings and demonstrate understanding of neurological disorders and pharmacology.

- **Clinical Internship V**

Students should be able to perform assessment and treatment of peripheral and spinal conditions including post operative care, management of cardiopulmonary conditions, review and analyze research findings and demonstrate understanding of neurological disorders and pharmacology.

- **Clinical Internship VI**

Students should be able to perform evaluation and treatment in all areas of physical therapy and upon completion be functioning at entry-level.

### **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 ACCE as soon as the problem related to clinical learning is identified.

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 2 weeks in advance to learn the specific requirements of the assigned site.
2. Provide all necessary documents (i.e., health information) 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. Share and review the required documents with Clinical Instructors within the 1<sup>st</sup> two days of their clinical internship.
5. Comply with the policies and procedures of the clinical site and the Department of Physical Therapy and Rehabilitation Science.
6. Fulfill all duties and assignments made by the clinical instructor and academic coordinator of the clinical education within the time limit specified.
7. For web-based posting on discussion boards, identifiers will be removed and discussion will remain in the educational context.
8. Provide honest and constructive feedback to the clinical site and academic coordinator of clinical education.
9. Adhere to the profession's *Code of Ethics* and comply with Guides for Professional Conduct and Generic Abilities.
10. Reschedule make up time for any absences.
11. Write a letter of appreciation to the appropriate individuals (e. g. clinical instructor, department supervisor, clinical site administrator) for the educational opportunities provided.

### **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 are required of clinical education. These responsibilities include provision for reliable transportation and living expenses (housing, meals, etc). Students should anticipate approximately \$1,000 for short-term and \$3,000 to \$ 4000 for full-time clinical experiences. This estimate cost may vary significantly from student to student and clinical to clinical. Students are responsible for their own transportation and living arrangements related to clinical internships unless otherwise supported by the clinical facility.

**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 learning objectives.

**RULES AND REGULATIONS****Dress Code**

The student is required to adhere to the dress code of the facility. In making contact with the facility prior to the clinical internship, the student should ask about the attire requirements. The student should wear their student nametag visibly unless prohibited by the facility.

**Attendance and Absences**

As part of the professional education process for physical therapy students, prompt, regular attendance is expected during clinical education. Students are clinical education placements on time. Students are strongly discouraged from absences during a clinical assignment, including time off for job interviews and research project completion. The student must adhere to the clinic time schedule at all times.

Excused absences must be arranged in advance with the clinical supervisor of the clinical facility. During the semester of full time clinical practica (PTRS 920) only, the student may be permitted one (8 hour day) excused absence per internship (A, B or C) for out of town travel between practica sites. 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.

Unexcused absences occur when the student has either failed to notify his/her clinical supervisor of illness or failed to obtain permission from the supervisory prior to the absence. Any unexcused absence must be reported to the ACCE by the CCCE/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 ACCE 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 ACCE. It is at the discretion of the ACCE in concert with the

CCCE as to how the missed clinical experience will be made up. In the case of prolonged absence, the clinical internship may be ended and the student will receive an incomplete for the class. Remediation may be allowed depending on the circumstances.

Excessive absence may be grounds for failure of the clinical education course. 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.

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 clinical supervisory immediately upon arrival. The CCCE must report episodes of multiple lateness to the ACCE for action by the academic faculty. Reported tardiness (no more than two) will not be tolerated and may result in a hearing before the academic faculty and may result in dismissal from the program.

### **Insurance**

The University provides professional liability insurance (malpractice insurance) for all students during all levels of clinical education. 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.

### **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 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 with them to the clinical facility as he/she may be requested to provide it to the facility for their records. The student is responsible for notifying the SAH office if there is any newly reported criminal action(s) since the admission check.

### **Immunizations**

To comply with OSHA requirements, students are required to have immunizations including measles, mumps, rubella, polio series, tetanus (within the past 10 years), diphtheria and Hepatitis B (or waiver) completed prior to beginning the first internship. Students are also required to have an annual updated TB screening. 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.

The University will provide the students access to this series within 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 internship. For those involved in international travel, additional immunizations may be required as determined by the International Travel office. 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.

### **CPR**

The student is required to maintain a current CPR card specifically for health care provider's course. Other lay person training programs cannot substitute for this requirement. 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.

### **Potential of Drug Screening**

A facility may require the student to pass a drug screening prior to or during the first week of a clinical internship as a part of the facility's procedures and requirements. 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. This screening is scheduled with the facility and done at the facility's expense.

### **Potential Health Risks**

Clinical practice poses potential for exposure to hazardous materials, infectious agents, and personal injury. Prior to beginning the clinical rotation, the student must be trained in standards for preventing transmission of bloodborne and other infectious agents. The OSHA blood borne pathogen requirement can be met if the student attended the infection control lecture in PTRS 704, Basics of Acute Care PT. The student must also successfully pass training in injury prevention and safe body mechanics. 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.

### **Exposure or Workplace Injury Plan**

In the event of an exposure to an infectious agent or hazardous material or injury at the worksite the student should seek treatment through the site's employee health department. The student must follow site protocol for injury or exposure reporting and must promptly notify the CCCE, CI, and ACCE.

### **Patient Incident or Injury**

Students are to immediately report all incidents or accidents involving clients to their clinical instructors. The Clinical Instructor should report the occurrence as required by facility policy and procedures. It is the responsibility of the Center Coordinator of Clinical Education to contact the ACCE to notify him/her of such incidents/accidents. Students are advised to speak to no one other than the Clinical Instructor regarding any incident

or accident in which they were involved or which they witnessed during their clinical internship. 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 visiting G116 Student Center.

Any student in this course who, because of disability, needs an accommodation in order to complete the course requirements should contact the instructor or the Equal Opportunity / Disability Specialist 913-588-7813; TDD 913-588-7963 as soon as possible.

### **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 or visiting G116 Student Center. Any student in who needs an accommodation because of a disability in order to complete the course requirements should contact the instructor or the Equal Opportunity/Disability Specialist (913-588-7813, TDD 913-588-7963) as soon as possible.

### **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.

### **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 during the first semester enrolled in the program. An annual retraining is required thereafter and is available on the Chalk system (<https://www2.kumc.edu/chalk2/login.asp>). The student should carry a copy of the HIPAA certificate with them to the clinical facility as he/she may be requested to provide it to the facility for their records. The student is required to strictly adhere to standards. The student must protect patient confidentiality and is not to discuss the patient/patient condition outside the clinical setting. Patients may be discussed with classmates and faculty for educational purposes only. All patient identifiers must be removed.

### **Professional Behavior:**

Any behavior exhibited by the student deemed inappropriate by the ACCE or Clinical Instructor of Clinical Center Coordinator will result in failure of this course. Repeated or multiple issues with professionalism during an internship may also result in failure.

### **Reporting Incidents**

An incident out of the ordinary involving or witnessed by the student should be immediately reported to the clinical instructor and the appropriate facility incident report should be filled out. The ACCE 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. This course is graded on a Satisfactory/Unsatisfactory grade, and as such, will not affect your grade point average.

Receiving a satisfactory grade in this course, however, is necessary to continue in the program. Students will have the opportunity to retake this clinical experience **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 ACCE to design 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.

### **ACCE RESPONSIBILITIES**

The Academic Coordinator of Clinical Education (ACCE) is dedicated to facilitating successful completion of each clinical education course of each student by fulfilling the following criteria:

1. Assure that written legal contracts between the University and the clinical site are in place and updated as needed. A current signed contract must be on file before assigning and sending a student to an internship at the clinical site.
2. Assign all eligible students to clinical education internships.
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. Maintaining open communication with each clinical instructor and/or CCCE by any method deemed appropriate before, during and after assigned internships.
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 clinical instructor(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 clinical internship, upon notification the ACCE will maintain contact with the relevant person(s) with the goal of achieving successful resolution. The ACCE 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 clinical internship.
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 clinical education opportunities to facilitate development of the skills of clinical instructors.

### **Clinical 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 graduates. Some facilities also have specific criteria or objectives for clinical education that may also be useful in determining facility expectations. The ACCE will inform students where this information may be obtained during the clinical education planning meeting.

The ACCE will be sent clinical preference forms requesting clinical placements February of each year. Information received back from clinical sites will be recorded in the database and students will be given lists of options that exist for each internship time. Students will have an opportunity to research available options and identify their preferences. The ACCE 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 (a minimum of 3 each internship) and submit their forms to the ACCE 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 ACCE:

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 drawing names from the pool of the remaining students requiring clinical assignment.

The ACCE 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 ACCE.

CCCEs are provided with finalized clinical placement information for the upcoming calendar year including filled and unmatched 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 ACCE after the assignment has been made. The ACCE will consider on an individual basis, if the assignment creates a hardship. The ACCE may consult with other faculty members if needed to determine the extent of the hardship. If hardship is determined, the student and ACCE will work together to find another assignment that will allow the student to meet clinical education requirements. If the ACCE 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 internship, the student will individually consult with the student and make every reasonable effort to secure an equitable learning alternative. Records of site cancellations are kept for review.

## **CLINICAL FACILITY RESPONSIBILITIES AND PRIVILEGES**

### **CCCE Responsibilities**

The CCCE 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. Keep student records with personal information including evaluation secure and confidential.
4. Provide student orientation including safety, emergency, security procedures, department policies and “unwritten” policies that may impact student performance or evaluation.
5. Communicate with ACCE to serve as an objective mediator between CI and student if necessary.
6. Provides consultation regarding learning experiences to the clinical instructor.
7. Assists in planning and problem solving with the CI/student team in a positive manner
8. Communicates with the ACCE regarding coordinating student assignments, maintaining a student schedule, clinical education planning and evaluation, and CI development.
9. Encourages feedback from students, CI(s), ACCE and other interested colleagues.

10. Evaluates the resources and needs of CI(s) and facility.
11. Manages the comprehensive clinical education program.
12. Supervises 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 clinical instructor is committed to facilitating the student's successful completion of the clinical internship 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. Submit current information of the clinical site and CI staff to the ACCE
3. Provide formal student evaluation at the completion of the internship and at midterm for internships of 4 or more week's duration. Review the student evaluation with the student.
4. Understand the clinical education policies and procedures of KUMC including the procedure for addressing deficit practice behaviors, internship termination, or student conflict.
5. Communicate with the ACCE when student has been advised of unsatisfactory performance, unsatisfactory progress, or when a remediation plan has been initiated.
6. Provide appropriate level of supervision of students that allows evaluation of student's skills, knowledge and attitudes. Provide timely formal and informal feedback.
7. Provide student orientation of institution and departmental policies including any written and unwritten policies that impact student evaluation.
8. Maintain current, evidence-based practice.
9. Model professionalism, and maintain a professional relationship with the student.

### **Clinical Faculty Privileges**

CCCE's, Center Coordinators of Clinical Education and CI's (Clinical Instructors) are considered Volunteer Clinical Faculty. CCCE's and CI's that provide at least 140 hours of instruction in an academic year are entitled to access to KUMC's Dykes Library and its online search engines and subscriptions. The ACCE is available to provide seminars and inservices 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 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 Clinical Instructor Credentialing course.

The Department of Physical Therapy and Rehabilitation Science offers a post-professional DPT. Clinical faculty members are allowed to enroll and pay for courses offered within this program without full admission to the post-professional DPT program.

### **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 an internship 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**

The Physical Therapist Clinical Performance Instrument and Clinical Generic Abilities Skill Set are the official evaluations instruments used to evaluate student performance and professional development.

The student will use the department's self-assessment tool, student driven goals and objectives, and if requested or desired, the CPI to self-assess their performance and satisfaction of different components of their clinical experience. The students will also complete the Physical Therapist Student Evaluation of Clinical Experience and Clinical Instruction to evaluate the performance of the site and the clinical instruction in meeting the individual student's needs.

Information collected on and from each facility is reviewed annually by the ACCE team. A summary of impressions, strengths and weaknesses is shared with each facility as needed.

### **Student Performance Expectations**

The following table provides the expected student performance on the CPI through the progression of clinical education. The grading criteria for the Visual Analog Scales are provided only as guidelines. Visual Analog Scale scores and narrative comments are used by the academic faculty in making final grade determinations.

	<b>CE I PTRS 720 3 weeks</b>	<b>CE II PTRS 730 3</b>	<b>CE III PTRS 820 4 weeks</b>	<b>CE IV PTRS 830 4 weeks</b>	<b>CE V PTRS 840 4 weeks</b>	<b>CE VI PTRS 920 6-9 weeks</b>
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		weeks				
	First Year		Second Year		Third Year	
CPI Grading Criteria						
<b>Criteria 1-5</b> Foundational elements in professional practice	50% (average)	60% (average)	70% (average)	80% (average)	90% (average)	90% (average)
<b>Criteria 6-24</b> Elements of clinical competency	25% (average)	30% (average)	40% (average)	50% (average)	60% (average)	75% (average)
Student Evaluation	Final Only	Final Only	Final and Midterm	Final and Midterm	Final and Midterm	Final and Midterm
Inservices and Projects	At facility discretion				Inservice only	Inservice at each internship AND 2 projects

Clinical instructors are expected to provide narrative comments to support unusually high or low ratings. Clinical instructors are encouraged to consult with the ACCE for assistance in rating the student's performance as needed. A midterm assessment is required. At minimum, it may be completed verbally with a written summary during Clinical Experience I-V. For Clinical Experience VI, the midterm is expected to be completed in written form using the CPI. The ACCE will contact each student and clinical instructor by the means indicated on the CI communication form during the week of midterm.

Completion and timely submission of the student's evaluation by the clinical instructor and student is expected. All evaluation material must be returned to the ACCE by the student or by mail within one week after the completion of a clinical internship or otherwise noted in the clinical internship packets. When the evaluation materials are received, the ACCE will review the contents to assess whether performance standards were met. If clarification is required, the ACCE will consult with the CI or CCCE for supplemental information.

### **Student Self-Assessment**

Student will assess the individual goals and objectives generated for each internship. Remember 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 reviewing periodically during the internship. Students will also complete the self-assessment form.

### **Grading**

Grading is based on a pass/fail basis and is the sole responsibility of the ACCE. Satisfactory completion is based on the specific criteria outlined in the syllabus for each clinical education experience.

### **Clinical Remediation Policy**

If successful completion of clinical education is not attained during the normal clinical time frame, student may be terminated, placed on probationary status or given one opportunity to repeat clinical internship, depending on individual situation. If student performance is unsatisfactory, the ACCE 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 unsatisfactory grade until a course of action is implemented. The student will need to meet with the ACCE 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 repeat their clinical Internship.

## **CONFLICT RESOLUTION**

### **Student Grievance During Clinical Internship**

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 ACCE.
- 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 ACCE 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 ACCE if situation is not resolved on time and at a satisfactory level. Students are encouraged to discuss ethical issues on discussion board in professional manner and seek peer and faculty advice.

### **Clinical Instructor Grievance Procedure**

Formal advisement between the CI and ACCE 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 ACCE.

1. If a clinical problem arises from the clinical instructor'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 CCCE of the facility or directly ACCE to discuss alternatives in resolving the problem, depending on the nature of the problem. Before the ACCE 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 ACCE.
3. The ACCE will provide written confirmation of the documented problem and the course of action.
4. The ACCE'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 are met.
5. An onsite visit may be arranged with the CI, student and CCCE. The ACCE, the student, the CI, and will share perceptions, define the problem, and document a corrective action plan.
6. The ACCE will make a determination whether the student can be successful with continuation of the internship. The student will be removed from the site if the problems appears unresolvable or detrimental to the student's learning. The student will be reassigned for completion of the remaining duration of the internship or the entirety of the internship at the discretion of the ACCE.
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 ACCE.
8. The ACCE 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 internship, 2) partial resolution of the problem with full or partial remediation required, or 3) unsuccessful resolution of the problem with "unsatisfactory" grade of the internship and full remediation or dismissal from the program.

The CCCE 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 ACCE, or clinical education policies. The CCCE and/or the CI should document the specific problem and forward the document to the ACCE. All documentation will be shared with the Program 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.

### **Policy and Procedure for 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 ACCE 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 inclusion 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 internship is terminated

- The student will be given an "unsatisfactory" for the internship
- The student may not return to the site for future clinical internships.
- 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 ACCE 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 EVALUATION**

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

### **Student Evaluation of the Clinical Experience**

Upon completion of the clinical internship, the student must complete the APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction. The student must review this document with the Clinical Instructor and obtain the signature of the Clinical Instructor on the document. Any student rating of an experience that is poor or needing improvement prompts the ACCE to follow up with a phone call or site visit to the facility.

The ACCE is available to the student to discuss the clinical internship experience with the student. Student feedback will be documented.

### **Evaluation of the ACCE**

Students will complete an evaluation of the clinical education process and of the ACCE at the completion of Clinical Education VI. Information gathered will be used for clinical education program development and faculty development.

### **Evaluation of the Clinical Curriculum**

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

## **Student Resources**

### **Faculty Advisor**

All students will be assigned a faculty advisor at the beginning of their academic program. The faculty advisor will serve as a resource for helping students identify other support services available around the university, such as academic, psychological, or personal support. The advisor will meet with his/her advisees periodically to discuss professional growth. The faculty advisor will serve as the liaison between the student and the SAH Academic Review Committee if academic problems arise.

### **Lab Rooms**

Students may use any of the PT and Rehab Science lab rooms on the ground floor of Sudler (G027, G031) for review sessions or special projects, provided that no one has previously reserved the room. There is an online reservation calendar - please see Dennis White (ext 8-6915, or [dwhite@kumc.edu](mailto:dwhite@kumc.edu)) if you wish to reserve a lab room.

The lab rooms are locked when not in use. Students wishing to use the rooms will need to enter the correct code on the "keypad" door lock. To open the door, press the "4" button on the keypad, then press the "2" button, then press the "5" button and turn the door handle.

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. If chairs are borrowed from the OT lab room, please be sure to return them. Do not disturb classes in session.

### **Research Laboratories**

Research facilities within the department include the Brain Behavior Laboratory, Diabetes Research Laboratory, Functional Performance Laboratory, and the Georgia Holland Cardiopulmonary and Neuromuscular Research Laboratory. These rooms are used primarily for faculty research and for faculty-directed student research projects. Please make arrangements with your faculty research advisor if you are interested in touring one of these labs.

### **Student Area**

Student mail boxes and a student information bulletin board are found just inside the back door to the department. Additional student bulletin boards are found at the end of the 3rd floor Robinson hallway, beyond and "to the left of" the PT and OT office suites.

### **KU Med Books (bookstore)**

The KUMC bookstore is located on the ground floor of Orr-Major. More information can be found on the KU Med Books web page at: <http://www.kumedbooks.com>

### **Copy Machines**

Copy machines are available for student use in Dykes Library. A student copy card may be purchased to make copying more convenient. Students are not allowed to use the departmental copy machines.

**Computers**

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 locally and at distant sites.

**Miscellaneous**

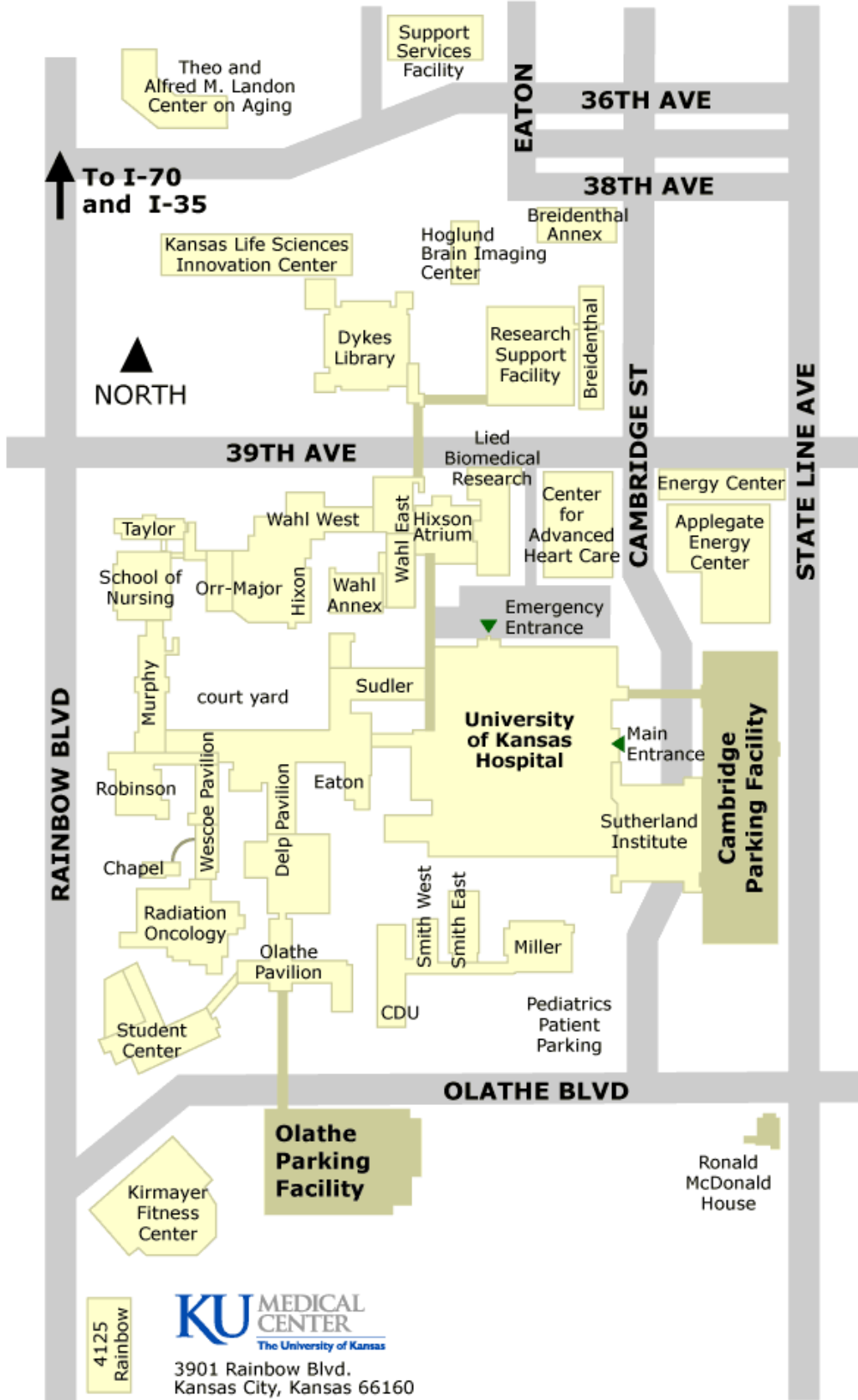
KUMC Classified Housing Ads: <http://www2.kumc.edu/classifieds/housingads/>

KUMC SAH Student Handbook: <http://www.kumc.edu/studenthandbook/sah.html>

This page last updated: 4-May-07

# Campus Map

A full range of medical center and city maps can be found on the web at:  
<http://www.kumc.edu/Pulse/howtocontact.html>



## Departmental Activities

The faculty, staff and students of the department participate in many activities throughout the year. Your attendance and assistance in preparation for many of these events is expected. Additional information regarding these activities is provided throughout the school year. These activities include:

- New Student Orientation (*June*)
- Penny Cohn Memorial Golf Tournament (*August/September*)
- Pinning Ceremony (*September*)
- Department sponsored noon hour seminars (*three to four per year*)
- PT and Rehab Science Student Research Day (*November*)
- Kansas Physical Therapy Association Legislative Day (*January*)
- School of Allied Health Recognition Ceremony (*May*)\*

Professional Activities that students are encouraged to attend include:

- American Physical Therapy Association National Student Conclave (*October*)
- Kansas Physical Therapy Association Fall Meeting (*October*)
- Kansas Physical Therapy Association Spring Meeting (*March/April*)
- Combined Sections Meeting of the American Physical Therapy Association Annual Meeting (*February*) \*\*

\* third year students only

\*\* second year students only

In addition, various social events are traditionally held throughout the school year. More information about these events will be passed to you from the faculty and from other DPT classes throughout the year. And 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: 4-May-07

## Class Officers and Committees

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

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

- President
- Vice-President
- Secretary/Treasurer
- School of Allied Health Student Senate Representative
- KUMC Student Governing Council Representative
- PT Club Representative
- APTA Student Liaison
- Admissions Committee Representative
- Curriculum Committee Representative
- Social Committee Chair
- Sports Committee Chair
- Fundraising Committee Chair
- Conference Planning Committee Chair
- Penny Cohn Golf Tournament Representative
- ePortfolio/ Advising Representative
- Jay Doc Pro-Bono Clinic Committee Representative

### Class Officer Descriptions

#### **PRESIDENT**

- Schedule and run officer and class meetings.
- Attend faculty meetings as student liaison.
- Serve as a liaison between the class and the faculty/department on any issue.
- Serve as a liaison between the class and the School of Allied Health and/or Medical Center when needed for fundraising purposes (write letters, etc.).
- Meet with director of DPT program at least once a month.
- 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.
- Give reports at officer meetings headed by President.
- Assist other class officers with duties as necessary.
- Work with PT 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.

- Review community service broadcast e-mails and summarize opportunities for classmates.
- Help organize annual Job Fair with faculty coordinator.

### **SECRETARY/ TREASURER**

- 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.
- 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 for trips and 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.

### **ADMISSIONS COMMITTEE REPRESENTATIVE**

- Attend department Admissions Committee meetings and provide input as needed.
- Help the social representative to 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 and Assign Big Sibs/Little Sibs for incoming students
- Assist in June orientation for incoming students.

### **CURRICULUM COMMITTEE REPRESENTATIVE**

- Attend department Curriculum Committee meetings and provide input as needed (represent students' views and interests).

### **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.

### **SAH STUDENT SENATE REPRESENTATIVE**

- Attend monthly School of Allied Health Senate meetings and vote on issues that concern students in the School of Allied Health.

☐ Inform classmates of important news/issues discussed and/or voted on at School of Allied Health Student Senate meetings.

### **PT 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 for purchase by the first and second year students and the faculty (beginning of fall semester).

☐ Schedule and organize PT Club meetings (3-4 per semester) on topics of interest to students in the class.

### **APTA STUDENT LIAISON**

☐ Must be a member of the APTA (or at least become one).

☐ Relay information received via newsletters and e-mails about Student Assembly events/issues to classmates.

☐ 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.

### **FUNDRAISING COMMITTEE CHAIR**

☐ Plan fundraising activities to defray the costs for people who want to attend the APTA Combined Sections Convention in February of the 2<sup>nd</sup> year of the program.

☐ Raise money for parties and a graduation gift for the department.

☐ Work with PT Club Representative to design and order t-shirts and apparel for purchase by all the PTRS students and the faculty (beginning of fall semester).

☐ Maintain and update fundraising contact information.

☐ Work closely with Treasurer.

### **SOCIAL COMMITTEE CHAIR**

☐ Organize social activities with/for the class. Suggestions include: "welcome parties, holiday parties, final graduation party, birthday buddies, stress-reliever lunches, TGIF, and morale boosters, and canoe trips during breaks

### **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.

### **CONFERENCE PLANNING COMMITTEE CHAIR**

☐ Work with President and Fundraising Representative to get details and prices on travel, lodging, meals and other expenses for students planning to attend professional conferences (e.g., CSM and National Student Conclave, etc.). Help classmates make reservations and other trip arrangements.

## **PENNY COHN GOLF TOURNAMENT REPRESENTATIVE**

### **EPORTFOLIO/ ADVISING REPRESENTATIVE**

This committee serves the class by meeting with faculty regarding various technology related projects within the curriculum (i.e. ePortfolios, Publications, on-line courses, ANGEL, etc.) The students involved in this committee will be involved in 1-2 face-to-face meetings with faculty per semester and will also communicate via e-mail on the projects listed above throughout the curriculum.

This page last updated: 15-May-07

## **Physical Therapy Club**

The purpose of the Physical Therapy Club is to increase knowledge of physical therapy, assist in new student orientation, enhance social growth, and promote student representation at state and national professional conferences. This is a student-run club with the assistance of a PT faculty advisor.

This page last updated: 4-May-07

## 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 the first semester of 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 February). Membership in this professional association fosters professional growth and development. Therefore, every student is strongly encouraged to become a student member of the APTA.

### **APTA Student Assembly**

The Student Assembly (<http://www.aptastudent.org>) is a component of the APTA. 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. 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.

## Student Organizations

Physical therapy 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. Click the link at the bottom of the page for a complete listing.

### **Graduate Student Council (GSC)**

All KUMC graduate students are eligible to become members of the GSC. GSC lobbies for student interests on the KUMC campus, and GSC members serve on University-wide committees concerning the Medical Center. GSC sponsors and organizes Graduate Student Research Day, in which students give presentations of their research. Please refer to Graduate Students Chapter of the KUMC Student Planner and Handbook or click the link below for more information.

### **KUMC Student Association: Student Governing Council**

Each student is a member of the KUMC Student Association. The purposes of this student government organization include promotion of student welfare and representation of student interests and concerns, recommendation of student fee allocations and expenditures, and enhancement of the cultural, social and professional growth of students. The governing body of the KUMC Student Association is the Student Governing Council. Please refer to the School of Allied Health Chapter in the KUMC Student Planner and Handbook or click the link below for additional information.

### **School of Allied Health Student Senate (SAH Student Senate)**

Student representatives elected from each academic program compose the SAH Student Senate. The organization serves as the principle instrument for student participation in the formulation and application of SAH policies affecting academic and student affairs. Additional information about this organization can be found in the School of Allied Health chapter in the KUMC Student Planner and Handbook.

For more information on all KUMC student organizations, see <http://www2.kumc.edu/studentorgs/>

This page last updated: 4-May-07

## 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 will 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. See the sections below for further information on scholarship availability.

<http://www.kumc.edu/allied/student.html>

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.

### **School of Allied Health Dean's Scholarship**

### **School of Allied Health Student Senate Scholarship**

### **James P. Cooney Leadership Award (SAH 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)**

- Plaque and \$300 prize - name read during commencement ceremonies
- Nomination deadline: March

### **Student Diversity Award (KUMC Student Services)**

- Plaque and \$300 prize
- Nomination deadline: March

### **Student Organization Award (KUMC Student Services)**

- Plaque
- Nomination deadline: March

### **Student Advisor Award (KUMC Student Services)**

- Plaque
- Nomination deadline: March

### **Graduate Student Award for Distinguished Service (KUMC)**

This page last updated: 4-May-07

## Departmental Awards for Students

At the end of the eighth semester in the professional program, five honorary awards may be 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 Sciences 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.

### **Chairman'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.

This page last updated: 4-May-07

## Licensure Examination: General Information

After graduation, 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 <http://www.fsbpt.org/exams/index.asp>

Most states will grant a "temporary license" to a student who has graduated and is waiting to take the licensing examination. 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> - click "Rules and Regs" then "Physical Therapy").

## Licensure Examination: Study Aids

Here's some information on review materials for the national licensing exam that we've received in the office. We do not necessarily endorse or recommend any one over another. They're listed in alphabetical order.

### **Federation of State Boards of Physical Therapy**

<http://www.fsbpt.org/exams/peat.asp>

*to get the Practice Exam and Assessment Tool (PEAT) for the National Physical Therapist Examination (online tool...you purchase time to use)*

### **International Educational Resources**

60 Thoreau Street  
Concord, MA 01742  
888-369-0743  
<http://www.therapyed.com>

*National Physical Therapy Examination Review & Study Guide*

Susan O'Sullivan and Raymond Siegelman  
Approximately \$85.00

### **Mainely Physical Therapy**

<http://www.ptexams.com>

*Exam Preparation*

Approximately \$34

*A Guide to Success*

Approximately \$40

*Test Master (software)*

Approximately \$36

### **Slack Incorporated**

Professional Book Division  
6900 Grove Road  
Thorofare, NJ 08086-9864  
800-257-8290  
<http://www.slackbooks.com>

*Physical Therapy Examination Review, 9th edition*

Theresa Meyer, PT

Approximately \$27 (over \$75 for expanded edition with software)

This page last updated: 7-May-07

## 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. These are found on the APTA web site:

<http://www.apta.org/AM/Template.cfm?Section=Home&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=21299>

During the summer semester of the first year in the program, students will perform a self-assessment on each of the 7 Core Values and then meet with their faculty advisor to review the assessment.

This page last updated: 7-May-07

## **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 directly to the APTA web site.

<http://www.apta.org/AM/Template.cfm?Section=Home&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=21760>

This page last updated: 7-May-07

## **APTA Guide for Professional Conduct**

We expect the students in our professional program to read and abide by the APTA Guide for Professional Conduct. The link below leads directly to the APTA web site.

<http://www.apta.org/AM/Template.cfm?Section=Home&Template=/CM/HTMLDisplay.cfm&ContentID=24781>

This page last updated: 7-May-07

**Department of Physical Therapy and Rehabilitation Science**  
School of Allied Health  
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 School of Allied Health (SAH) and the Graduate School also have many policies and procedures that affect you. These can be found at <http://www.kumc.edu/studenthandbook/>.

***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 Dr. Pohl.*** 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 the Physical Therapy and Rehabilitation Science Office.

## Table of Contents

<b>Topic</b>	<b>Page</b>
<b>I. University and Program Accreditation</b>	<b>3</b>
<b>II. Intellectual, Conceptual, Motor &amp; Communication Requirements</b>	<b>4</b>
<b>III. Notification of Disability</b>	<b>5</b>
<b>IV. Attendance of Academic and Clinical Courses</b>	<b>5</b>
<b>V. Course Grades</b>	<b>6</b>
<b>VI. Academic and Non-Academic Misconduct</b>	<b>6</b>
<b>VII. Student Grievance</b>	<b>8</b>
<b>VIII. Payment of Fees</b>	<b>10</b>
<b>IX. Food and Beverages in the Classrooms</b>	<b>11</b>
<b>X. Dress Code</b>	<b>11</b>
<b>XI. Comprehensive Examination / Board Review Examination</b>	<b>11</b>
<b>XII. Student Policies and Procedures for Advising Sessions</b>	<b>12</b>
<b>XIII. Decelerated Schedule When GPA Falls below 3.0</b>	<b>14</b>
<b>XIV. Statistics for retention and student outcomes</b>	<b>15</b>
<b>XV. Job and career opportunities</b>	<b>15</b>
<b>XVI. Student Acknowledgement (Proof of Notification) of PTRS Student Handbook</b>	<b>16</b>
<b>XVII. Confidentiality Policy: KUMC Fellows, Residents, Students</b>	<b>17</b>

## **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 is currently accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). The next visit for CAPTE will occur in 2009.

### **“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.”

Retrieved May 24, 2007 from:

[http://www.apta.org/AM/Template.cfm?Section=General\\_Information&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=39442](http://www.apta.org/AM/Template.cfm?Section=General_Information&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=39442)

“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 and we will provide you with the appropriate forms and information for doing so.”

Retrieved May 24, 2007 from:

<http://www.apta.org/AM/Template.cfm?Section=FAQs3&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=48&ContentID=30999#complaint>

Note: The Accreditation Handbook can be found at the APTA website link to CAPTE, i.e., [http://www.apta.org/AM/Template.cfm?Section=General\\_Information&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=39442](http://www.apta.org/AM/Template.cfm?Section=General_Information&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=39442)

Note: The Department of Accreditation can be contacted:

By mail at:

American Physical Therapy Association  
Attention: Accreditation Department  
1111 North Fairfax Street  
Alexandria, VA 22314-1488

or Fax: 703/706-3387

or e-mail: [accreditation@apta.org](mailto:accreditation@apta.org).

## **II. Intellectual, Conceptual, Motor & Communication Requirements**

### **Policy: Intellectual-Conceptual Capabilities**

The abilities to acquire and retain knowledge, conceptualize and integrate abstract information, apply theoretical knowledge to specific patient interventions, and problem-solve to create innovative and practical solutions are essential to successful practice as a physical therapist. The successful physical therapy student is expected to demonstrate average to above average intellectual, integrative and quantitative abilities as measured by performance standards established in academic and clinical education courses.

### **Policy: Motor Capabilities**

The physical therapy student must possess sufficient motor abilities to allow successful treatment intervention with a variety of patients or clients. Students with motor incapacity are expected to identify in writing the need for reasonable accommodations and submit to the course coordinator as soon as possible after impairment is evident. The academic faculty will work with the KUMC Equal Opportunity Office and negotiate mutually agreeable adaptations, compensatory measures, or substitute assignments deemed to be equivalent to minimum performance requirements established for successful completion of academic or clinical education requirements.

### **Policy: Communication Skills**

Effective communication with professional colleagues, patients and families is essential to the successful practice of physical therapy. The physical therapy student is expected to develop and utilize above average oral and written English language skills. Students with communication skill impairment are expected to identify in writing the need for reasonable accommodations and submit to the course coordinator as soon as possible after impairment is evident. The academic faculty will work with the KUMC Equal Opportunity Office to negotiate mutually agreeable adaptations, compensatory measures, or other substitute assignments deemed to be equivalent to minimum performance requirements established for successful completion of academic or clinical education requirements.

### **III. Notification of Disability**

#### **Policy**

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. Learning assistance, academic performance enhancement, and psychological services at KUMC are free, confidential, and available at Student Counseling & Educational Support Services by calling 913-588-6580 or visiting G116 Student Center.

Any student who needs an accommodation because of a disability in order to complete the course requirements should contact the instructor or the Equal Opportunity/Disability Specialist (913-588-7813, TDD 913-588-7963) as soon as possible.

### **IV. Attendance of Academic and Clinical Courses**

#### **Philosophy**

As part of the professional education process for physical therapy students, prompt, regular attendance is expected at all academic and clinical education sessions. Students are expected to arrive at class and clinical education placements on time. Students are strongly discouraged from absences during a clinical assignment, 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.

## **V. Course Grades**

### **Background**

The Department of Physical Therapy and Rehabilitation Science bases its grading policy on the one outlined by the School of Graduate Studies and Research at KUMC, which is described in the KUMC Student Handbook.

### **Policy**

Grading shall be the responsibility of the faculty of the department teaching the course. Information about grading criteria must be included in the syllabus. The basic system of "A, B, C, D, F" will be used, where A = above average graduate work, B = average graduate work, C = below average but passing graduate work, D and F = failing graduate work. In the Graduate School grading system defined above, at least an overall "B" average is required on course work counted toward a graduate degree at the University of Kansas, and only courses graded "A", "B", or "C" may be so counted. The letter "P" is used in this system only to indicate participation in thesis, dissertation and research enrollments (related to thesis or dissertation). "P" grades are not changed to letter grades of A, B, C, D, or F. Satisfactory or Unsatisfactory grades are given for research practicums. An Unsatisfactory grades is regarded as an "F" in that the course must be repeated.

For enrollments other than thesis, dissertation or research, 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. Any student who wishes to request additional time to complete course requirements must submit a written appeal to the Academic Review Committee (ARC) at least 15 working days prior to the one year deadline, and must detail the particular reasons for the request.

## **VI. Academic and Non-Academic Misconduct**

The following excerpt from the School of Allied Health chapter of the KUMC Student Planner and Handbook defines academic and non-academic misconduct and serves as the policy of the Department of Physical Therapy and Rehabilitation Sciences.

Academic misconduct by a student shall include:

- giving, receiving, or utilizing unauthorized aid on examinations, assignments, projects, and/or other undertakings.
- misrepresenting the source of academic work.
- during clinical education, placing a patient in jeopardy by acting or performing inappropriately.
- during clinical education, any breach or violation of the confidence of a patient.
- unethical practices in conducting and/or reporting research.

Every course instructor shall make clear, at the beginning of each course, the rules for the preparation of classroom assignments, collateral reading, notebooks, or other outside work in order that his or her students may not, through ignorance, subject themselves to the charge of academic misconduct. The regulations also define the correct modes of treating academic misconduct on the part of the student or a faculty member. The following sanctions may be imposed upon a student or an instructor: admonition, warning, or censure. In addition, a student may be subjected to: reduction of grade, disciplinary probation, suspension, or expulsion. An instructor may also be recommended for suspension or dismissal for academic misconduct.

Alleged instances of academic misconduct by a student are initially directed to the Department Chairperson. If necessary, the alleged instance may be taken to the Dean of the School, the Academic Committee of the School or the Executive Vice Chancellor of the University of Kansas Medical Center. In all alleged cases of academic misconduct, whether by a student or a faculty member, care must be exercised to preserve the requirements of due process.

Non-academic misconduct may subject the student to disciplinary action, disciplinary probation, suspension or expulsion. Acts of non-academic misconduct generally include, but are not limited to:

- conviction of a felony involving moral turpitude.
- material misrepresentation concerning past achievements or present activities.
- habitual drug/alcohol/substance abuse.
- any other act or omission which, if the student were a credentialed practitioner, could result in discipline by the credentialing agency including:
  - placing patient in a needless jeopardy by acting or performing inappropriately
  - committing a verbal or written breach or violation of patient confidence
  - unethical alteration, elimination or inadequate reporting and documentation in a patient's chart
- verbal abuse or obscene language
- inappropriate affect

## **VII. 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 Allied Health (refer to "School of Allied Health Student Grievance Procedure" found in the Student Planner and Handbook).

### **VIII. Payment of Fees**

#### **Background**

All students are assessed lab fees to defray the cost associated with laboratory teaching. Laboratory expenses include lab instructors, laundry, purchase of large items such as high-low mats, replacement items such as stethoscopes, and purchase of disposable items such as alcohol wipes.

#### **Policy**

All students are required to pay a separate lab fee for semesters 1 through 7. If lab fees are not paid each semester, clinical assignments will be held until payment is received.

#### **Procedure**

Lab fees are paid by checks or money orders. Cash payments are not accepted. Checks or money orders are made payable to the "Department of Physical Therapy and Rehabilitation Science".

#### **Class of 2010 Fee Schedule**

Semester 1: \$200

Semesters 2-7: \$125/each semester

Note: The deposit of \$400 received by each student to reserve his/her place in the class is credited toward lab fees. Thus, the fee payments after this deposit has been received are:

Semester 1 and 2: \$0

Semester 3: \$50

Semesters 4 through 7: \$125

## **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. There will be an annual comprehensive examination in the spring of the first year, and the spring of the second year. Each of these exams will consist of 100 multiple choice questions to be completed in 2 hours. Any and all content in the curriculum to date should be considered as potential test material.

In November of the third year, the comprehensive exam will be in the format of a board review examination. A release day from classes will be provided on the day before the exam. This exam will consist of 200 multiple choice questions to be completed in 4 hours. The entire curriculum will be tested, and problem solving questions that cover material that has not been specifically taught in the curriculum may be included. The test will be modeled on the Federation of State Boards in Physical Therapy (FSBPT) examination. Success on the exam is not tied to course grades.

A faculty committee will review the questions before the test and perform an item analysis following each exam before the grades are determined. Decisions by the faculty committee 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. Each retake will be a full exam with new questions. Remediation will be pursued in the event that a student fails the examination twice. This remediation will include a general analysis of that student's performance on exam content, and the development of new study strategies. Faculty may refer students to Student Services for assessment of test-taking skills and other resources. Students will not be allowed to progress to the next semester in the PT curriculum until they have successfully passed the exam.

## **XII. Student Policies and Procedures for Advising Sessions**

### **Purpose: Student's Role in the Advising Process**

The portfolio project aims to help students develop professional and reflective practices for their future careers. The project also contributes to documenting achievement of some of the core competencies recommended by the APTA. The student's role in the advising process is to develop the professional and reflective practices necessary for their careers. This will require the students to periodically step back from the courses in which they are immersed in order to consider the "big picture" of how they are developing as physical therapists. Students will use examples of their work to illustrate their progress. The students will also be asked to revisit and learn from their earlier work. The portfolio project is organized around required meetings between student and advisor. The purpose of each meeting is to review overall progress and each session has a focused area for assessment. Over a period of four advising sessions, students will discuss with their advisors how they are progressing and what needs to be done to address remaining challenges. Additional meetings may be arranged if requested by student or advisor.

### **Procedure:**

There will be four advising sessions for each class. The advising sessions will be a combination of face-to-face meetings and virtual meetings with their advisor. Students are responsible for sending their publication and a reflective summary on their portfolio/ progress in the program to their respective advisor 3-4 weeks prior to the advising session. Once the faculty advisor receives the publication and the reflection, the faculty advisor will then be responsible for setting a meeting date and time for the advising session.

### **Year 1/ Class 2010**

Advising Session #1 (Fall 2007/ end of semester): face-to face and linked to PTRS 720—three week clinical internship at end of semester

Advising Session #2 (Spring 2008/ end of semester): virtual and linked to PTRS 730—three week clinical internship at end of semester.

**Year 2/ Class 2010**

Advising Session #3 (Fall 2008/ beginning of semester): virtual and linked to PTRS 820—four week clinical in the middle of the semester.

**Year 3/ Class 2010**

Advising Session #4 (Fall 2009/ end of semester): face-to-face and linked to preparing for PTRS 920 (long term clinicals in final semester of curriculum)

**Preparing for advising sessions**

The essential preparation for each session is to review the core competencies (objectives), assess your current status, decide how you can best improve, and select items for discussion at the meeting that provide the best evidence of achievements and reflective abilities. Each student will be required to send their publication and their reflection summary on their publication to the faculty advisor via e-mail. Once the faculty advisor receives the publication, the faculty advisor will then be responsible for setting a meeting date and time for the advising session.

**Purpose of advising sessions in the DPT program:**

The purpose of student academic advising is to monitor the professional growth and to proactively meet the academic advising needs of students enrolled in the Graduate Physical Therapy Programs. Students enrolled in the DPT program in the Department of Physical Therapy and Rehabilitation Sciences are assigned a faculty advisor. The faculty advisor serves as the liaison between the student and the Academic Review Committee (ARC) if academic problems arise.

**Procedure: Advising Session Content**

Each faculty advisor will use the **Advisor Summary Guide** for each advising session. The **Advisor Summary Guide** will include a list of items to review with each student. For example:

Put the student at ease, outline plan for session.

Explore progress.

Review student's status using the advisor guide, publication and reflective comments on the publication.

Negotiate activities to be completed before the next meeting and other outcomes.

Complete advisor's summary of meeting.

**Procedure: Record-keeping**

Each advisor will complete an **Advisor Summary Guide** for each student they advise. This guide will be e-mailed to the student and the administrative assistant. The administrative assistant will file the **Advisor Summary Guide** in each student's departmental file at the end of each advising semester. The administrative assistant will notify the DPT program director of any students/faculty who have not met for their advising session.

**Procedure: Concerns about student status/ progress**

The faculty advisor will direct any serious concerns about a student to the DPT program director (Dr. Patricia Pohl).

**XIII. Decelerated Schedule When GPA Falls below 3.0**

**Policy**

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 ACCE 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 2007)

Summary of last 3 graduating classes, i.e., DPT Class of 2007; MPT Class of 2005; MPT Class of 2004:

Total of students enrolled at start of program: 122  
Total graduated: 116  
Average retention 95.1%

**XV. Job and career opportunities:**

A list of job and career opportunities is available at our web site under “Job Board” at <http://www.pters.kumc.edu/jobs.html>. At that site you will also find a link to the American Physical Therapy Association job bank. ([http://www.apta.org/bulletin/job\\_listings](http://www.apta.org/bulletin/job_listings)). In addition a career fair sponsored by the department is held each November at the medical center campus. Details are provided to the student in the weeks preceding the event.

**XVI. 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 2010"
- 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.

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Student's Name (please print legibly)

Date

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Student's Signature

**Please submit to Dr. Pohl.** The signed page will be kept on file in the Physical Therapy and Rehabilitation Science offices.

**XVII. 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 Dr. Pohl