Course Syllabus

Spring 2026

January 5 – March 6, 2026, or February 16 – May 8, 2026

PTRS 922: Full-Time Clinical Experience III

COURSE DESCRIPTION

Nine to twelve weeks of full-time clinical experience. During the clinical rotation, the student will have the opportunity to develop the patient care skills needed for successful practice as a physical therapist. The student will work under the supervision of an experienced physical therapist in clinical settings affiliated with the program.

INSTRUCTOR INFORMATION

Instructor: Yvonne Colgrove, PT, PhD
Office: 4005 Student Center
Phone: 913-588-0249
Email: ycolgrove@kumc.edu
Office Hours: By appointment or onsite visit as needed and as viable (may take place virtually)
Clinical Instructor(s): Assigned by clinical facility.

CREDIT HOURS & PREREQUISITE(S)

Semester Credit Hours: 6-8
Prerequisite(s): The student must have successful completion of the first 7 semesters of the DPT program or permission of the course coordinator.

COURSE MEETING INFORMATION

Instructional mode: in-person
Course time: Full-time clinical experiences/clinical rotations are based upon 40 hours per week average and daily clinical schedules are determined by the assigned clinical instructor. Students should also be prepared to spend time outside clinical rotation hours looking up relevant materials needed for patient care/physical therapy practice and completing assignments.
Course location: The full-time clinical experience is held at a clinical education site as assigned by the Director of Clinical Education.

COURSE OBJECTIVES/LEARNING OUTCOMES -

Course Objective	Accreditation Standard	Activity for Assessment
1. Practice in a safe manner that minimizes risk to patient, self and other team members (threaded in unit objectives).	7D5	CPI all indicators

2. Exhibit accountability in ethical and legal conduct compatible with standards addressed in the APTA Code of Ethics and other established legal and professional standards.	7D4 7D6	CPI 1.1 (Ethical Practice) CPI 1.2 (Legal Practice)
3. Display professional behaviors in all situations, consistent with APTA core values and other expected workplace behaviors such as initiative, resourcefulness, good judgement, dependability, flexibility, appropriate self-confidence, constructive conflict management, etc.	7D7 7D8	CPI 1.3 (Professional Growth) CPI 2.1 (Communication) CPI 2.2 (Inclusivity)
4. Demonstrate commitment to fulfilling professional responsibility and toward continued professional performance growth	7D13 7D15	CPI 1.3 (Professional growth)
5. Demonstrate professional communication skills for purposes of written and verbal facilitation of information with all stakeholders that are congruent with situational needs.	7D7 7D32	CPI 2.1 (Communication)
6. Exhibit appropriate culturally competent interpersonal relationships within the clinical setting and for purposes of the community and field of physical therapy at large.	7D8	CPI 2.2 (Inclusivity)
7. Exhibit sound clinical reasoning by applying knowledge, current evidence, theory, and clinical judgment with consideration of patient values and perspectives (threaded in unit objectives).	7D10 7D11 7D21 7D36	CPI 3.1 (Clinical Reasoning)
8. Perform all aspects of an initial physical therapy examination and re-examinations evaluating data obtained arrive at a diagnosis/prognosis that guides effective patient centered, evidence-based care plan development.	7D16 7D17 7D18 7D19 7D20 7D22 7D24	CPI 3.2 (Examination, evaluation, and diagnosis) CPI 3.3 (Plan of Care and Case Management)
9. Select and perform safe and effective interventions from the established physical therapy plan of care exhibiting competence in performing a wide range of physical therapy interventions and effective patient education.	7D23 7D28 7D27A-I	CPI 3.3 (Plan of Care and Case Management) CPI 3.4 (Intervention and Education)

10. Establishes the patient plan of care from the initial evaluation and adjusts with use of ongoing assessment to address current needs and circumstances	7D30 7D35	CPI 3.3 (Plan of Care and Case Management)
11. Demonstrate proficiency in professional documentation for physical therapy that includes changes in the patient status, descriptions and progressions of specific interventions used, and communication among providers.	7D32	CPI 4.1 (Documentation)
12. Demonstrate responsible financial and practice management of physical therapy services including judicious use of personnel within regulatory guidelines.	7D24 7D25 7D29 7D42	CPI 4.2 (Financial Management and Fiscal Responsibility) CPI 5.1 (Guiding and Coordinating Support Staff)

Unit Objectives

UNIT 1 LEGAL AND ETHICAL PRACTICE

Upon completion of this clinical rotation the student will: exhibit accountability according to acceptable standards of professional ethics and legal regulations respecting self, patients, and colleagues in all situations at the performance level *outlined in student evaluation section below* by:

1. Making clinical decisions within the context of ethical practice.
2. Maintaining patient confidentiality.
3. Providing quality care to all persons without regard to personality or medical problems (Recognizing the dignity and worth of all individuals) and above self-interest.
4. Timely reporting of mistakes or concerns taking steps to remedy the error/mistake/concern.
5. Respecting the roles and contributions of all encountered during professional activities.
6. Recognizing and accepts responsibility for words and deeds may reflect on the school, the facility and the profession.
7. Adhering to all applicable regulatory guidelines including facility policies and procedures.
8. Taking advantage of opportunities to contribute physical therapy knowledge to individuals and the community.

UNIT 2 PROFESSIONAL BEHAVIOR

Upon completion of this clinical rotation, the student will display professional behaviors in all situations at the performance level *outlined in student evaluation section below* by:

1. Demonstrating appropriate initiative by:
   a. making suggestions for changes considering implications and possible consequences.
   b. responding to recognized need for and request assistance beyond immediate responsibilities.
   c. initiating appropriate actions without being prompted.
   d. actively seeking learning opportunities.
2. Exhibiting good judgment by:
   a. demonstrating integrity by actions that the student has considered all the implications

and consequences of words and deeds.
   b. demonstrating that decisions can be made based on priorities.
3. Demonstrating ability to evaluate own strengths and areas needing improvement by:
   a. recognizing limitations when managing the patient and requesting assistance as needed.
   b. exhibiting resourcefulness.
   c. citing areas where additional experiences, information or study would be beneficial.
4. Exhibiting flexibility by:
   a. adjusting schedule to accommodate unforeseen conditions or circumstances.
   b. accepting feedback without defensiveness.
   c. managing conflict in constructive ways.
   d. adapting to new clinical situations.
   e. modifying behavior according to feedback from the clinical instructor or other mentors.
5. Exhibiting appropriate self-confidence by:
   a. conveying through verbal and non-verbal behavior the impression that
   b. he/she understands the situation and can deal with it effectively.
   c. conveying appropriate confidence that is within student exhibited ability.
6. Demonstrating resourcefulness by:
   a. combining ideas and performance of activities in unique ways to solve problems.
   b. using illustrations or similes which are original but fit the situation.
   c. exhibiting inventiveness or creativity in making or modifying equipment.
7. Being punctual and dependable.
8. Appearing well groomed and always dressed appropriately in alignment with practice setting expectations.
9. Suspending own biases to provide care in a non-judgmental manner.
10. Exhibiting tact.

UNIT 3 PROFESSIONAL GROWTH

Upon completion of this clinical practicum the student will demonstrate commitment to fulfill professional responsibility toward continued professional growth at the performance level *outlined in student evaluation section below* by:

1. Assuming additional responsibility for any staff limitations.
2. Assuming supportive personnel duties when the situation indicates.
3. Establishing priorities and appropriate relationships with patients to provide quality of care beyond expected standards.
4. Keeping personal issues from interfering with professional responsibilities.
5. Writing measurable individual student behavioral learning objectives.
6. Using reflective self-assessment to contribute to student performance evaluation process and to design a plan to improve clinical performance.
7. Seeking out evidence-based research.
8. Seeking performance feedback from clinical instructor/others and guidance as needed.
9. Providing constructive feedback to the clinical instructor.
10. Accepting responsibility for continuous professional learning.
11. Contributing to the advancement of the clinical setting through educational opportunities.

UNIT 4 COMMUNICATION SKILLS

Upon completion of this clinical rotation, the student will be able to perform professional communication skills with all stakeholders congruent with situational needs at the performance level *outlined in student evaluation section below* by:

1. Selecting pertinent information from all applicable sources in the clinical setting.
2. Organizing and prioritizing information.
3. Utilizing correct grammar and terminology.
4. Adjusting level of communication for reader and auditory recipients.
5. Expressing oneself clearly and concisely in a timely professional manner.
6. Communicating effectively with all personnel and stakeholders encountered in the clinical setting.
7. Communicating with cultural sensitivity.
8. Presenting oral reports clearly and concisely.
9. Actively listening and responding to patients and co-workers.
10. Adjusting voice, posture and facial expressions to meet situational demands.
11. Recognizing the effects of own non-verbal communication upon others.
12. Developing alternate methods of communication with patients who demonstrate areas of disability or exceptionality (for example, hearing impaired, cognitive or language delays, visually impaired, etc.) so teaching methods are adjusted to learner needs.
13. Identifying barriers and biases that impede communication, teaching and interpersonal interactions.
14. Interpreting and effectively responding to communication of others.
15. Adapting to diverse verbal and nonverbal communication styles.
16. Uses appropriate strategies to engage in challenging encounters.

UNIT 5 INTERPERSONAL RELATIONSHIPS

Upon completion of this clinical rotation, the student will be able to exhibit appropriate culturally competent professional engagement and relationship development with all stakeholders at least at the performance level *outlined in student evaluation section below* by*:*

1. Introducing oneself to the patient and patient's family.
2. Preparing patient for treatment by explanation of treatment and what to expect from the treatment if applicable.
3. Carrying on an appropriate conversation with patients to establish patient rapport.
4. Securing and developing the patient's and family's interest and confidence.
5. Demonstrating awareness of the parameters of encouraging a patient to participate in the recommended intervention and when to accept the patient's decision.
6. Motivating and encouraging patients to become more independent within the patient's limitations.
7. Exhibiting caring, compassionate, and empathic patient care especially recognizing the psychological/social/emotional/cultural/economic needs of the patient.
8. Exhibiting a realistic attitude about student responsibilities and abilities.
9. Demonstrating proper rapport with other personnel, being tactful and considerate of others.
10. Communicating patient's needs to personnel in other departments when applicable and obtaining information regarding patient's needs from others.
11. Contributing positively during patient care conferences to establish a working relationship between all departments involved in patient care.
12. Evaluating and recognizing the responsibilities of each member of the department/organization.

13. Establishing proper rapport with all staff members keeping in mind individual differences.
14. Communicating necessary information to the correct individual using discretion in terms of the department's administrative organization.
15. Contributing constructively to staff discussion groups, in-service training and other pertinent meetings.
16. Assessing, reflecting and managing own biases.

UNIT 6 PATIENT EXAMINATION, EVALUATION AND DIAGNOSIS

Upon completion of this clinical rotation, the student will perform at the level *outlined in student evaluation section below* all aspects of an initial examination and re-examination evaluating data obtained to arrive at a diagnosis/prognosis that will guide plan of care development by:

1. Screening appropriately by:
    a. selecting and interpreting pertinent information from the medical record.
    b. reviewing medical history.
    c. performing system review to recognize cluster preventing examination or intervention.
    d. using sensitive and relevant test and measures.
    e. interpreting test and measures.
    f. determining further need for examination or referral to another professional or discipline for expertise in an area that would better address patient problems/concerns based upon appropriate screening.
    g. conducting screening at community sites.
2. Perform an initial examination and comprehensive evaluation.
3. Obtain the patient history.
4. Visually appraise patient.
5. Use information to formulate initial hypothesis and prioritize selection of tests and measures.
6. Perform systems review.
7. Select appropriate tests and measures and standardized assessments to identify patient's problem(s).
8. Administer tests and measure, and outcomes assessments accurately, proficiently and efficiently.
9. Demonstrate clinical competence in the following physical therapy assessment skills and strategies as exposed to in the clinical setting by: posture, motor function, functional mobility, activities of daily living, pain, skeletal integrity, joint integrity and mobility, range of motion, muscle length, neuromotor development including sensory integration, reflex integrity, nerve integrity, prosthetic, orthotic and supportive device needs, respiratory function, cardiac function (aerobic capacity and endurance and circulation), coordination and balance, integumentary integrity, anthropometric characteristics, self-care, home management and work/community integration (including barrier assessment), arousal, attention and cognition and ergonomics.
10. Adjust tests and measures and outcomes assessment based on patient response.
11. Synthesize all information obtained to produce an accurate picture of patient status.
12. Gather information as indicated, including expectations and goals from patient, family, and interprofessional health care providers.
13. Critically evaluate current evidence for additional information on the patient's condition and possible intervention.
14. Evaluates data to make clinical decisions.

15. Establish a diagnosis for physical therapy intervention and list for differential diagnosis.
16. Integrate data and arrive at an accurate prognosis for intensity and duration of interventions and discharge status.
17. Identify normal development across a variety of domains while recognizing signs and symptoms of abnormal or delayed development, perceptual motor and cognitive deficits.
18. Estimate contribution of social determinants of health and other factors on the effectiveness of interventions.
19. Establish realistic long-range discharge goals by:
    a. relating to examination/evaluation findings and prognostic evidence.
    b. considering the discharge situation, preventive measures, functional outcomes, pathology, patient impairments, activity and participation limitations, environmental factors, time, and resources needed/available.
    c. collaboration with other team members, patient, and family goals for integration of patient back into their home and community.
    d. considering psychological, social, emotional issues, vocational needs, and community resources.
20. Establish realistic short-range goals by:
    a. processing information from the medical record, medical history, evaluation and long-range goals.
    b. progressing in a logical and sequential manner.
    c. setting priorities.
21. Refers to or consults with other health care professionals as necessary.

UNIT 7 PLAN OF CARE AND CASE MANAGEMENT

Upon completion of this clinical rotation, the student will be able to establish and adjust a patient plan of care at the performance level *outlined in student evaluation section below* by*:*

1. Establishing a safe, effective, patient-centered and evidence based physical therapy plan of care based on the physical therapy evaluation and goals considering the feasibility in terms of time, money, and equipment, alternative methods of treatment, the investment of the patient in terms of willingness to follow through and be an active participant and how well the plan holistically addresses individual patient needs and concerns.
2. Prescribing devices and equipment.
3. Presenting logical rationale for clinical decisions.
4. Discussing alternative interventions with patients.
5. Advocating for patient access to services.
6. Considering prevention, health, wellness, and fitness in developing a care plan.
7. Communicating the plan of care findings to the patient.
8. Ensuring the plan is progressing toward discharge goals by:
    a. continuously re-evaluating using appropriate test/re-test and outcome measures.
    b. intervening at times of fatigue or frustration.
    c. observing response of patient and modifying intervention appropriately.
    d. recognizing ineffective care plan/interventions.
    e. maintaining patient privacy, modesty and dignity.
    f. implementing appropriate care plan revision - progressing or regressing treatment program as indicated without being prompted.
    g. scheduling frequency based on patient financial concerns or needs.

1. Referring to or consulting and/or communicating with other health care professionals when necessary.
2. Determine when patient has reached maximum benefit from frequent, direct skilled physical therapy intervention.
3. Make appropriate recommendations for optimal patient benefit within the parameters of APTA Code of Ethics, reimbursement issues and consideration of alternate service delivery models.
4. Manage the case management process that encompasses all levels of care including direct access.

UNIT 8 INTERVENTIONS AND EDUCATION

Upon completion of this clinical rotation, the student will select and perform safe and effective interventions at the performance level *outlined in student evaluation section below* by:

5. Select interventions based upon best available evidence, clinical expertise and patient preferences.
6. Ensuring patient safety via medical screening during the episode of care.
7. Safely and consistently perform interventions as related to the established care plan.

4. Demonstrating clinical competence in the following physical therapy skills and strategies as exposed to in the clinical setting by:
   a. Performing and instructing in therapeutic exercise/activities.
   b. Performing functional training for self-care, home, community and work management and integration.
   c. Performing neuromuscular retraining.
   d. Performing manual therapy techniques on soft tissue, and spinal and peripheral joints including mobilization and manipulation.
   e. Performing physical agent and mechanical modality treatments.
   f. Performing electrotherapy treatments.
   g. Performing integumentary repair and protection techniques.
   h. Performing airway clearance techniques.
   i. Applying devices and equipment.
5. Contact and/or consult with interprofessional colleagues and/or family when indicated.
6. Educates patients and caregivers using a multimodal approach for:
   a. Prevention.
   b. self-management at home/post-discharge.
   c. rationale for and importance of interventions in achieving goals.
   d. correct performance of intervention/activity.
7. Utilize appropriate methods of instruction and feedback to ensure correct performance of the intervention by:
   a. using terminology which is understandable to the patient.
   b. showing an awareness of the patient's medical situations, environmental factors and learning style which may affect learning.
   c. considering patient's attitude toward carrying out the intervention program.
   d. utilizing appropriate instructional principles when instructing in and facilitating an intervention program.

e. instruct patient and caregivers about patient condition, intervention and transition to role at home, work, school or community.
f. demonstrate the ability to modify instructions and/or methods when indicated.
g. continually communicate with the patient in terms of how the treatment should feel, what reaction to expect, what the expectations are in terms of patient follow-through to meet goals and objectives, etc.

8. Communicating discharge decisions with patients/family members.
9. Discussing the risks, stresses, diseases, and disorders associated with different age groups.
10. Educate healthcare team on relevant topics taking an active role in activities/opportunities.

UNIT 9 DOCUMENTATION

Upon completion of this clinical experience, the student will demonstrate proficient professional documentation at the performance level *outlined in student evaluation section below* by:

1. Completing accurate documentation of evidence-based initial and re-examination tests and measures, analysis of all data obtained to make clinical decisions and determination of diagnosis to guide future patient/client management.
2. Completing accurate documentation for plan of care and implementation (including interventions performed) that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies (external payer requirements).
3. Producing quality and accurate documentation that includes:
   a. changes in the patient/client's status.
   b. descriptions and progression of specific interventions used.
   c. communication among providers.
   d. maintenance of organization of patient/client documentation.
   3. 4. Documenting all aspects of physical therapy care legibly, concisely, accurately, and timely following all applicable regulations.

UNIT 10 PRACTICE AND FINANCIAL MANAGEMENT

Upon completion of this clinical experience, the student will demonstrate responsible financial and practice management at the performance level *outlined in student evaluation section below* by*:*

1. Using time effectively by:
   a. preparing daily work schedule allocating appropriate time, space, and equipment for task completion.
   b. considering needs of other departments/patients/families as well as physical therapist/department.
   c. when scheduling patients.
2. Appropriately billing patients according to legal guidelines and insurance regulations.
3. Advocating for patient needs through communication with insurance and health care providers.
4. Directing and supervising human resources in patient care by:
   a. asking for assistance when needed.
   b. discussing support personnel choice with the patient.
   c. displaying clinical judgment for the direction and supervision of support personnel including responsibility for determining if task is adequately completed.
   d. communicating adequately with support personnel.
   e. providing adequate instruction, feedback, and training to supportive personnel.

f. utilizing clerical help according to departmental policy.
g. reviewing documentation produced by physical therapist assistant.
h. monitoring patient outcomes of physical therapy services delivered by support staff.
i. serving as a mentor to junior level physical therapy students (as applicable).
j. abiding by applicable laws for supervision and delegation.

5. Following established lines of communication and regulatory agency guidelines.
6. Demonstrating fiduciary responsibility.
7. Appropriately using clinical supplies and equipment.
8. Maintaining a positive work environment conducive to efficiency and safety.
9. Submitting effective, timely, accurate and objective departmental records
10. Participating effectively in developing and/or teaching in-service programs.
11. Demonstrating awareness of responsible participation in the organization's quality improvement programs, risk management and overall Organizational Evaluation strategies.
12. Demonstrating participation in and/or awareness of the importance of other administrative functions such as marketing, financial management, organizational culture and organizational planning.
13. Promoting the profession of physical therapy.

TEACHING METHODS AND LEARNING EXPERIENCES

This course will be taught using immersion in the physical therapy practice environment, and secondarily through a class clinical education meeting, self-reflection, group discussion, assignments and other experiences that may be available at individual clinical education sites. Course material is posted on Blackboard, in EXXAT and/or the Clinical Education website.

Other Learning Resources:

All information concerning the background information, procedures to be followed, required course forms and additional resources are found in EXXAT and the Clinical Rotations folder in your Class folder on Blackboard. Information is also disseminated by the DCE during a class clinical education meeting before going out on full time clinical experiences. Individual meetings with the DCE may be arranged if additional information is needed. The clinical site provides the clinical environment in which integrated learning and practice of physical therapy occurs. Additional learning resources may exist at the clinical practice site.

TEXTBOOKS AND SUPPLIES

Required

No required text

Recommended

All didactic courses textbooks and materials may be used as reference while in the clinic.

EVALUATION OF STUDENT LEARNING/COURSE REQUIREMENTS

Assessments

Learning will be assessed through the semester through the following means:

American Physical Therapy Association Clinical Performance Instrument (CPI)

Student performance is primarily graded using the CPI 3.0 instrument. The clinical instructor and

student will complete assessment of student performance at midterm and upon completion of the clinical rotation.

Inservice Evaluation Form (45 points possible)

Evaluation form will be submitted electronically in EXXAT for in-services completed during the clinical rotation. Rating scale is from 1-5 (poor to outstanding).

Project Evaluation Form (25 points possible)

Evaluation form will be submitted electronically in EXXAT for projects completed during the clinical rotation. Rating scale is 1-5 (poor to outstanding).

Late Assignment Policy

The Course Instructor will determine if points are available for assignments turned in late.

COURSE GRADES

This course is graded satisfactory or unsatisfactory. To receive a satisfactory grade in this course the following are required:

Student Performance Evaluation:

- Performance Score for **12-week** full-time clinical experiences is *Entry Level or above* on the Clinical Performance Instrument as rated by the clinical instructor.
- Performance Score for **9-week** full-time clinical experiences 50% of performance (competency) indicators at Entry Level or above on the Clinical Performance Instrument with remaining indicators at Advanced Intermediate or above as rated by the clinical instructor.
- Absence of critical deficiencies/incidents
- Complete a midterm and final self-assessment using the CPI.

Clinical Site Correspondence:

- Develop personal goals/learning objectives. Review goals with the CI at the beginning and end of the rotation. Add goals to comments section on web-CPI at midterm and comment on the attainment status of each goal on the final.
- Send information to facility at least 6-8 weeks before start of full-time clinical experience.

Course Assignments:

- Inservice Evaluation Form: (27 of 45 points possible). Provide in-service-handout for each facility (3 in-services minimum across the PTRS 900 clinical education series). Ensure clinical instructor submission of the in-service evaluation form in EXXAT and submit an outline of the in-service provided in EXXAT.
- Project Evaluation Form: (15 of 25 points possible). Complete a project that will benefit the clinic (3 projects minimum across the PTRS 900 clinical education series). Ensure clinical instructor submission of the project evaluation form in EXXAT.
- Complete the student evaluations of clinical experience and clinical instruction (PTSE 1-3) in EXXAT.
- Write weekly learning goals beginning week 2 of the clinical rotation and submit all weekly goal sheets at the end of the rotation in EXXAT.

- For **12-week** full-time clinical experiences only, students are required to complete the second PEAT (Practice Exam & Assessment Tool) examination purchased for you by the department, as outlined in your departmental Student Handbook. Completion of the second of the two PEAT examinations by the spring semester's last day of class is required for your course grade to officially be submitted. If the PEAT examination is not completed, you will receive an incomplete for your course grade until the examination is completed. This is a completion only course requirement; your score on the PEAT examination will have no bearing on the grade earned in this course. If you need help with the PEAT examination, please contact FSBPT Exam Services at 703-739-9420 and select Option 1. If you have questions related to departmental requirements, please contact the Comprehensive Examination coordinators, not the Course Coordinator. The Comprehensive Examination coordinators will communicate student examination completion to the Course Coordinator prior to course grade assignment. More information on the PEAT can be found at this website: https://www.fsbpt.org/Our-Services/Candidate-Services/Practice-Exam-Assessment-Tool-PEAT.

Submission Deadline:

All course materials for those on the 9-week track are due one week after the completion of the clinical rotation. All course materials for those on the 12-week track are due the final day of the clinical rotation. Failure to turn in on time can result in a failing grade.

GRADING SCALE

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

Student Responsibilities/Resources

Attendance & Class Participation

Each student is expected to attend all clinical hours as scheduled. If a student is unable to attend during scheduled clinic hours, they are responsible for notifying the clinical instructor prior to the missed time and making arrangements to complete all missed activities as outlined in the KUMC DPT Clinical Education Handbook.

Rescheduling Policy

If a student is unable to complete their full-time clinical experience hours for any reason, the student is responsible for notifying the Director of Clinical Education in advance of the time missed, or in case of emergency, as soon as possible. Please refer to the KUMC DPT Clinical Education Handbook for the process and policy.

Academic Accommodation Policy

The University of Kansas Medical Center is committed to a culture of inclusion and equal access for students with disabilities. Any student who believes they may need an academic accommodation due to a disability should contact the Office of Academic Accommodation Services (AAS) to request reasonable accommodations. Students will be required to complete

a New Application for Academic Accommodations. A member of AAS will work with you to explore your options. Contact Academic Accommodation Services by email at ada-kumc@kumc.edu, by phone at 913-945-7035, or visit the office located in Dykes Library 1040.

For online information about academic accommodations, please visit the accommodations page.

Academic Misconduct

Academic misconduct is covered fully in the KUMC School of Health Professions Student Handbook. Academic misconduct by a student shall include but not be limited to: cheating on examinations whether by a student on his/her own behalf or by giving to another student or receiving from another student unauthorized aid on examinations; giving or receiving of unauthorized aid in the preparation of notebooks, themes, reports, or other types of assignments, or in the preparation of master's theses and/or doctoral dissertations; or knowingly misrepresenting the source of any academic work, falsification of research results, plagiarizing of another's work, violation of regulations, ethical or professional codes for the treatment of humans and animals, or otherwise acting dishonestly.

Change of Grade Policy

Students with concerns about assignment or exam grades should speak with the Course Instructor. The Course Instructor has the final decision regarding award of assignment or exam grades.

The change of grade policy, including posted grades and appealing a grade, is covered fully in the School of Health Professions (SHP) Student Handbook. A student with a concern about an assignment grade should speak with the faculty member, and the faculty member has the final say in the award of the assignment grade. If a student wishes to contest a course grade (e.g., "appeal a course grade"), an appeal is possible but only on procedural grounds (see SHP Student Handbook).

Non-Academic Misconduct -

Non-academic misconduct is covered fully in the KUMC School of Health Professions Student Handbook and includes behaviors not aligned with professional conduct, either on campus or in clinical or other client settings. Knowingly breaching a patient's rights to privacy and confidentiality by disclosing Protected Health Information as specified by HIPAA regulation is an example of unacceptable behavior. This breach includes accessing an electronic health record in an area where others can view it, printing of information at an unauthorized printer, and sharing patient information details in social networking tools such as Facebook, Twitter, texting or photographing with a cell phone, and other electronic devices.

Detection of Plagiarism

Plagiarism is using or closely imitating the language and thoughts of another author without authorization, by not crediting the original author, or by representing another author's work as one's own. This includes use of content generated by artificial intelligence algorithms without identifying this content as A.I. generated. Plagiarism will not be tolerated and is subject to sanctions up to and including dismissal from the program. Student papers or assignments may be submitted to TurnItIn or comparable programs/technology for detection of plagiarism.

Dykes Library has a website dedicated to helping students understand and avoid plagiarism at:

https://guides.library.kumc.edu/plagiarism.

Course and Instructor Evaluations

The Student evaluation of the clinical experience, including the clinical instructor, will occur upon completion of the full-time clinical education rotation per the KUMC DPT Clinical Education Handbook.

Remediation Statement

The student will need to meet with the Director of Clinical Education (DCE) to discuss and potentially develop a plan for repeating the clinical rotation. The student may not be allowed to continue with subsequent clinical rotations until the remediation is completed. Refer to the KUMC DPT Clinical Education Handbook for the remediation process and policies.

Student Responsibility and Academic Support

It is the responsibility of each individual student enrolled in this course to monitor their own grades and progress. If a student feels that they are not doing satisfactory work at mid-term, it is strongly recommended that the student dialogue with the course coordinator to design a plan for improvement. Learning assistance, writing services, 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.

Professional Behavior

Refer to the Clinical Education Handbook for the professional behavior policy.

Syllabus Notice

The version of the course syllabus distributed at the start of the term will be unchanged and will apply during the duration of the course. The course schedule may be changed separately at the discretion of the Course Coordinator/Instructor. Students will be notified via email or through the learning management system (Blackboard) if a change is necessary.

University Policies

Diversity, Equity, and Inclusion-

Full policy is available here.

Sexual Harassment-

Full policy is available here.

Nondiscrimination, Equal Opportunity, and Affirmative Action-.

Full policy is available here.

Religious Accomodations

If you wish to submit a request for religious accommodations, please complete this online form. The full policy is available here.

Weapons on Campus Policy Statement-

KU Medical Center prohibits faculty, staff, students, and visitors from carrying weapons of any type on its Kansas City, KS campus. For additional information, please see the University of Kansas Policy on Weapons and KUMC Procedures for Implementing University-Wide Weapons Policy.

Kansas Board of Regents Statement on Free Expression
Full statement is available here.

Statement of Commitment to Integrity and Ethical Conduct
Full statement is available here.

University of Kansas Code of Ethical Conduct
Full statement is available here.

Statement of Student Acceptance

Any student who does not understand and/or accept the contents and terms of this syllabus should notify the instructor in writing within one week after receiving this syllabus.

References-

Below are links to related documents and information for easy access.

KUMC School of Health Professions Student Handbook

KUMC Student Handbooks

KUMC DPT Clinical Education Handbook