DEPARTMENT OF PHYSICAL THERAPY

CLINICAL EDUCATION HANDBOOK

Doctor of
Physical Therapy

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SAINT FRANCIS UNIVERSITY
DEPARTMENT OF PHYSICAL THERAPY

CLINICAL EDUCATION HANDBOOK

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Written 1998
Reviewed and Revised 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2019, 2020, 2023, 2024, 2025

MISSION and PHILOSOPHY

Mission of the University

As the oldest Franciscan institution of higher learning in the United States, Saint Francis University draws inspiration from our Catholic tradition and expresses the lived example of Saint Francis of Assisi in the modern world. Saint Francis University promotes an inclusive learning community and a lifelong path to virtue, truth, and compassion. Within a culture that seeks understanding through innovation and collaboration, we champion both the inherent dignity of the individual person and the common good.

Mission of the School of Health Sciences and Education

The School of Health Sciences and Education provides an inclusive learning community with a focus on rural and underserved populations that integrates collaborative and innovative educational opportunities with a liberal arts foundation. Inspired by the teachings and character of Saint Francis of Assisi, we prepare competent, compassionate, and ethical educators, researchers and health care professionals to live in solidarity with all creation.

Mission of the Physical Therapy Program

Guided by the Franciscan Goals of Higher Education, the Department of Physical Therapy educates competent, compassionate, ethical, and exemplary Doctors of Physical Therapy who embody the spirit of Saint Francis of Assisi. Through innovative, inclusive, and collaborative learning experiences, graduates become evidence-based clinicians who are lifelong learners prepared to serve in a complex healthcare environment, providing care that respects the dignity of all individuals.

Effective: 1999
Reviewed: 2003, 2005, 2006, 2007, 2009, 2010, 2011,2013, 2014, 2015, 2016, 2019
Revised: 2004, 2018, 2023

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CLINICAL EDUCATION PHILOSOPHY

Physical therapy education is experiential in nature. Didactic learning experiences in the classroom and laboratory provide the student with foundational knowledge, skills, and attitudes related to the physical therapy profession. These are further developed and integrated during clinical education experiences. Through the course of the clinical education experiences a student ultimately develops the knowledge, skills, and attitudes of an entry-level practitioner in the clinical setting. Clinical education, therefore, is an integral part of the total curriculum.

Clinical education requires the collaborative efforts of the student, academic faculty, and clinical faculty. Communication, preparation, planning, and collaboration are essential for successful clinical education experiences. Through fostering from clinical education faculty and DCEs, students take personal responsibility for their development of knowledge, skills, and abilities to develop into entry-level practitioners.

In order for students to be educated as a generalist entry-level physical therapist, they must be competent in a variety of settings. Therefore, clinical education courses include diversity in patient populations, complexity, and setting. The student must practice in both ambulatory and non-ambulatory setting. Students will have experiences that allow patient/client management of a diverse case mix across the life span and continuum of care. Should a student wish to pursue it, the opportunity to work in a more specialized setting or population may be available in later clinical education experiences.

The sequence of clinical education courses is integrated into the total curriculum and provides for a progression of experiences. The objectives of each clinical assignment include integrating didactic information with the appropriate clinical experience to allow competent performance of the elements of patient/client management.

The first eight-week assignment occurs at the end of the first professional year. The goal of this clinical experience is to integrate didactic knowledge acquired and continue the professional socialization process in the clinic. The second and third assignments of eight weeks comprise the fall semester of the third professional year. The final clinical experience of fifteen weeks occurs in the final semester of the program. The final three clinical education experiences focus on increasing patient complexity while decreasing supervision with the ultimate goal of entry-level competence in patient/client management.

Reviewed 2003, 2012, 2013, 2014, 2015, 2016, 2019, 2020
Revised 2004, 2011, 2023

SAINT FRANCIS UNIVERSITY

Doctor of Physical Therapy

Professional Curriculum

Year 1 – DPT 1 - Summer			Year 1 – DPT 1 - Fall			Year 1 – DPT 1 - Spring		
PT 402	Movement Science 1	2	PT 403	Movement Science 2	2	PT 501	Neuroscience 1	2
PT 404	Surface Anatomy/Palpation	1	PT 405	Exercise Prescription	2	PT 511	Pathology & Diff. Dx-Musculoskeletal	3
PT 406	Human Anatomy 1	3	PT 407	Human Anatomy 2	2	PT 522	Therapeutic Agents	3
			PT 510	Pathology & Differential Dx-CP	2	PT 523	PM 2-Musculoskeletal 1	4
			PT 520	Physical Therapy Procedures	3	PT 540	Pharmacology	2
			PT 521	PM 1-Cardiopulmonary	4	PT 555	Research 1-Critical Inquiry	2
			PT 530	Professional Issues-Documentation	2	PT 561	Clinical Education Seminar 2	0.5
			PT 560	Clinical Education Seminar 1	0.5	PT 571	Professional Development 2	0.5
			PT 570	Professional Development 1	0.5			
		6			**18**			**18**

Year 2 – DPT2 - Summer			Year 2 – DPT2 - Fall			Year 2 – DPT2 - Spring		
PT 660	Clinical Education Experience 1	4	PT 601	Neuroscience 2	2	PT 611	Pathology & Diff. Dx-Multiple System	2
PT 651	Research 2 – Clinical Application of Research	1	PT 610	Pathology & Diff. Dx-Neurology	2	PT 622	PM 5-Musculoskeletal 2	4
			PT 620	PM 3-Neurology 1	4	PT 623	PM 6-Neurology 2	4
			PT 621	PM 4-Pediatrics	2	PT 624	Motor Control & Advanced Exercise	2
			PT 630	Professional Issues-Ethics	2	PT 631	Professional Issues-Legal	2
			PT 641	Psychosocial Aspects of Patient Care	3	PT 640	Advanced Concepts in PT Practice 1	2
			PT 655	Research 2-Clinical Research Design	2	PT 642	Teaching & Learning	2
			PT 670	Professional Development 3	0.5	PT 671	Professional Development 4	0
		5			**17.5**			**18**

Year 3 – DPT3 - Summer			Year 3 – DPT3 - Fall			Year 3 – DPT3 - Spring		
PT 720	PM 7-Geriatrics	2	PT 731	Professional Issues-Health Policy, Admin	2	PT 762	Clinical Education Experience 4	8
PT 721	PM 8-Other Systems	4	PT 760	Clinical Educ Experience 2 (8 wks)	4	PT 771	Professional Development 6	0
PT 722	PM 9-Complex Patients	2	PT 761	Clinical Educ Experience 3 (8 wks)	4			
PT 730	Administration	3						
PT 740	Advanced Concepts in PT Practice 2	2						
PT 741	Health & Wellness	2						
PT 770	Professional Development 5	0.5						
		15.5			**10**			**8**

SAINT FRANCIS UNIVERSITY
DEPARTMENT OF PHYSICAL THERAPY
DOCTOR OF PHYSICAL THERAPY CURRICULUM
COURSE HIGHLIGHTS

SUMMER 1

PT 402 Movement Science 1 (2 credits)
- analysis of normal and pathological human movement using the physical laws of motion and principles of arthrology
- emphasis on isolated and gross movement patterns of lower extremities
- application to functional anatomy and kinesiological principles with respect to human locomotion, including gait assessment
- investigate mechanical principles of human movement and ergonomic principles

PT 404 Surface Anatomy/Palpation (1)
- palpation of anatomical landmarks,-muscles, bones, and other human anatomical structures
- lab experiences emphasizing clinical application of surface anatomy and palpation techniques
- links to human anatomy course

PT 406 Human Anatomy 1 (3)
- study of gross human anatomy (includes cadaver lab/dissection)
- emphasis on musculoskeletal, neurological, and vascular systems
- focus on extremities

FALL 1

PT 403 Movement Science 2 (2)
- analysis of normal and pathological human movement using the physical laws of motion and principles of arthrology
- emphasis on isolated and gross movement patterns of upper extremities and spine
- introduction to basic principles of orthotics and effect on human movement
- introduction to technologies commonly used for motion analysis

PT 405 Exercise Prescription (2)
- analysis of scientific principles of therapeutic exercise
- focus on exercise prescription addressing muscle performance, strength, endurance, power, flexibility, mobility, and balance impairments
- rationale for exercise prescription using isometric, concentric, and eccentric contractions
- exercise prescription for resistance exercise using exercise equipment including free weights, Theraband, and weight machines
- open and closed kinetic chain exercises,-
- muscle and cardiovascular adaptations to exercise training programs including aerobic and anaerobic activities
- introduction to special exercise techniques (aquatics, functional movements, plyometrics)
- discussion of tissue adaptation to activity and immobilization

PT 407 Human Anatomy 2 (2)
- study of gross human anatomy (includes cadaver lab/dissection)
- emphasis on musculoskeletal, neurological, and vascular systems
- focus on deep back, neck, cardiovascular, and respiratory systems

PT 510 Pathology & Differential Diagnosis-Cardiopulmonary (2)
- cardiopulmonary pathologies
- response of the cardiopulmonary system to disease, exercise, and medical and surgical management of common cardiopulmonary pathologies
- differential diagnosis and analysis of impact of pathology on movement dysfunction
- asthma, cystic fibrosis, bronchitis, COPD, emphysema, pneumonia, adult respiratory syndrome, pulmonary embolus
- PVD, PAD, HTN, CAD, MI, cardiac pathologies, angina, CHF, arrhythmias
- Other diagnoses as referenced following the entry level competencies for PT students in cardiovascular and pulmonary physical therapy

PT 520 Physical Therapy Procedures (3)
- instruction in patient and therapist body mechanics
- positioning/draping
- mobility training, including transfer and ambulation techniques
- basics of wheelchair and ambulatory assistive device prescription
- theory and principles of joint goniometry and manual muscle testing for extremities and spine

PT 521 Patient Management 1-Cardiopulmonary (4)
- Patient management model cited by the entry level competencies for physical therapists in cardiovascular and pulmonary physical therapy
- examination, evaluation, diagnosis and interventions for patients with cardiopulmonary and vascular dysfunction
- theory and implementation of cardiopulmonary tests and interventions
- auscultation, airway clearance, breathing
- EKG, therapeutic exercise for acute and chronic cardiorespiratory conditions
- principles of target endurance, aerobic and conditioning exercises
- primary, secondary, and tertiary prevention for patients with cardiorespiratory dysfunction
- emphasis on evidenced based practice and the importance of patient-practitioner interaction

PT 530 Professional Issues-Documentation (2)
- introduction to the Guide to PT Practice as a basis for clinical practice
- introduction to the medical record
- clinical documentation, using case examples designed to integrate evidenced based practice, clinical decision making, and critical thinking

PT 560 Clinical Education Seminar 1(.5)
- orientation to clinical education program, including requirements, site selection, roles and responsibilities
- infection control, standard precautions, chemical and patient safety
- medical terminology

PT 570 Professional Development 1 (.5)
- APTA Core Values
- professional behaviors

SPRING 1

PT 501 Neuroscience 1 (2)
- foundational study of structural features and connectivity of human CNS and PNS
- exploration of relationships between anatomical structures in CNS and PNS and physiological functions of neurons
- concepts, terms, and methods of understanding physiology of human nervous system
- neuroimaging
- pain pathways

PT 511 Pathology & Differential Diagnosis-Musculoskeletal (3)
- differential diagnosis and response of the musculoskeletal system to disease, exercise, and medical and surgical management
- foundations of imaging techniques, including conventional radiographs, MR images, CT images, and bone scans, with emphasis on using imaging to differentiate musculoskeletal diagnoses
- radiographic evaluation of select musculoskeletal disorders, including fractures, dislocations, joint and bone disorders
- survey of common muscular disorders, including connective tissue disease, inflammatory and non-inflammatory joint diseases, bone and metabolic disorders, congenital and pediatric disorders, neoplasms,
- emphasis on non-musculoskeletal system disorders affecting the musculoskeletal system, including lab value interpretation
- differential diagnosis or common musculoskeletal injuries that may be related to systemic conditions
- pain, arthritic disorders, sports injuries across the lifespan (tendonitis, sprains, bursitis, capsular lesions, arthritic disorders, fractures)
- pathophysiology and differential diagnosis of bone disorders (osteoporosis, Paget's fractures)

PT 522 Therapeutic Agents (3)
- biophysical, physiological, and clinical principles and procedures associated with the application of physical agents

- clinical decision making related to application of thermal, electrical, acoustic, light, mechanical energy, and massage in prevention and treatment of pathological conditions (heat and cold, compression, hydrotherapy, mechanical traction, ultrasound, electromagnetic agents/lasers, electrical stimulation/TENS/Iontophoresis)
- emphasis on evidenced based practice
- development of skill in application of physical agents, massage, blood flow restriction, instrument assisted soft tissue mobilization
- introduction to theories and principles of sensory testing

PT 523 Patient Management 2-Musculoskeletal 1(4)
- clinical decision-making model integrating Guide to PT Practice
- examination, evaluation, diagnosis and interventions for patients with musculoskeletal dysfunction
- posture assessment and interventions
- focus on extremity examinations and interventions, including history taking, upper and lower quarter screens, flexibility and ligamentous testing, and other selected orthopedic tests
- patient education and injury prevention
- therapeutic exercise, manual therapy techniques, extremity mobilization
- emphasis on evidenced-based practice and the importance of patient-practitioner interaction

PT 540 Pharmacology (2)
- introduction to pharmacokinetics and pharmacodynamics
- basic drug classes and the physiological basis of their action
- emphasis on research drugs and drugs commonly used to treat disorders seen in patients receiving physical therapy, and their impact on evaluation and interventions

PT 555 Research 1-Critical Inquiry (2)
- introduction to the procedures and clinical application of scholarly inquiry
- highlights relationships between evidence, patient values and clinical practice
- introduces procedures of experimental and non-experimental design, conceptually based statistical interpretation and operational definitions of reliability and validity
- introduces and identifies concept of evidence based practice
- emphasizes accessing research literature databases
- introduces and describes critiquing research literature
- examination of clinical activities and incorporation of best available research for examination, evaluation, and interventions

PT 561 Clinical Education Seminar 2 (.5)
- orientation to clinical education evaluation tools
- analysis of professional behaviors
- clinical policies and procedures, supervision requirements, and legal considerations (HIPAA)

PT 571 Professional Development 2 (.5)
- service and social professionalism
- professional social media use

SUMMER 2

PT 660 Clinical Education Experience 1 (8 weeks) (4)
- initial clinical education experience, emphasizing competencies in basic PT procedures introduced in the curriculum
- emphasis on general musculoskeletal or cardiopulmonary patients

PT 651 Research 2 – Clinical Application of Research (1)
- review relationships of evidence, patient values and clinical expertise and how this guides clinical decision making
- during clinical education identify areas that research is available to inform the decision making process
- apply procedure for the clinical appraisal of a research article and incorporate the finding into direct patient care including examination, evaluation, intervention and prevention

FALL 2

PT 601 Neuroscience 2 (2)
- structure and function of specific regions in greater depth, including brainstem, cerebellum,

cerebrum, diencephalon, basal ganglia, reticular formation, visual and vestibular systems, and limbic system
- comprehensive application of neuroscience to movement
- neuroplasticity and implications for PT practice
- integration of neuroscience into patient evaluation and therapeutic intervention

PT 610 Pathology & Differential Diagnosis-Neurology (2)
- neurological pathologies
- differential diagnosis for common pediatric and adult neurological disorders
- survey of early neurodevelopmental considerations such as cerebral palsy, spina bifida, neurodevelopmental delay
- pathology of progressive and non-progressive neurological disorders including CVA, CNS tumors, epilepsy, hematoma, CNS infection, headache, and dementia
- genetics as related to neuro pathologies
- neurological emergencies, trauma

PT 620 Patient Management 3-Neurology 1(4)
- clinical decision-making model integrating Guide to PT Practice and International Classification of Functioning, Disability and Health model to patient care
- foundation of examination, evaluation, diagnosis and interventions for patients with neuromuscular dysfunction
- introduction to sensory testing, cranial nerve testing, reflex testing, balance and coordination testing
- neurofacilitation techniques, task-oriented approaches and high intensity approaches
- introduction to motor control and motor learning
- introduction to management of patients with impaired motor function/sensory integrity associated with acquired and non-progressive conditions of the CNS and PNS throughout continuum of care
- primary, secondary, and tertiary prevention for patients with neurological involvement
- evaluation and treatment of balance and gait dysfunction
- management of patient following CVA
- use of evidence based practice and professionalism when working with neurologically involved patient

PT 621 Patient Management-Pediatrics (2)
- normal growth and development
- examination, evaluation, interventions for range of medical conditions for continuum of birth to adolescence
- family centered care

PT 630 Professional Issues-Ethics (2)
- ethics, core values, and professionalism in physical therapy practice
- review of ethical theories, as they apply to health care and PT practice
- emphasis on clinical situations in rehabilitation ethics (patient consent, patient autonomy, truth-telling, confidentiality, reimbursement and managed care issues, institutional and societal concerns)
- case discussion of professional and ethical expectations for situations including communicable diseases, sexual misconduct, child and elder abuse, impaired professionals, cultural competence
- APTA's Code of Ethics and Judicial Process

PT 641 Psychosocial Aspects of Patient Care (3)
- psychological and social response to illness and injury
- focus on patient/practitioner interaction in rehabilitation
- emphasis on issues facing the patient, family, and care providers including the health care team
- discussion of body image and self-concept; mind-body-spirit connection; effective and assertive patient communication; behavioral components of a disability; therapeutic helping; sexuality and disability; loss, grief, death and dying
- introduction to cultural competence and cultural humility

PT 655 Research 3-Clinical Research Design (2)
- study of research principles and clinical application of scholarly inquiry as they apply to evidence based PT practice
- introduction to sample selection, fundamentals of measurement, reliability and validity designs, measurement tools, and data analysis
- ongoing critical analysis of published literature
- formulation of clinical research questions
- develop proposal for research question, comprehensive review of literature, and methods to appropriately test question

PT 670 Professional Development 3 (.5)
- personal development plan
- professional networking
- exploration of the expanded role of the physical therapy professional, including that of clinical specialist and physical therapists in niche practices

SPRING 2

PT 611 Pathology & Differential Diagnosis-Multiple Systems (2)
- specific pathologies of the neurological, neuromuscular, endocrine, lymphatic, renal, urologic, and integumentary systems
- emphasis on differential diagnosis of selected diagnoses/conditions/trauma
- response to disease, exercise, and medical and surgical management
- work related injuries, repetitive trauma, microtrauma
- spine pathologies (scoliosis, degenerative conditions, disk disorders, infections, post-op complications)
- diabetes, metabolic, endocrine system, renal, kidney, liver disorders, urogenital systems
- geriatric conditions, including sensory changes, Alzheimer's disease, dementia, and delirium
- amputations
- neoplasms/oncology, lymphoproliferative disorders (leukemia, Hodgkin's, multiple myeloma)
- sports medicine
- differential diagnosis of common musculoskeletal injuries specifically related to the spine and axial musculoskeletal system and its relation to systemic dysfunction
- emphasis on lab values that impact on patient management

PT 622 Patient Management 5-Musculoskeletal 2 (4)
- clinical decision-making model integrating Guide to PT Practice
- examination, evaluation, diagnosis and interventions for patients with selected orthopaedic dysfunction
- treatment-based classification system for acute low back pain and cervical spine
- introduction to McKenzie mechanical diagnosis and therapy
- complex orthopaedic techniques (spine, SI joint), manual therapy including Grade 5 spinal mobilization
- TMJ evaluation and treatment
- introduction to industrial medicine evaluation and interventions
- primary, secondary, and tertiary prevention
- emphasis on evidenced-based practice and the importance of patient-practitioner interaction

PT 623 Patient Management 6–Neurology 2 (4)
- continuation of management of neurologically involved patient integrating Guide to PT Practice and the International Classification of Functioning, Disability and Health
- examination, evaluation, diagnosis and interventions for patients with spinal cord injury, TBI, MS, Parkinson's disorder, Amyotrophic Lateral Sclerosis, Post-Polio Syndrome, Guillain-Barre, and vestibular disorders throughout the continuum of care
- evaluation and treatment of spasticity, rigidity, hypotonia, ataxia, and other movement disorders
- primary, secondary, and tertiary prevention
- emphasis on evidenced based practice and the importance of patient-practitioner interaction

PT 624 Motor Control & Advanced Exercise (2)
- theoretical basis and historical overview of motor learning, application to motor skill acquisition
- framework for interventions including relation of task, individual and environment with motor skill acquisition; practice schedules, role of feedback
- application across patient populations and continuum of care

PT 631 Professional Issues-Legal (2)
- legal aspects of physical therapy practice
- introduction to the legislative process, including the role and responsibilities of key federal and state government agencies
- Physical Therapy Practice Acts across states
- malpractice
- trial procedure, expert witness, depositions
- ADA, FMLA, Worker's Compensation overview
- basic principles of business law, contracts, fraud and abuse

- advocacy for legislation affecting patient access to healthcare and PT practice

PT 640 Advanced Concepts in PT Practice 1 (2)
- topics in physical therapy specialty areas
- topics in defined or innovative areas of practice
- topics in health promotion, wellness

PT 642 Teaching and Learning (2)
- introduction to learning theories
- using multimodal approaches to learning to optimize learning for all
- concepts of learning across the lifespan, including cultural and psychological influences on learning
- patient education strategies, emphasizing development of individualized instructional aids that account for patient needs (age, intelligence level, education level, cognition, memory, culture, disability)
- clinical teaching
- community education project development and implementation

PT 671 Professional Development 4 (0)
- leadership
- generational differences

Summer 3

PT 720 Patient Management 7-Geriatrics (2)
- current research, theories of aging, and physiologic changes associated with aging (musculoskeletal, neurological, integument, cardiovascular, genitourinary systems)
- analysis and implementation of health, safety, and movement management for patients through the adult lifespan including end-of-life care
- multidimensional evaluation and assessment with system based approach
- implementation of treatment plans, coordination of interdisciplinary communication, and patient education with paper cases and hands-on experience
- contracture management and exercise prescription for aging adult
- falling in aging adult, prevention and management strategies, cost of falls (physical, emotional, monetary

PT 721 Patient Management 8-Other Systems (4)
- clinical decision-making model integrating Guide to PT Practice
- examination, evaluation, diagnosis and interventions for patients with specific needs including metabolic and endocrine disorders, women's health, amputation and prosthetic management, wounds, burns, and oncology
- home and environmental assessment
- primary, secondary, and tertiary prevention

PT 722 Patient Management 9-Complex Patients (2)
- advanced clinical decision-making model integrating Guide to PT Practice
- examination, evaluation, diagnosis and interventions for patients with multi-system dysfunction or medically complex problems
- in-depth study of the integration of musculoskeletal, neurological, and cardiopulmonary and integumentary parameters in selected case management across settings and throughout an episode of care
- emphasis on impact of lab values, pharmacological interventions, living environment, home/work/play requirements, social support network, and reimbursement, on patient management
- emphasis on evidence-based practice and the importance of patient-practitioner interaction

PT 730 Administration (3)
- information management in PT
- human resource management to include recruitment and retention, supervisory relationships, hiring and firing
- developing mission statements, policies and procedures, developing job descriptions and measuring job performance
- marketing, contracting, networking
- quality assurance and risk management
- productivity
- fiscal management/reimbursement in physical therapy
- regulatory agencies

PT 740 Advanced Concepts in PT Practice 2 (2)
- topics in physical therapy specialty areas
- topics in defined or innovative areas of practice
- topics in health promotion, wellness

PT 741 Health and Wellness (2)
- analyze trends in morbidity and mortality
- development and implementation of strategies directed at health promotion, wellness, health maintenance and disease prevention to individuals, groups and communities
- emphasis on wellness, quality of life and its relation to physical therapy
- focus on lifestyle factors associated with health and disease
- effects of exercise on various populations, including effects on the immune system, cardiovascular and pulmonary systems, and patients with diabetes, obesity, immunological conditions
- business and marketing skills for health promotion, fitness, and wellness program administration
- discussion of the role of other exercise specialists and the relationship to physical therapy
- discuss complementary and alternative medicine, nutrition, and social determinants of health

PT 770 Professional Development 5 (.5)
- career preparation and planning

FALL 3

PT 731 Professional Issues-Health Policy & Administration (2)
- discussion of hospitals, long term care, ambulatory care, community health, public health
- analysis of the impact of current health care delivery systems (managed care), and insurance issues on physical therapy practice
- emphasis on health policy
- discussion and analysis of current topics in the health care delivery system, and the impact on physical therapy practice

PT 760 & 761 Clinical Education Experience 2 & 3 (8 Weeks Each) (8)
- full-time clinical education experiences, emphasizing competency in PT intervention and clinical decision making, integration of psychosocial aspects of patient care, application of ethical and legal theories of practice, and integration into the health care system

SPRING 3

PT 762 Clinical Education Experience 4 (15 Weeks) (8)
- final clinical education experience, emphasizing competencies in PT procedures instructed in the curriculum involving patients with increased complexity and decreasing student supervision needs to entry-level practice

PT 771 Professional Development 6 (0)
- long term career development

*****NOTE: This list represents highlights of major content area for each course in the curriculum. It is not intended to be a complete list of content included in each course.**

Reviewed 2003, 2020
Revised 2004, 2005, 2006, 2007, 2008, 2009, 2014, 2018, 2020, 2023

SAINT FRANCIS UNIVERSITY
Department of Physical Therapy

PT 660 Clinical Education Experience 1 **Summer, 2nd professional year**

Credits: 4
Clock Hours: 8 weeks, ~ 40 hours/week, exact schedule determined by clinical instructor

Prerequisite: Enrollment in the professional physical therapy curriculum. All prerequisites and corequisites as stated in the curriculum plan.

INSTRUCTOR: Brittany Kennedy, PT, DPT, NCS & Shannon Scanlan, PT, DPT, OCS, clinical instructor at each site
OFFICE LOCATION: Stokes 229
TELEPHONE: 472-3862 / 472-3941
EMAIL: bkennedy@francis.edu / sscanlan@francis.edu

Students are required to use Canvas, the University's Learning Management System for this course.

COURSE DESCRIPTION: The first clinical education experience that the student will have in the curriculum. This full-time experience under the supervision of a licensed physical therapist occurs at the conclusion of the first year of professional coursework. Students will be assigned to facilities that can provide an experience in general musculoskeletal or cardiopulmonary interventions. This enables the student to emphasize competencies in the problem-solving process and the areas covered in the curriculum.

RATIONALE: Hands on experience in the clinical setting is required for students to integrate the didactic knowledge and psychomotor skills that they have developed. The role modeling provided by an experienced clinician reinforces the affective behaviors expected of a student physical therapist.

ALIGNMENT with GOALS of FRANCISCAN HIGHER EDUCATION: The course addresses "Respect for the Uniqueness of Individual Persons and A Humble and Generous Attitude Toward Learning" through the focus on individualizing care for all patients and teaching them about their conditions and programs.

COURSE OBJECTIVES: At the completion of this course, students will be able to:
1. Demonstrate safe practice by:
   a. maintaining a safe environment for patient and staff
   b. asking for assistance when needed
   c. recognizing and responding to changes in patient's status
   d. taking appropriate action in an emergency
2. Demonstrate professional behavior by:
   a. maintaining confidentiality of patient and facility information
   b. treating others with dignity, respect, compassion and regard for privacy and modesty
   c. taking responsibility for actively participating in the learning process
   d. demonstrating initiative, punctuality, and responsibility for own actions
3. Demonstrate adherence to ethical and legal practice standards by:
   a. abiding by ethical code, standard of practice guidelines, facility policies and procedures, and

pertinent state and federal law
   b. identifying situations in which ethical or legal questions are present
   c. demonstrating honesty at all times
4. Demonstrate effective communication skills by:
   a. adjusting terminology to the level of the listener
   b. listening receptively and respectfully
   c. initiating and establishing relationships with patients and all healthcare team members
   d. demonstrating an understanding of effects of cultural and individual differences by adapting communication and patient care
   e. documenting all aspects of patient/client management in accordance with guidelines of the facility, regulatory agencies, and third-party payers
   f. submitting documentation that is accurate, complete, timely, and legible.

The following objectives are applied to coursework prior to this experience and include anatomy, basic physical therapy procedures, physical agents, pharmacology, movement science, cardiopulmonary and musculoskeletal problems of the extremities.

5. Demonstrate clinical decision-making skill by:
   a. providing rationale for clinical decisions
   b. considering information from multiple sources
6. Perform a physical therapy examination by:
   a. identifying appropriateness for examination
   b. conducting screening procedures
   c. obtaining pertinent patient history
   d. performing a relevant systems review
   e. conducting appropriate tests and measures
   f. demonstrating accurate technique
7. Perform physical therapy evaluation to establish a diagnosis and prognosis by:
   a. synthesizing the data gathered in the examination
   b. identifying diagnoses to be ruled out
   c. determining a prognosis based on the evaluation and diagnosis
   d. re-examining patient/client status regularly
8. Design a plan of care that includes goals, intervention, outcomes, and discharge plan by:
   a. establishing functional goals and outcomes that are measurable and have specified timeframes
   b. incorporating goals of patient, family and payers
   c. considering the resources of, and risk to the patient
   d. choosing interventions that should achieve the desired outcomes
   e. establishing a discharge plan
9. Competently perform physical therapy interventions by:
   a. performing in an effective, coordinated, and safe manner
   b. modifying intervention according to patient/client response
   c. following the plan of care
10. Demonstrate administrative/management skills:
   a. working within time limits expected by the facility
   b. scheduling patients, equipment/space with consideration for efficiency and needs of others
11. Provides care in a fiscally sound manner by:
   a. acting in a fiscally responsible manner
12. Demonstrate a plan for lifelong learning by:

a. establishing realistic educational goals
b. modifying behavior based on feedback
c. demonstrating awareness of strengths and weaknesses

TEXTBOOK/INSTRUCTIONAL MATERIALS: It is expected that the student may need to use any of their textbooks and class notes for reference.

COURSE OUTLINE: The daily schedule and plan of learning experiences will be established by the clinical site objectives of the program, students, and facilities.

COURSE POLICIES AND PROCEDURES: The student is required to comply with the policies contained in the Department of Physical Therapy Clinical Education Manual and the conditions of the affiliation agreement between Saint Francis University and the clinical facility.

Required Work: Attend and participate in all formal and informal clinical education learning experiences. Satisfactory completion of assignments related to personal goal formation and achievement. Students may complete one of their two required in-services or projects for the facility during this rotation. Completion and submission of the Clinical Performance Instrument, and Physical Therapist Student Evaluation to the DCE by the end of the course.

COURSE GRADING: Grading is pass/fail and is done by the DCE/ADCE. It is based upon:

- the CPI,
- CPI Expected Performance Criteria - defined as at least Advanced Beginner in at least 50% of criteria,
- all communication with the SCCE, CI, and student, and
- satisfactory and timely completion of required assignments.

ASSISTANCE: Any student who perceives a need to meet with the course instructors regarding their personal performance in this course is encouraged to do so.

ADA Accommodation Statement:

Students who request accommodations based on a disability, in this or any other course, must contact Ms. April Fry in Accessibility Services in Scotus Hall 323C at 814-472-3176 or afry@francis.edu. After the proper documentation is approved by that office, students should then schedule individual meetings with individual faculty in their offices to discuss the specific needs for courses.

All accommodations must be approved by the clinical facility for this course.

Statement of Nondiscrimination:

Saint Francis University does not discriminate on the basis of gender, gender identity, age, race, color, ethnicity, religion, sexual orientation, marital status, disability, pregnancy status, veteran status, predisposing genetic characteristic or any protected classification. This policy applies to all programs and activities of the University, including, but not limited to, admission and employment practices, educational policies, scholarship and loan programs and athletic or other University sponsored programs. The following person has been designated to handle inquiries regarding the University's nondiscrimination policy: Jeffrey Savino, Vice President for Finance and Administration 814-472-3261, jsavino@francis.edu.

Saint Francis University does not discriminate in its employment practices or in its educational programs or activities on the basis of sex, gender identity, age, race, color, ethnicity, religion, sexual orientation, physical or mental disability (including perceived disability), national origin (including ancestry), marital status, pregnancy, veteran or military status (including disabled veteran; recently separated veteran; active-duty, wartime, or campaign badge veteran; and Armed Forces Service Medal veteran), predisposing genetic characteristics, or any other protected characteristic under applicable local, state, or federal law. The University also prohibits retaliation against any person opposing discrimination or participating in any discrimination investigation or complaint process internally or externally. Reports of misconduct, questions regarding Title IX, and concerns about noncompliance should be directed to the Title IX Coordinator, Lynne Banks (lbanks@francis.edu).

You can view the statement at www.francis.edu/nondiscrimination-and-no-harassment

In addition to the University Non-Discrimination policy, if while completing a clinical education experience, a student experiences discrimination on the basis of sex, gender identity, age, race, color, ethnicity, religion, sexual orientation, physical or mental disability (including perceived disability), national origin (including ancestry), marital status, pregnancy, veteran or military status, predisposing genetic characteristics, or any other protected characteristic under applicable local, state, or federal law, the student should report the occurrence to the DCE, ADCE, or Program Director.

Goals of Franciscan Higher Education

Franciscan Character

A Humble and Generous Attitude Towards Learning

A Community of Faith and Prayer

Respect for the Uniqueness of Individual Persons

Service to the Poor and Needy

Solidarity and Reconciliation

Reverence for All Life and Care for Creation

Spirit of Simplicity and Joy

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SAINT FRANCIS UNIVERSITY
Department of Physical Therapy

PT 760 Clinical Education Experience 2 **Fall, 3rd professional year**

Credits: 4
Clock Hours: 8 weeks, ~ 40 hours/week, exact schedule determined by clinical instructor

Prerequisite: Enrollment in the professional physical therapy program. All prerequisites and corequisites as stated in the curriculum plan.

INSTRUCTOR: Brittany Kennedy, PT, DPT, NCS & Shannon Scanlan, PT, DPT, OCS, clinical instructor at each site
OFFICE LOCATION: Stokes 229
TELEPHONE: 472-3862 / 472-3941
EMAIL: bkennedy@francis.edu / sscanlan@francis.edu

Students are required to use Canvas, the University's Learning Management System for this course.

COURSE DESCRIPTION: This course is the second clinical education experience that the student will have in the curriculum. This full-time experience under the supervision of a licensed physical therapist occurs in the first half of the fall semester of the third year of the professional curriculum. Students will be assigned to facilities that can provide an ambulatory or non-ambulatory care experience. Consideration is also given to the type of experience that the student had in PT 660. Students will also have the opportunity to be assigned to a facility that specializes in a particular type of patient population. The student will continue to emphasize competency in all areas already covered in the curriculum.

RATIONALE: Hands-on experience in the clinical setting is required for students to integrate the didactic knowledge and psychomotor skills they have developed. The role modeling provided by an experienced clinician reinforces the affective behaviors expected of a student physical therapist.

ALIGNMENT with GOALS of FRANCISCAN HIGHER EDUCATION: The course addresses "Respect for the Uniqueness of Individual Persons and A Humble and Generous Attitude Toward Learning" through the focus on individualizing care for all patients and teaching them about their conditions and programs.

COURSE OBJECTIVES: At the completion of this course, the student will be able to:
1. Demonstrate safe practice by:
   a. maintaining a safe environment for patient and staff
   b. asking for assistance when needed
   c. recognizing and responding to changes in patient's status
   d. taking appropriate action in an emergency
2. Demonstrate professional behavior by:
   a. maintaining confidentiality of patient and facility information
   b. treating others with dignity, respect, compassion and regard for privacy and modesty

c. taking responsibility for actively participating in the learning process
d. demonstrating initiative, punctuality, and responsibility for own actions

3. Demonstrate adherence to ethical and legal practice standards by:
   a. abiding by ethical code, standard of practice guidelines, facility policies and procedures, and pertinent state and federal law
   b. identifying situations in which ethical or legal questions are present
   c. demonstrating honesty at all times
4. Demonstrate effective communication skills by:
   a. adjusting terminology to the level of the listener
   b. listening receptively and respectfully
   c. initiating and establishing relationships with patients and interdisciplinary healthcare team members
   d. demonstrating an understanding of the effects of cultural and individual differences by adapting communication and patient care
   e. documenting all aspects of patient/client management in accordance with guidelines of the facility, regulatory agencies, and third-party payers
   f. submitting documentation that is accurate, complete, timely, and legible

The following objectives are applied to coursework prior to this experience and include anatomy, basic physical therapy procedures, physical agents, pharmacology, movement science, cardiopulmonary, integumentary, neuromuscular, and musculoskeletal problems.

5. Demonstrate clinical decision-making skill by:
   a. providing rationale for clinical decisions
   b. considering information from multiple sources
6. Perform a physical therapy examination by:
   a. identifying appropriateness for examination
   b. conducting screening procedures
   c. obtaining pertinent patient history
   d. performing a relevant systems review
   e. conducting appropriate tests and measures
   f. demonstrating accurate technique
   g. completing all components effectively and efficiently
7. Perform physical therapy evaluation to establish a diagnosis and prognosis by:
   a. synthesizing the data gathered in the examination
   b. identifying diagnoses to be ruled out
   c. determining a prognosis based on the evaluation and diagnosis
   d. re-examining patient/client status regularly
8. Design a plan of care that includes goals, intervention, outcomes, and discharge plan by:
   a. establishing functional goals and outcomes that are measurable and have specified timeframes
   b. incorporating goals of patient, family, and payer
   c. considering the resources of and risk to the patient
   d. choosing interventions that should achieve the desired outcomes
   e. establishing a discharge plan
9. Competently perform physical therapy interventions:
   a. performing in an effective, coordinated, and safe manner
   b. modifying intervention according to patient/client response

c. following the plan of care

10. Provide effective education to patients, caregivers, and other healthcare team members by:
    a. identifying educational needs and choosing appropriate teaching methods
    b. evaluating effectiveness of educational activities
    c. planning and conducting educational activities for patients, and healthcare team members
11. Participate in the determination of effectiveness and quality of service delivery by:
    a. following established guidelines for delivery of services
    b. seeking feedback on quality of care provided by self
12. Provide consultation by:
    a. using knowledge to help others solve physical therapy related problems
    b. identifying needs of and resources for patients
    c. making referrals based on needs of patients
13. Demonstrate administrative/management skills:
    a. working within time limits expected by the facility
    b. scheduling patients, equipment/space with consideration for efficiency and needs of others
    c. performing components of patient/client management effectively within time limits
    d. treating patients simultaneously when appropriate
14. Provides care in a fiscally sound manner by:
    a. submitting accurate patient charges in a timely manner
    b. making recommendations for equipment and supplies
15. Utilize support personnel according to legal and ethical guidelines by:
    a. showing respect for contributions of support personnel
    b. delegating tasks to facilitate effective and efficient patient care
    c. determining tasks that can be legally and ethically delegated
16. Demonstrates professional/social responsibilities beyond job expectations by
    a. willingly altering schedule to accommodate patients
    b. participating in professional organizations
17. Demonstrate a plan for lifelong learning by:
    a. establishing realistic educational goals
    b. modifying behavior based on feedback
    c. demonstrating awareness of strengths and weaknesses
    d. accepts responsibility for professional learning
18. Educate on prevention, wellness and health promotion needs by:
    a. teaching concept of self-responsibility in wellness
    b. providing education on health promotion, prevention, and wellness by providing information on impairment, disease, disability, and health risks related to age, gender, culture, and lifestyle

TEXTBOOK/INSTRUCTIONAL MATERIALS: It is expected that the student may need to use any of their textbooks and class notes for reference.

COURSE OUTLINE: The daily schedule and plan of learning experiences will be established by the clinical site based on the objectives of the program, student, and facility.

COURSE POLICIES AND PROCEDURES: The student is required to comply with the policies contained in the Department of Physical Therapy Clinical Education Manual and the conditions of the affiliation agreement between Saint Francis University and the clinical facility.

Required Work: Attend and participate in all formal and informal clinical education learning experiences. Satisfactory completion of assignments related to PT practice or interprofessional interaction and personal goal formation. Students may complete one of their two required in-services or projects for the facility during this rotation. Completion and submission of the Clinical Performance Instrument and Physical Therapist Student Evaluation to the DCE by the end of the course.

COURSE GRADING: Grading is pass/fail and is done by the DCE/ADCE. It is based upon:

- the CPI,
- CPI Expected Performance Criteria – defined as Intermediate level for all appropriate criteria for setting,
- all communication with the SCCE, CI and student, and
- satisfactory and timely completion of required assignments.

ASSISTANCE: Any student who perceives a need to meet with the course instructors regarding their personal performance in this course is encouraged to do so.

ADA Accommodation Statement:

Students who request accommodations based on a disability, in this or any other course, must contact Ms. April Fry in Accessibility Services in Scotus Hall 323C at 814-472-3176 or afry@francis.edu. After the proper documentation is approved by that office, students should then schedule individual meetings with individual faculty in their offices to discuss the specific needs for courses.

All accommodations must be approved by the clinical facility for this course.

Statement of Nondiscrimination:

Saint Francis University does not discriminate on the basis of gender, gender identity, age, race, color, ethnicity, religion, sexual orientation, marital status, disability, pregnancy status, veteran status, predisposing genetic characteristic or any protected classification. This policy applies to all programs and activities of the University, including, but not limited to, admission and employment practices, educational policies, scholarship and loan programs and athletic or other University sponsored programs. The following person has been designated to handle inquiries regarding the University's nondiscrimination policy: Jeffrey Savino, Vice President for Finance and Administration 814-472-3261, jsavino@francis.edu.

Saint Francis University does not discriminate in its employment practices or in its educational programs or activities on the basis of sex, gender identity, age, race, color, ethnicity, religion, sexual orientation, physical or mental disability (including perceived disability), national origin (including ancestry), marital status, pregnancy, veteran or military status (including disabled veteran; recently separated veteran; active-duty, wartime, or campaign badge veteran; and Armed Forces Service Medal veteran), predisposing genetic characteristics, or any other protected characteristic under applicable local, state, or federal law. The

University also prohibits retaliation against any person opposing discrimination or participating in any discrimination investigation or complaint process internally or externally. Reports of misconduct, questions regarding Title IX, and concerns about noncompliance should be directed to the Title IX Coordinator, Lynne Banks (lbanks@francis.edu).

You can view the statement at www.francis.edu/nondiscrimination-and-no-harassment

In addition to the University Non-Discrimination policy, if while completing a clinical education experience, a student experiences discrimination on the basis of sex, gender identity, age, race, color, ethnicity, religion, sexual orientation, physical or mental disability (including perceived disability), national origin (including ancestry), marital status, pregnancy, veteran or military status, predisposing genetic characteristics, or any other protected characteristic under applicable local, state, or federal law, the student should report the occurrence to the DCE, ADCE, or Program Director.

Goals of Franciscan Higher Education

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Spirit of Simplicity and Joy

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SAINT FRANCIS UNIVERSITY
Department of Physical Therapy

PT 761 Clinical Education Experience 3 **Fall, 3rd professional year**

Credits: 4
Clock Hours: 8 weeks, ~ 40 hours/week, exact schedule determined by clinical instructor

Prerequisite: Enrollment in the professional physical therapy program. All prerequisites and co requisites as stated in the curriculum plan.

INSTRUCTOR: Brittany Kennedy, PT, DPT, NCS & Shannon Scanlan, PT, DPT, OCS, clinical instructor at each site
OFFICE LOCATION: Stokes 229
TELEPHONE: 472-3862 / 472-3941
EMAIL: bkennedy@francis.edu / sscanlan@francis.edu

Students are required to use Canvas, the University's Learning Management System for this course.

COURSE DESCRIPTION: This course is the third clinical education experience that the student will have in the curriculum. This full-time experience under the supervision of a licensed physical therapist occurs in the second half of the fall semester of the third year of the professional curriculum. The focus is on the integration of complex patient problems. Consideration will be given to the experiences that the student had in PT 660 and 760.

RATIONALE: Hands-on experience in the clinical setting is required for students to integrate the didactic knowledge, affective behaviors, and psychomotor skills they have developed. The role modeling provided by an experienced clinician reinforces the affective behaviors expected of a student physical therapist.

ALIGNMENT with GOALS of FRANCISCAN HIGHER EDUCATION: The course addresses "Respect for the Uniqueness of Individual Persons and A Humble and Generous Attitude Toward Learning" through the focus on individualizing care for all patients and teaching them about their conditions and programs.

COURSE OBJECTIVES: At the completion of this course, the student will be able to:
1. Demonstrate safe practice by:
   a. maintaining a safe environment for patient and staff
   b. asking for assistance when needed
   c. recognizing and responding to changes in patient's status
   d. taking appropriate action in an emergency
2. Demonstrate professional behavior by:
   a. maintaining confidentiality of patient and facility information
   b. treating others with dignity, respect, compassion and regard for privacy and modesty
   c. taking responsibility for actively participating in the learning process
   d. demonstrating initiative, punctuality, and responsibility for own actions
3. Demonstrate adherence to ethical and legal practice standards by:

   a. abiding by ethical code, standard of practice guidelines, facility policies and procedures, and pertinent state and federal law
   b. identifying situations in which ethical or legal questions are present
   c. demonstrating honesty at all times
4. Demonstrate effective communication skills by:
   a. adjusting terminology to the level of the listener
   b. listening receptively and respectfully
   c. initiating and establishing relationships with-patients and interdisciplinary-health care team members
   d. demonstrating an understanding of the effects of cultural and individual differences by adapting communication and patient care
   e. documenting all aspects of patient/client management in accordance with guidelines of the facility, regulatory agencies, and third-party payers
   f. submitting documentation that is accurate, complete, timely, and legible

The following objectives are applied to coursework prior to this experience and includes anatomy, basic physical therapy procedures, physical agents, pharmacology, movement science, cardiopulmonary, integumentary, neuromuscular, and musculoskeletal problems.

5. Demonstrate clinical decision-making skills by:
   a. providing rationale for clinical decisions
   b. considering information from multiple sources
6. Perform a physical therapy examination by:
   a. identifying appropriateness for examination
   b. conducting screening procedures
   c. obtaining pertinent patient history
   d. performing a relevant systems review
   e. conducting appropriate tests and measures
   f. demonstrating accurate technique
   g. completing all components effectively and efficiently
7. Perform physical therapy evaluation to establish a diagnosis and prognosis by:
   a. synthesizing the data gathered in the examination
   b. identifying diagnoses to be ruled out
   c. determining a prognosis based on the evaluation and diagnosis
   d. re-examining patient/client status regularly
8. Design a plan of care that includes goals, intervention, outcomes, and discharge plan by:
   a. establishing functional goals and outcomes that are measurable and have specified timeframes
   b. incorporating goals of patient, family, and payer
   c. considering the resources of, and risk to the patient
   d. choosing interventions that should achieve the desired outcomes
   e. establishing a discharge plan
9. Competently perform physical therapy interventions:
   a. performing in an effective, coordinated, and safe manner
   b. modifying intervention according to patient/client response
   c. following the plan of care
10. Provide effective education to patients, caregivers, and other health care team members by:

a. identifying educational needs and choosing appropriate teaching methods
b. evaluating effectiveness of educational activities
c. planning and conducting educational activities for patients, and healthcare team members

11. Participate in the determination of effectiveness and quality of service delivery by:
    a. following established guidelines for delivery of services
    b. seeking feedback on quality of care provided by self
12. Provide consultation by:
    a. using knowledge to help others solve physical therapy related problems
    b. identifies needs of and resources for patients
    c. makes referrals based on needs of patients
13. Demonstrate administrative/management skills:
    a. working within time limits expected by the facility
    b. scheduling patients, equipment/space with consideration for efficiency and needs of others
    c. performing components of patient/client management effectively within time limits
    d. treating patients simultaneously when appropriate
14. Provides care in a fiscally sound manner by:
    a. submitting accurate patient charges in a timely manner
    b. following guidelines of third party payers for reimbursement
    c. making recommendations for equipment and supplies
15. Utilize support personnel according to legal and ethical guidelines by:
    a. showing respect for contributions of support personnel
    b. delegating tasks to facilitate effective and efficient patient care
    c. determining tasks that can be legally and ethically delegated
    d. providing feedback to support personnel
16. Demonstrates professional/social responsibilities beyond job expectations by
    a. willingly altering schedule to accommodate patients
    b. participating in professional organizations
17. Demonstrate a plan for lifelong learning by:
    a. establishing realistic educational goals
    b. modifying behavior based on feedback
    c. demonstrating awareness of strengths and weaknesses
    d. accepts responsibility for professional learning
18. Educate on prevention, wellness and health promotion needs by:
    a. teaching concept of self-responsibility in wellness
    b. providing education on health promotion, prevention, and wellness by providing information on impairment, disease, disability, and health risks related to age, gender, culture, and lifestyle

TEXTBOOK/INSTRUCTIONAL MATERIALS: It is expected that the student may need to use any of their textbooks and class notes for reference.

COURSE OUTLINE: The daily schedule and plan of learning experiences will be established by the clinical site based on the objectives of the program, student, and facility.

COURSE POLICIES AND PROCEDURES: The student is required to comply with the policies contained in the Department of Physical Therapy Clinical Education Manual and the

conditions of the affiliation agreement between Saint Francis University and the clinical facility.

Required Work: Attendance at and participation in all planned clinical education learning experiences. Satisfactory completion of assignment related to PT practice or interprofessional interaction and personal goal formation. Students may complete one of their two required in-services or projects for the facility during this rotation. Completion and submission of the Clinical Performance Instrument, and Physical Therapist Student Evaluation to the DCE by the end of the course.

COURSE GRADING: Grading is pass/fail and is done by the DCE. It is based upon

- the CPI,
- CPI Expected Performance Criteria – defined as advanced intermediate for all criteria appropriate for student's clinical setting,
- all communication with the SCCE, CI and student, and
- satisfactory and timely completion of required assignments.

ASSISTANCE: Any student who perceives a need to meet with the course instructors regarding their personal performance in this course is encouraged to do so.

ADA Accommodation Statement:

Students who request accommodations based on a disability, in this or any other course, must contact Ms. April Fry in Accessibility Services in Scotus Hall 323C at 814-472-3176 or afry@francis.edu. After the proper documentation is approved by that office, students should then schedule individual meetings with individual faculty in their offices to discuss the specific needs for courses.

All accommodations must be approved by the clinical facility for this course.

Statement of Nondiscrimination:

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You can view the statement at www.francis.edu/nondiscrimination-and-no-harassment

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SAINT FRANCIS UNIVERSITY
Department of Physical Therapy

PT 762 Clinical Education Experience 4 **Spring, 3rd professional year**

Credits: 8
Clock Hours: 15 weeks, ~ 40 hours/week, exact schedule determined by clinical instructor

Prerequisite: Enrollment in the professional physical therapy program. All prerequisites and co requisites as stated in the curriculum plan.

INSTRUCTOR: Brittany Kennedy, PT, DPT, NCS & Shannon Scanlan, PT, DPT, OCS, clinical instructor at each site
OFFICE LOCATION: Stokes 229
TELEPHONE: 472-3862 / 472-3941
EMAIL: bkennedy@francis.edu / sscanlan@francis.edu

Students are required to use Canvas, the University's Learning Management System for this course.

COURSE DESCRIPTION: This course is the fourth and final clinical education experience that the student will have in the curriculum. This full-time terminal experience under the supervision of a licensed physical therapist occurs for the entire spring semester of the third year of the professional curriculum. The focus is on the integration of complex patient problems and practice management skills. Consideration will be given to the experiences that the student had in PT 660, 760, and 761.

RATIONALE: Hands on experience in the clinical setting is required for students to integrate the didactic knowledge, affective behaviors, and psychomotor skills that they have developed into clinical practice at the entry level.

ALIGNMENT with GOALS of FRANCISCAN HIGHER EDUCATION: The course addresses "Respect for the Uniqueness of Individual Persons and A Humble and Generous Attitude Toward Learning" through the focus on individualizing care for all patients and teaching them about their conditions and programs.

COURSE OBJECTIVES: At the completion of this course, the student will be able to:
1. Act in a competent and safe manner by:
   a. maintaining a safe environment for patients and staff
   b. asking for assistance when needed
   c. recognizing and responding to changes in patient's status
   d. taking appropriate action in an emergency
2. Displays competent professional behavior by:
   a. maintaining confidentiality of patient and facility information
   b. treating others with dignity, respect, compassion, and regard for privacy and modesty
   c. taking responsibility for actively participating in the learning process
   d. demonstrating initiative, punctuality, and responsibility for own actions
3. Displays adherence to ethical and legal practice standards by:

a. abiding by ethical code, standard of practice guidelines, facility policies and procedures, and pertinent state and federal law
b. identifying and responding to situations in which ethical or legal questions are present
c. demonstrating honesty at all times

4. Display effective communication skills by:
   a. adjusting terminology to the level of the listener
   b. listening receptively and respectfully
   c. initiating and establishing relationships with patients and interdisciplinary health care team members
   d. demonstrating an understanding of effects of cultural and individual differences by adapting communication and patient care
   e. documenting all aspects of patient/client management in accordance with guidelines of the facility, regulatory agencies, and third-party payers
   f. submitting documentation that is accurate, complete, timely, and legible
   g. communicating verbally and nonverbally in a professional and timely manner in routine and difficult situations
5. Display clinical decision-making skills by:
   a. providing rationale for clinical decisions
   b. assesses information from multiple sources
   c. using appropriate outcome measures in the delivery and assessment of ongoing patient care
6. Competently perform a physical therapy examination by:
   a. identifying appropriateness for examination
   b. conducting screening procedures
   c. obtaining pertinent patient history
   d. performing a relevant systems review
   e. conducting appropriate tests and measures
   f. demonstrating accurate technique
   g. completing all components effectively and efficiently
7. Perform physical therapy evaluation to establish a diagnosis and prognosis by:
   a. synthesizing the data gathered in the examination
   b. discriminates between working clinical diagnoses based on differential diagnosis principles
   c. determining a prognosis based on the evaluation and diagnosis
   d. re-examining patient/client status regularly and interprets results
8. Design a plan of care that includes goals, intervention, outcomes, and discharge plan by:
   a. establishing functional goals and outcomes that are measurable and have specified timeframes
   b. incorporating goals of patient, family and payer
   c. considering the resources of, and risk to the patient
   d. choosing interventions that should achieve the desired outcomes
   e. establishing a discharge plan
9. Competently perform physical therapy interventions:
   a. performing in an effective, coordinated, and safe manner
   b. modifying intervention according to patient/client response
   c. following the plan of care
10. Develop effective education for patients, caregivers and other health care team members by:
    a. identifying educational needs and choosing appropriate teaching methods

b. evaluating effectiveness of educational activities
c. planning and conducting educational activities for patients, and health care team members

11. Evaluate the effectiveness and quality of service delivery by:
    a. following established guidelines for delivery of services
    b. seeking feedback on quality of care provided by self
    c. implement an evaluation of patient outcomes or quality assurance
12. Provide consultation by:
    b. using knowledge to help others solve physical therapy related problems
    b. identifies needs of and resources for patients
    c. makes referrals based on needs of patients
13. Displays administrative/management skills:
    a. working within time limits expected by the facility
    b. scheduling patients, equipment/space with consideration for efficiency and needs of others
    c. performing components of patient/client management effectively within time limits
    d. treating patients simultaneously when appropriate
14. Provides care in a fiscally sound manner by:
    a. submitting accurate patient charges in a timely manner
    b. following guidelines of third-party payers for reimbursement
    c. making recommendations for equipment and supplies
    d. negotiating with reimbursement entities for changes in individual patient services
15. Display appropriate use of support personnel according to legal and ethical guidelines by:
    a. showing respect for contributions of support personnel
    b. delegating tasks to facilitate effective and efficient patient care
    c. determining tasks that can be legally and ethically delegated
    d. providing feedback to support personnel
16. Display professional/social responsibilities beyond job expectations by
    a. willingly altering schedule to accommodate patients
    b. participating in professional organizations
17. Display a plan for lifelong learning by:
    a. establishing realistic educational goals
    b. modifying behavior based on feedback
    c. demonstrating awareness of strengths and weaknesses
    d. accepts responsibility for professional learning
18. Divises education on prevention, wellness and health promotion needs by:
    a. teaching concept of self-responsibility in wellness
    b. providing education on health promotion, prevention, and wellness based on impairment, disease, disability, and health risks related to age, gender, culture, and lifestyle

TEXTBOOK/INSTRUCTIONAL MATERIALS: It is expected that the student may need to use any of their textbooks and class notes for reference.

COURSE OUTLINE: The daily schedule and plan of learning experiences will be established by the clinical site based on the objectives of the program, student, and facility.

COURSE POLICIES AND PROCEDURES: The student is required to comply with the

policies contained in the Department of Physical Therapy Clinical Education Manual and the conditions of the affiliation agreement between Saint Francis University and the clinical facility.

Required Work: Attendance at and participation in all planned clinical education learning experiences. Satisfactory completion of assignment related to PT practice and/or personal goal formation. Students may complete one of their two required in-services or projects for the facility during this rotation. Completion and submission of the Clinical Performance Instrument, and Physical Therapist Student Evaluation to the DCE by the end of the course.

COURSE GRADING: Grading is pass/fail and is done by the DCE. It is based upon:

- the CPI,
- CPI Expected Performance Criteria – defined as entry-level as appropriate for the student's clinical setting. Please note that if a student is in a highly specialized clinical setting, entry-level should be achieved in all criteria in a previous rotation if it is not feasible they attain this level in this setting.
- all communication with the SCCE, CI and student, and
- satisfactory and timely completion of required assignments.

ASSISTANCE: Any student who perceives a need to meet with the course instructors regarding their personal performance in this course is encouraged to do so.

ADA Accommodation Statement:

Students who request accommodations based on a disability, in this or any other course, must contact Ms. April Fry in Accessibility Services in Scotus Hall 323C at 814-472-3176 or afry@francis.edu. After the proper documentation is approved by that office, students should then schedule individual meetings with individual faculty in their offices to discuss the specific needs for courses.

All accommodations must be approved by the clinical facility for this course.

Statement of Nondiscrimination:

Saint Francis University does not discriminate on the basis of gender, gender identity, age, race, color, ethnicity, religion, sexual orientation, marital status, disability, pregnancy status, veteran status, predisposing genetic characteristic or any protected classification. This policy applies to all programs and activities of the University, including, but not limited to, admission and employment practices, educational policies, scholarship and loan programs and athletic or other University sponsored programs. The following person has been designated to handle inquiries regarding the University's nondiscrimination policy: Jeffrey Savino, Vice President for Finance and Administration 814-472-3261, jsavino@francis.edu.

Saint Francis University does not discriminate in its employment practices or in its educational programs or activities on the basis of sex, gender identity, age, race, color, ethnicity, religion, sexual orientation, physical or mental disability (including perceived disability), national origin (including ancestry), marital status, pregnancy, veteran or military status (including disabled veteran; recently separated veteran; active-duty, wartime, or campaign badge veteran; and Armed Forces Service Medal veteran), predisposing genetic characteristics, or any other protected characteristic under applicable local, state, or federal law. The University also prohibits retaliation against any person opposing discrimination or participating in any discrimination investigation or complaint process internally or externally. Reports of misconduct, questions

regarding Title IX, and concerns about noncompliance should be directed to the Title IX Coordinator, Lynne Banks (lbanks@francis.edu).

You can view the statement at www.francis.edu/nondiscrimination-and-no-harassment

In addition to the University Non-Discrimination policy, if while completing a clinical education experience, a student experiences discrimination on the basis of sex, gender identity, age, race, color, ethnicity, religion, sexual orientation, physical or mental disability (including perceived disability), national origin (including ancestry), marital status, pregnancy, veteran or military status, predisposing genetic characteristics, or any other protected characteristic under applicable local, state, or federal law, the student should report the occurrence to the DCE, ADCE, or Program Director.

Goals of Franciscan Higher Education

Franciscan Character

A Humble and Generous Attitude Towards Learning

A Community of Faith and Prayer

Respect for the Uniqueness of Individual Persons

Service to the Poor and Needy

Solidarity and Reconciliation

Reverence for All Life and Care for Creation

Spirit of Simplicity and Joy

Read the full Saint Francis University mission and goals

PRE-CLINICAL PROCESSES

Clinical Site Assignment

The department maintains a file of the facilities with which the University has an affiliation agreement. If a student has an idea for an additional site, the facility name should be given to the Director of Clinical Education (DCE) or Assistant Director of Clinical Education (ADCE) when making a request for clinical placement. Students must not contact facilities to ask for or about the establishment of an agreement or clinical placement. This is only to be done by the DCE or ADCE. There is no guarantee that facilities suggested by students will be approved by the DCE or ADCE or that the facility will agree to establish an agreement with the University.

The DCE or ADCE sends requests for clinical education time slots to these contracting facilities each March for the following calendar year. After responses are received from the facilities, students will be provided with a list of possible sites for their next clinical education assignment. Students may review the Clinical Site Information Form for all facilities and the Physical Therapist Student Evaluation (PTSE) completed by any student previously assigned to that location upon request. The students will submit their requests for each clinical education placement.

Clinic assignments are made according to the following guidelines:

- The DCE or ADCE will make assignments based on academic need, student choices, student interest, previous assignments(s), and clinic availability.
- All students will be required to complete a rotation in at least one ambulatory and one non-ambulatory setting.
- There is no guarantee that requests will be met or that students can return to their hometown for any, or all, of their experiences, especially if they reside in a state in which SFU does not have authorization to place students. See Saint Francis's State Authorization and Regulatory Compliance website for a current list.
- New sites will be developed based upon the academic and geographic needs of each student. If a site is not identified after contacts are made at 5 facilities, then placement will be made at an existing location.
- The use of established facilities will be considered before any new contracts are developed.
- Some sites require students to complete an application and/or interview process. The DCE/ADCE will facilitate this process.
- A one-hour commute to a facility for a clinical education experience is considered reasonable.
- A student may have only 1 international clinical experience, and it must be in PT 760 or 761. Students must be in good academic standing and demonstrate strong performance in professional behaviors. Input will be obtained from faculty. DCE and ADCE reserve final judgement for students requesting these sites.
- Students who do not meet the deadlines established in the selection process will have their request considered last.
- The DCE/ADCE has final authority in assignment decisions and a lottery system may be used at their discretion.

Students will not be assigned to a facility where they are employed unless the DCE or ADCE believes the following conditions are met:

- The organization must be large enough that the student can be placed in an area where they have not been employed.
- The DCE or ADCE must also determine that both the clinical staff and student understand the differences and are capable of switching from the roles of employer/employee to clinical

instructor/student.

Students will not be assigned to a facility where an immediate family member is employed unless the DCE or ADCE believes the following conditions are met:

- The immediate family member will not be a clinical instructor for the student, AND
- The student's immediate family member will not influence the quality of the clinical experience

Occasionally a clinical site may cancel after a student placement has been confirmed. At other times the DCE or ADCE may determine that a scheduled clinical site is no longer able to provide the necessary experience for a student. In these situations, the DCE or ADCE will consult with the student before reassigning to a new clinical site. In order to keep the student on schedule to graduate with their class, the DCE may need to place the student in a different setting or geographic location.

Prior to the beginning of each clinical education course the faculty, including DCE or ADCE, will review the performance of all students to assure that they are in good academic standing. Students are required to have a QPA of 3.0 each semester, and to have achieved a grade of "C" or better in each course, an "82" on all lab practical exams of all preceding physical therapy courses, and to have performed at the expected level of professional behaviors before being permitted to participate in a clinical education assignment. Any exceptions must be approved by the department's Student Progress Committee. These criteria will be used to demonstrate student competence to enter clinical education experiences.

Reviewed 2003, 2004, 2007, 2016, 2020, 2023
Revised 2005, 2006, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2019, 2020, 2023

Cardiopulmonary Resuscitation (CPR)

All students are required to maintain current certification in CPR during each clinical education assignment. Students are required to maintain proof of certification in the physical therapy office. Certification must be by the American Heart Association.

Reviewed 2003, 2004, 2005, 2006, 2007, 2009, 2010, 2011, 2012, 2014, 2015, 2016, 2019, 2020, 2023
Revised 2013, 2023

Professional Liability Issues

The University and clinical sites require students to carry professional liability insurance with minimum coverage limits of $1,000,000 per occurrence and $3,000,000 annual aggregate throughout the program. Proof of insurance must be provided to the physical therapy office prior to clinical education assignments. Information on obtaining such insurance will be provided to all students at the beginning of the professional curriculum. If the student does not provide proof of insurance, he/she will not be permitted to attend clinical education assignments. In this event, the student must make arrangements with the DCE or ADCE to make up the clinical education course after insurance has been obtained.

Students will only be permitted to participate in clinical education experiences at facilities that have a current, signed agreement with Saint Francis University.

Students may only work with patients under the supervision of a licensed physical therapist. If there is not a physical therapist present, the student may not treat any type of patient, or assist any other Physical Therapy Department personnel with direct patient treatment.

Reviewed 2003, 2006, 2007, 2009, 2010, 2011, 2014, 2015, 2016, 2019, 2020, 2023
Revised 2004, 2005, 2012, 2013

Background Check

All students are required to have a comprehensive criminal background check, including an FBI fingerprint clearance, PA Child Abuse Clearance, and PA State Police Clearance. The program contracts with Certiphi Screening to provide national and federal clearances. The student is responsible for the costs of the screening. A full screening must be completed in the spring of the first professional year. An updated screen must be completed in the summer of the third year.

If a student is arrested for or convicted of an offense during the professional curriculum, the student must report the offense to the Program Director, DCE or ADCE, and Clinical Instructor (if applicable). The student must report any offense in writing within 48 hours of the arrest, conviction, or notification of the offense. If the student fails to disclose the information required above, disciplinary action, including the possibility of dismissal, will be initiated by the Student Progress Committee.

Clinical education sites may require the screening report as a requirement for placement. A clinical education site may have more specific screening requirements and may refuse placement of a student with a criminal record. Students should consult the DCE or ADCE for additional information on such sites. A copy of the background check will be provided to the clinical site upon request.

Physical therapists are required to be licensed by the state in which they provide physical therapy services. Requirements for licensure vary from state to state. PT licensure laws in individual states may deny or restrict licenses to individuals with felony or certain misdemeanor violations.

A negative criminal background check and/or a Child Abuse History Clearance may be required for employment by some organizations. Any student with a criminal record is advised to check with the PT Licensure Board and/or an attorney in the state in which they wish to be licensed in order to determine their eligibility for licensure.

Reviewed 2011, 2012, 2014, 2019, 2020, 2023
Revised 2013, 2015, 2016, 2023

Medical Insurance

Students are required to have health insurance, according to university policy. Proof of insurance must be provided to the physical therapy office prior to clinical education assignments. Information on a University health insurance plan can be obtained from the University Business Office. The clinical site will assist the student in arranging for emergency medical care in the event of an injury or student illness while participating in clinical education activities. Neither the University nor the clinical site will be liable for medical expenses incurred by the student. Financial responsibility remains with the student.

Reviewed 2003, 2005, 2006, 2007, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2019, 2020, 2023
Revised 2004, 2025

Health Requirements

The following requirements must be met in order to participate in clinical education experiences: physical exam within the past year, Hepatitis B series of vaccinations, 2-step PPD, current Tdap

vaccination, MMR vaccination x 2; qualitative titers for: Hep B, Measles, Mumps, Rubella, Rubeola, and Varicella, and 10-panel urine drug screen. Influenza vaccination or exemption may be required by specific clinical sites. Students will be notified of this requirement prior to beginning their clinical rotation.

Affiliating organizations may have more stringent requirements or time frames and may refuse placement of a student with a history of a positive drug screen.

The clinical education program will follow the COVID vaccination policy as defined by the Saint Francis University School of Health Sciences and Education. Students are notified of this policy at the beginning of the professional phase of the program and at appropriate times as updates are made.

Student health information is only shared with a clinical site if required by the facility for onboarding. All students will be asked to sign a release form to allow health records to be released to the DCE and/or clinical sites, if requested. If a student does not wish to sign this release form, they will be responsible for providing health records to their assigned clinical site to meet onboarding requirements.

Reviewed 2003, 2004, 2006, 2007, 2009, 2010, 2011, 2012, 2013, 2016, 2019, 2020, 2023, 2025
Revised 2005, 2010, 2014, 2015, 2019, 2023, 2025

SAINT FRANCIS UNIVERSITY
School of Health Sciences and Education (SHSE)

Drug and Alcohol Policy

Rationale

Those employed in the field of healthcare are entrusted with the safety, health, and welfare of patients and work in settings which require that sound ethical behavior and good judgment be exercised. Some majors within the School of Health Sciences and Education will even have the ability to prescribe and / or have access to controlled substances within their chosen profession therefore requiring an absolute commitment to these principles.

The use of illicit drugs, non-prescribed drugs or impairment due to alcohol consumption can diminish the student's ability to learn in the classroom as well as their ability to provide adequate and appropriate care in the clinical setting. Therefore, the use of illicit drugs, non-prescribed drugs and / or being under the influence of alcohol in the classroom or clinical setting will not be tolerated.

Clinical facilities that serve as educational and training sites for students require that every department verifies that each student has a negative drug and / or alcohol screen prior to scheduling students at their facility. Additionally, many licensing agencies require individuals to pass a drug screen as a condition of licensure and / or employment. Clinical rotations / field experiences / internships are a required element of all programs within the School of Health Sciences and Education. It is thus in the interest of both the students and the School of Health Sciences and Education to identify any barriers to a student completing the clinical education requirements to allow the student to graduate with a degree within the School of Health Sciences and Education.

In keeping with the Safe Harbor policy found in the Alcohol and Other Drugs Policy in the University's Student Handbook, any currently enrolled School of Health Sciences and Education student who brings their own use, addiction or dependency to University officials or academic department / program personnel at least ***three days prior*** to student notification of any drug / alcohol testing or prior to any conduct sanctions and seeks assistance will not be immediately dismissed from the health science major. A written action plan between the academic department / program and student will be created. This plan may include, but not be limited to a mandated leave of absence to complete a certified drug treatment program, conditions of readmission / continuation in the health science major, and additional drug screenings performed at cost to the student. Failure to follow the action plan will nullify the Safe Harbor protection and lead to dismissal of the student from the health science major except for the B.S. in Health Care Studies major, which does not require clinical experiences.

SHS Drug and Alcohol Policy and Procedures

1. Any student within the School of Health Sciences and Education who violates the Alcohol and Other Drugs Policy in the University's Student Handbook for example, by possessing an illicit drug substance in University housing, will be required to submit to appropriate drug or alcohol testing.
    a. Students who are involved with any violation of the University's Illegal Drug Policy will be required to submit to drug testing as soon as possible, but no later than three days following the incident. The student will be responsible for the cost of testing in this incident.
    b. Students exhibiting signs of excessive alcohol consumption will undergo a field sobriety test performed by the University Police Officers or other appropriate law enforcement personnel. Any student that does not pass the field sobriety test will be required to be transported via Emergency Medical Services (EMS) at the student's expense for medical attention, including a blood alcohol content level.

2. Depending on their academic major, students may be required to submit to drug screens prior to admission to and / or progression into the professional portion of the academic major and / or prior to or during clinical experiences. Students should be prepared for drug or alcohol testing at any point in their education and must comply when a test is scheduled.

3. Drug screens will be scheduled by the academic department / program as needed and / or required by clinical sites or when use is suspected.
   a. If the student is taking a prescribed substance, they are required to disclose the prescription information to the testing site personnel ***prior to the testing***.
   b. Students subsequently must provide written documentation from their licensed health care provider to the testing site that performed the screen within two business days that there is a medical necessity for the medication.
   c. Failure to submit appropriate documentation to the testing site from a licensed health care provider for medical necessity for the medication will result in the test being considered a "positive" result.
   d. Despite a medical necessity for taking this medication, the student may not be able to attend clinical experiences if this medication impairs the student's ability to appropriately function and meet the physical and cognitive functioning required for the safety of the student and patients. A decision regarding the student's ability to participate in clinical experiences will be made at the academic department / program level utilizing each department's / program's current student review processes.
   e. Students are able to request a medical leave of absence if they believe that a medical condition and its subsequent treatment would prohibit them from appropriately functioning in their role as a student health care provider.

4. Drug testing may be performed through any of the following methods:
   a. Urine drug testing
   b. Hair follicle testing
   c. Clinical facility policy, if applicable

5. Students will be notified about associated fees for required drug screens from their respective academic department / program. Students will be responsible for the cost of all screens, either individually or through an academic department / program designated budget line that includes student fees for that purpose.

6. If screening for alcohol use is warranted, screens will be performed by obtaining a blood alcohol content level. The student will be responsible for the cost of any testing related to suspected alcohol use or abuse.

7. The program director, program or any School of Health Sciences and Education faculty and clinical preceptors / facility reserve the right to request a drug or alcohol screen when use is suspected.
   a. If a student appears to be impaired, they will be removed from the clinical experience, class, or activity immediately.
   b. Any faculty member or clinical preceptor / facility who suspects alcohol impairment or use of illicit or non-prescribed drugs may require that the student submit to an alcohol or drug screen. This testing could be scheduled on the same day as the suspected incident, especially if alcohol use is suspected. The student will be responsible for the cost of testing in this incident.
   c. If an incident occurs on campus with suspected excessive alcohol consumption, the University Policy will be contacted to perform a field sobriety test. Any student that does not pass the field sobriety test will be required to be transported via EMS at the student's expense for medical attention, including a blood alcohol content level.
   d. If the clinical preceptor / facility suspects any impairment due to drugs and / or alcohol, the academic department / program is to be notified immediately. The scent of alcohol on the breath

while at a clinical site will also not be tolerated. Testing may occur according to the School of Health Sciences and Education Drug and Alcohol policy or the clinical facility's policy, if appropriate.

8. Failure to complete a drug or alcohol screen which has been scheduled by University personnel and / or the student's department faculty or clinical preceptor / facility will be considered as a positive result.

9. Applicable students within the School of Health Sciences and Education will sign a Department / Academic Program Drug and Alcohol Policy Contract and Consent form with a waiver of liability releasing the results of any drug or alcohol testing information to the academic department / program and any clinical site that may require the reported results.
   a. Failure to sign this form will result in automatic dismissal of the student from the School of Health Sciences and Education major except for the B.S. in Health Care Studies major, which does not require clinical experiences.
   b. Students who are licensed professional nurses will also be directed to the Volunteer Recovery Program (Commonwealth of Pennsylvania Bureau of Professional and Occupational Affairs Professional Health Monitoring Programs) which offers the eligible professional an alternative to board disciplinary action from becoming a permanent part of their professional licensing record.

10. If the result of the drug or alcohol screen is positive as determined by the appropriate Medical Review Officer at the testing site, the Department Chair / Program Director or an appointed designee will be notified in writing of the results of the drug screen, typically within two business days. The results of any testing completed off campus will be sent to the University MyHealth Saint Francis and then forwarded to the Department Chair / Program Director or an appointed designee as outlined.

11. Students who do not pass a drug or alcohol screen and / or fail to get a drug or alcohol screen when scheduled by University personnel and / or the student's department faculty or clinical preceptor / facility will be dismissed from their major within the School of Health Sciences and Education and are prohibited from changing majors to any other School of Health Science major except for the B.S. in Health Care Studies major, which does not require clinical experiences. Students who are licensed professional nurses will also be directed to the Volunteer Recovery Program which offers the eligible professional an alternative to board disciplinary action from becoming a permanent part of their professional licensing record.

12. Any student that has a positive drug or alcohol screen will be referred for evaluation and treatment to an appropriate chemical dependency program. The University MyHealth Saint Francis will provide a referral list of programs in the regional area, if needed. The student is responsible for any costs associated with the counseling and treatment in the chemical dependency program.

13. In addition to University or School of Health Sciences and Education sanctions, students are subject to all legal sanctions under federal, state and local law for any offenses involving under-age drinking, driving while under the influence/driving while intoxicated or with the sale, manufacture, distribution, possession or use of illicit/non-prescribed drugs.

SHSE Drug and Alcohol Testing Process

1. Testing times for academic department / program screens will not be announced in advance.

2. The School of Health Sciences and Education utilizes a strict chain-of-custody system to ensure minimal possibility of tampering with the specimen from the time of announcement of the testing through its collection to the time of testing in the laboratory. To that end, if the testing takes place at a site on the Saint Francis University campus, the student will be escorted to the testing area by

department / program personnel and will remain at the testing area until the appropriate specimen is obtained.

3. MyHealth Saint Francis Process

The following drug and alcohol testing process will be utilized for any testing completed through MyHealth Saint Francis. MyHealth Saint Francis Saint Francis recognizes that applicable students in the School of Health Sciences and Education are required to have drug screens performed as outlined by the academic department / program. There may also be times as outlined in the School of Health Sciences and Education Drug and Alcohol Policy that testing be completed for suspected drug and / or alcohol use. To that end, the following procedures and policies for testing completed by MyHealth Saint Francis will be in effect:

MyHealth Saint Francis Scheduling of Testing

a. The School of Health Sciences and Education academic department / program will contact MyHealth Saint Francis at least two (2) weeks prior to schedule the timing of drug testing that includes testing the entire class cohort.
b. The School of Health Sciences and Education academic department / program will schedule drug screenings as a class, whenever possible. Individual testing for drugs and / or alcohol will be completed based on extenuating circumstances and / or when requested due to suspected use.
c. The School of Health Sciences and Education academic department / program will inform their students of the need and timing of any drug and / or alcohol testing.
d. The School of Health Sciences and Education academic department / program will provide a copy of this drug and alcohol testing process to student donors to include notification of the following:
    1) Student donors must present photo identification at the time of testing
    2) Student donors should be instructed by the academic department / program not to over-hydrate once the testing time is announced to avoid a "dilute" testing result. Student donors should be instructed not to drink more than 8 ounces of water every 30 minutes up to 5 times (40 oz.)
    3) Student donors will be required to provide a list of prescribed medications the student is taking as part of the intake process prior to drug testing
    4) Student donors will need to review and sign the MyHealth Saint Francis Drug / Alcohol Screen Consent form the day of testing (See Appendix A)
    5) If an observed urine drug screen is scheduled, the process includes the need to monitor the urine specimen collection. This process will include the presence of a MyHealth Saint Francis designee that will serve as a monitor based on the gender of choice as chosen by the student donor on the day of testing to be present in the bathroom during specimen collection.

MyHealth Saint Francis Procedures

a. Urine sample collection
    1) Preparation for urine sample collection
        a) Ensure supplies are present (test collection kit with cup, color chart, and specimen transport bag)
        b) Place bluing agent in toilet
        c) Affix tamper evident tape to soap dispenser and faucet
        d) Remove garbage can and any other supplies from restroom
        e) Shut off water valve to restroom
    2) Urine sample collection
        a) Upon the student donor's arrival to the health center, they will be escorted to a waiting area inside the health center to complete pre-testing paperwork
            - The student donor will provide a list of current medications to the medical staff as part of the consent form
            - The student donor will then sign the consent to be tested form

b) The student donor will remain in this area until their turn and when they feel they are able to give at least a 30 mL urine sample
c) The student donor will be escorted to the lab and asked to remove any outer clothing which would include hats, jackets, hoodies etc.
d) The student donor will be asked to empty all pockets and place articles on lab counter
e) The student donor will be required to present a photo identification card that may be either the student's University identification card and/or another photo identification card, such as a driver's license
f) The certified MyHealth Saint Francis collector will put on gloves
g) The student donor will be asked to wash and dry their hands
h) The student donor will be asked to pick a test collection kit and examine it to see if it is securely sealed
i) Once the student donor agrees the test collection kit is sealed, it is given to the certified MyHealth Saint Francis collector to be examined for proper seal and expiration date
j) The test collection kit will be opened and the bag and test container will be emptied onto the counter by the certified MyHealth Saint Francis collector and the collection cup will be given to the student donor
k) The student donor will be escorted to the bathroom where a MyHealth Saint Francis designee that will serve as a monitor based on the gender of choice as chosen by the student donor on the day of testing will enter the bathroom with the student donor. The monitor must have completed the MyHealth Saint Francis's training process.
l) Once the sample is obtained, the student donor will hand it directly to the certified MyHealth Saint Francis collector
m) The sample is kept in view of the student donor at all times
n) Should the student donor be unable to give at least a 30 mL urine sample, they will be considered to have a "shy bladder"
    - The student donor will then be escorted to a designated waiting area within the health center
    - The student donor will be offered 8 ounces of water every 30 minutes up to 5 times (40 oz.)
    - The student donor may be required to wait up to three hours with periodic attempts to provide an adequate 30 mL urine sample
    - The certified MyHealth Saint Francis collector will document in the remarks section of the custody form the time each attempt was made and whether any specimen was provided
    - If the student donor leaves before the end of the three-hour period, it is considered a refusal to test and is subject to disciplinary action as outlined in the School of Health Sciences and Education Drug and Alcohol Policy
    - When the student donor states they are able to potentially supply a urine sample, another specimen using a new collection kit will be attempted
        - If the volume is adequate (30 mL), the sample will be utilized to complete the testing process
        - If the volume remains insufficient (less than 30 mL), a note of "shy bladder" will be made in the "remarks" section of the custody and control form by the certified MyHealth Saint Francis collector
    - If any student, including a student with a noted "shy bladder," is not able to provide a urine sample on the scheduled day of testing, a hair follicle sample will automatically be obtained to complete the testing process
o) The student donor is then escorted back to the lab to wash and dry their hands
p) The volume, temperature, odor and color are checked by the certified MyHealth Saint Francis collector, which is documented on the designated section of the chain of custody form

q) The 30 mL sample is transferred to the test container and security seal is placed over the lid
   - The student donor initials and dates the seal
   - The remainder of the urine sample is discarded down the sink by the certified MyHealth Saint Francis collector

r) The chain of custody form is completed by the MyHealth Saint Francis designated monitor, the student donor and the certified MyHealth Saint Francis collector
   - The MyHealth Saint Francis designated monitor completes and signs the appropriate portion of the custody form
   - The student donor completes and signs their appropriate portion of the custody form
   - The certified MyHealth Saint Francis collector ensures that all areas of the chain of custody form is completed appropriately and signs the designated portion of the custody form
   - A copy of the chain of custody form is given to the student donor

s) The student donor may leave the health center

t) The sample will be sent to an offsite certified testing facility

u) The results will be kept in the student donor's confidential medical record at the MyHealth Saint Francis and also released to the designated academic department / program personnel as outlined on the School of Health Sciences and Education Drug and Alcohol Policy Contract and Consent form

b. Hair follicle sample collection

1) Preparation for hair follicle sample collection: ensure supplies are present (scissors, alcohol pads, hair clip, security seals, hair specimen collection envelope and specimen transportation bags)

2) Hair follicle sample collection

a) Upon the student donor's arrival to the health center, they will be escorted to a waiting area inside the health center to complete pre-testing paperwork unless it is a student with a noted "shy bladder" who is already in the waiting area
   - The student donor will provide a list of current medications to the medical staff as part of the consent form
   - The student donor will then sign the consent to be tested form

b) The student donor will be required to present a photo identification card that may be either the student's University identification card and/or another photo identification card, such as a driver's license

c) The certified MyHealth Saint Francis collector will put on gloves and clean the scissors and hair clip with an alcohol pad in front of the student donor

d) The certified MyHealth Saint Francis collector will prepare the foil for the specimen
   - Remove foil from specimen collection envelope
   - Fold the foil lengthwise

e) If the student donor has hair in a ponytail or braid have the student donor undo it

f) The certified MyHealth Saint Francis collector will obtain the hair follicle sample by
   - Using a hair clip to separate and cleanly part the student donor's hair
   - Moving the top layer of hair out of the way
   - Sliding the scissors under a single row of hair one strand deep and ½ inch wide
   - Pulling the row over the certified MyHealth Saint Francis collector's index finger and holding it with their thumb
   - Sliding the scissors down the student donor's hair to the scalp and cut the hair
   - Pinching the root ends together and keeping them aligned
   - Making an appropriate cut of hair to collect a specimen with the following characteristics:
     - The specimen is small – about 120 strands of hair

- The correct amount of hair will measure about one-centimeter-wide when it is wrapped in foil
- The hair specimen should resemble the thickness of a pencil
- The specimen is collected from the crown of the head, where the hair is thickest
- If the student donor has sparse hair, a few strands are taken from different spots, so it is cosmetically undetectable
- If the student donor has short, curly hair: cut from different spots on the head, repeat until specimen is the size of a small cotton ball, or about two centimeters in diameter
- If the student donor has hair that is shorter than 1 inch: body hair may be used with possible sites in order of preference:
  - Head
  - Nape
  - Beard/mustache
  - Underarms
  - Chest
  - Arms
  - Legs
  - Back
- The hair sample will NOT combine body hair with head hair

g) The certified MyHealth Saint Francis collector will finalize the hair follicle specimen to be sent to an offsite certified testing facility
- Place the hair specimen in the prepared foil
- Press the sides of foil together while keeping the root ends of the hair sample aligned
  - Root ends should extend ¼ inch beyond the edge of the foil
  - Wrap ends around the foil, do not cut
- Remove the security seal from the specimen collection envelope
- Place the seal on the front of the envelope with the bar code facing up
- Flip the envelope over and wrap the seal around the bottom with the area of initials and date visible
- Seal the specimen collection envelope
- Date and initial the security seal making sure the initials run over onto the envelope
  - Sign and date the area marked “Sample Collector”
  - The student donor initials the security seal and the specimen collection envelope to certify the hair specimen in the envelope is theirs, that it was cut close to the scalp, and that they witnessed the certified MyHealth Saint Francis collector seal their hair in the envelope

h) The chain of custody form is completed by the student donor and the certified MyHealth Saint Francis collector
- The student donor will read, sign and date the Donor Certification on Copy-1
- The student donor must provide date of birth, as well as day and evening contact information
- The certified MyHealth Saint Francis collector will make sure the student donor’s signature matches the photo identification card and return it to the student donor
- The certified MyHealth Saint Francis collector will complete the Collector’s Certification on Copy-1 with name and signature (printed and signed), time of collection, and name of delivery service and then will:

- Fold Copy 1 of the form in half and place it in the large pouch of the specimen transportation bag collection and name of delivery service
- Place the specimen collection envelope in the small pouch and remove the release liner folding over both openings and seal it
- Give the student donor the Copy-5
- Put the sealed specimen transportation bag in the mail for transport to the offsite certified testing facility

SHSE Drug and Alcohol Testing Results

1. A negative or "clean" drug screen result is needed to participate in clinical experiences and remain within the School of Health Science majors except for the B.S. in Health Care Studies major, which does not require clinical experiences.
2. The results of the urine drug screening will be forwarded to the Department Chair/Program Director, at the department's request, with a valid release signed by the student.

3. A "negative dilute" result on a urine drug screen means that the urine was not concentrated enough to determine accurate test results. This result and any result that is reported as "invalid" as determined by the testing site will need to be repeated. Since accurate test results were not initially able to be determined, repeat drug testing will automatically occur as outlined:
   a. Once the academic department / program is made aware of the test results, an observed repeat urine drug screen will be performed within 24-72 hours. The student may be responsible for the cost of testing in this incident.
   b. If the repeated urine drug screen is again reported as "negative dilute," the student will be scheduled to have a drug screen performed through hair follicle analysis. The student may be responsible for the cost of testing in this incident.

4. Positive Results

   a. All positive drug screen results will be reviewed by MyHealth Saint Francis's certified Medical Review Officer.
   b. A positive drug test, including a "positive dilute" result, which is not related to a legally prescribed drug therapy, will result in immediate dismissal from any health science major except for the B.S. in Health Care Studies major, which does not require clinical experiences.
   c. If the student has a valid prescription to justify the positive result, the result will be determined as "negative" by the Medical Review Officer and documented such on the chain of custody. The student is responsible for providing the necessary documentation including, but not limited to; written prescription, label, and/or physical prescription bottle for medication.
   d. The current federal testing cutoff levels of 2,000 ng/mL for opiate metabolites essentially eliminate casual poppy seed ingestion. Levels $\geq$ to 2,000 ng/mL will be considered a positive drug screen for opiates not due to poppy seed consumption.
   e. The student's academic department and/or MyHealth Saint Francis will assist the student in getting a meeting set up with the on campus Drug and Alcohol Educator and/or evaluation by an off campus chemical dependency agency.
   f. The student is responsible for any costs associated with the counseling and treatment in the chemical dependency program.
   g. The results of the urine drug screening will be forwarded to the Department Chair/Program Director, at the department's request, with a valid release signed by the student.

5. A blood alcohol content that is 0.08% or greater that occurs during any scheduled class, lab or clinical rotation / field experience / internship is considered a positive alcohol testing result. If a clinical site has a more restrictive requirement of acceptable blood alcohol content level (less than 0.08%), students will be

notified and the site's policy will be followed. A positive blood alcohol content in either of these situations will also result in immediate dismissal from any health science major except for the B.S. in Health Care Studies major, which does not require clinical experiences.

SHSE Appeals Process

All students have the right to appeal any dismissal due to a positive drug test to the School of Health Sciences and Education Appeal Board. An appeal must be submitted in writing to the Dean of the School of Health Sciences and Education' office within five business days of student notification of dismissal from the School of Health Sciences and Education major. All decisions rendered by the School of Health Science and Education Appeal Board are final.

SAINT FRANCIS UNIVERSITY
SCHOOL OF HEALTH SCIENCES AND EDUCATION
DEPARTMENT / ACADEMIC PROGRAM FORM

DRUG AND ALCOHOL POLICY CONTRACT AND CONSENT FORM

By signing below, I acknowledge the following:

a) I have received a copy of the Saint Francis University School of Health Sciences and Education Drug and Alcohol Policy that explains the rationale for testing, testing policies, testing procedures and testing results, as well as an appeal process regarding dismissal based on a positive test result.

b) I agree to abide by all policies and procedures outlined in the School of Health Sciences and Education Drug and Alcohol Policy, including being tested for drugs and / or alcohol as outlined.

c) Depending on my academic major, I may be required to submit to drug screens prior to admission to and / or progression into the professional portion of the academic major and / or prior to or during clinical experiences. Test results must be negative to remain in any School of Health Sciences and Education major except for the B.S. in Health Care Studies major, which does not require clinical experiences.

d) I agree to provide the testing site with a list of current medications, including prescribed and over-the-counter (herbals, vitamins, etc.) drugs as part of the intake information on the day of testing.

e) I hereby give my consent for any authorized testing site to release the results of any drug and / or alcohol testing to the Saint Francis University MyHealth Saint Francis. MyHealth Saint Francis will release the results to my Department Chair / Program Director or an appointed designee and any clinical site that may require the reported results.

f) I am aware that any positive test for drugs and / or alcohol will dismiss me from the School of Health Sciences and Education and all of its majors except for the B.S. in Health Care Studies major, which does not require clinical experiences.

STUDENT:

Print Name: _____

Signature: _____ Date: _____

WITNESS:

Print Name: _____

Signature: _____ Date: _____

cc: MyHealth Saint Francis Updated 09-28-2023

APPENDIX A

MyHealth Saint Francis
DRUG / ALCOHOL SCREEN CONSENT FORM

I hereby consent to submit to a drug and / or alcohol test and to furnish an appropriate sample for analysis in order to meet the School of Health Sciences and Education Drug and Alcohol Policy.

I understand that refusing to provide or tampering with a collection specimen, or providing false information on a specimen's chain of custody form, may constitute disciplinary action from my academic department / program according to the policies outlined in the School of Health Sciences and Education Drug and Alcohol Policy. I understand that failure to pass the drug test will lead to my immediate dismissal from the School of Health Science majors.

I further authorize and give full permission to have the MyHealth Saint Francis send the specimen or specimens collected to a certified laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Saint Francis University MyHealth Saint Francis. As per the School of Health Sciences and Education Drug and Alcohol Policy, all tests results will also be released to the designated academic department / program personnel.

The following is a list of current medications, including prescribed and over-the counter (herbals, vitamins, etc.) drugs that I am currently taking:

1._____ 6._____

2._____ 7._____

3._____ 8._____

4. _____ 9._____

5._____ 10._____

STUDENT DONOR:

Print Name: _____

Signature: _____ Date: _____

WITNESS:

Print Name: _____

Signature: _____ Date: _____

Reviewed 2003, 2004, 2006, 2007, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2023
Revised 2005, 2010, 2016, 2019, 2023

STUDENT-RELATED POLICIES

Name Tag

A nametag, whether provided by school or clinical facility, must be worn during clinical education assignments. The use of a nametag facilitates patient understanding of what personnel are providing care and protects the student from being accused of misrepresenting him/herself as a physical therapist. The school will provide one nametag prior to the first clinical education course. Students will be responsible for the cost of any replacements.

Reviewed 2003, 2004, 2005, 2007, 2009, 2010, 2011, 2012, 2013, 2015, 2016, 2019, 2020, 2023
Revised 2006, 2014

Expenses

Students earn credits for each clinical education assignment, all of which occur during the graduate phase of their education. Students should expect to be out of town for one or more of their clinical education assignments. It is unlikely that a student could remain in either their hometown, or local housing during all of their clinical education courses. Students are responsible for travel arrangements and costs, as well as costs for housing during each clinical education assignment. Faculty and classmates may be a resource in finding housing.

Reviewed 2003, 2004, 2005, 2006, 2007, 2009, 2010, 2011, 2012, 2013, 2014, 2016, 2019, 2020, 2023
Revised: 2015

Dress Code

Students are expected to follow the dress code of the facility, which may include a lab coat or scrubs, and demonstrate a professional appearance. In the absence of a facility dress code, the following is expected:

- Name tag
- Clothing should be clean, pressed, and in good repair.
- Shirts must provide full coverage of the trunk during bending and reaching. This means that there should be no visible cleavage and the midriff should be covered at all times. T-shirts are not acceptable.
- Pants may be casual "khaki" style or dress style. Cargo pants are not acceptable. Jeans may only be worn when specifically permitted by the clinic on a designated day. Shorts are not permitted.
- Shoes must have closed toes. No sandals or clogs may be worn.
  Shoes should not have a heel greater than 1 inch. Rubber soles are preferred. Clean athletic shoes are permitted if acceptable to the clinic.
- Jewelry should not pose a risk to either a patient or the student. Jewelry, especially rings with sharp edges or protrusions, can injure a patient. Dangling earrings and necklaces can pose a risk of injury to the student.
- The only visible body piercing permitted is in the ear.
- No perfume or cologne should be worn.
- Hair should be clean and arranged so as not to interfere with the student's vision or activities.
- Fingernails should be trimmed and short enough to avoid causing injury to patients.
- Tattoos may be required to be covered by clothing or make-up at the discretion of the clinic and/or clinical education faculty.
- Appropriate undergarments must be worn at all times.

Reviewed 2003, 2004, 2005, 2007, 2009, 2010, 2012, 2013, 2015, 2016, 2019, 2020
Revised 2006, 2011, 2014, 2023

Absences/Illness/Injury

Attendance is required during clinical education assignments. Excused absences may be granted if the student has notified their clinical instructor of their absence prior to their scheduled arrival time. Excused absences are permitted in cases of illness, personal or family (parents, spouse, siblings, children) emergencies, and death of a family member. Failure to notify the CI of an absence is considered unexcused.

The student must notify the DCE or ADCE of any absence prior to or on the day of the absence. Any injury, or condition that results in limited or altered ability to perform regular clinic activities must be reported to the DCE or ADCE. A release form from the treating physician may be required before the student is permitted to return to the clinic. This is to assure that the student, patients, or clinic staff are not put at risk.

If a student has a change in health status (injury, illness, mental health issue) during the course of a clinical experience they should report this to the CI immediately and to the DCE or ADCE within 24 hours.

Should the student be injured while at the clinical site, the student should report the incident to the CI immediately and seek medical care as directed by the clinical staff or student's discretion. Within 24 hours the student should report the injury by completing and submitting the Student Incident Report to the DCE or ADCE. See Appendices

Excused absences for more than 2 days, and all unexcused absences must be made up. Excused absences of less than 2 days will be made up at the discretion of the clinical instructor. Any assignment due during an absence must be made up.

Reviewed 2003, 2004, 2005, 2006, 2007, 2009, 2011, 2015, 2016, 2019, 2020
Revised 2010, 2012, 2013, 2014, 2020, 2023

Holidays and Work Hours

The student will follow the work schedule of their CI, or as directed by the SCCE. All clinical experiences include various ranges of full-time hours that may involve evening, weekend, or varying hours. The student will follow the holiday schedule established by the clinical facility rather than the school's academic calendar. Students should not schedule outside employment until after conferring with the CI to ascertain their clinic schedule.

Reviewed 2003, 2004, 2005, 2006, 2007, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2019, 2020, 2023

Professionalism

Students are expected to conduct themselves in a professional manner at all times during clinical education courses. Clinical faculty, patients, and other facility employees should be treated with dignity and respect for each individual. Students are expected to demonstrate behavior that is in accordance with the Professional Behaviors criteria. See Appendices.

Students are expected to maintain confidentiality of all patient-related information including protected health information and facility information such as patient care protocols and administrative information in accordance with HIPAA guidelines, facility policy, and legal guidelines. Failure to maintain confidentiality may result in dismissal from the clinic and failure of the clinical education course. If a student wishes to use such information in a subsequent course, they must provide the course instructor with a written and signed consent from the facility that specifies what information may be utilized.

Reviewed 2003, 2005, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2019, 2020, 2023
Revised 2004, 2006, 2007, 2023

Social Media

The student must comply with all clinical facility HIPAA policies and is responsible for all things posted on all social media platforms, such as, but not limited to, Facebook, Twitter, TikTok, YouTube, Snapchat, Flickr, Tumblr, and Instagram. Reference to any patient(s), clinical site(s), clinical instructor(s), school faculty or staff, even in generic terms, is strictly prohibited. Violations to this policy should be addressed and the CI is encouraged to contact the school DCE/ACCE at their discretion.

Reviewed: 2015, 2016, 2019, 2020, 2023
Revised 2014, 2023

Cell Phone

Students are not permitted to use or carry cell phones or other means of electronic communication during clinic hours. The cell phone may be utilized at official breaks or lunchtime, if permitted by the clinic. All cell phones or electronic devices should be stored in the PT office and not carried on the student during clinic hours. Smart watches may be used appropriately (i.e. as a time piece, stopwatch) in the clinic but should not become a distraction. Inappropriate use of smart watches will also be considered a violation of this policy. Violations to this policy should be addressed, and the CI is encouraged to contact the school DCE/ADCE at their discretion.

Reviewed: 2015, 2016, 2019, 2020, 2023
Revised 2014, 2023

Sexual Harassment

It is expected that clinical facilities will foster an environment free of sexual harassment. If a student believes they are being sexually harassed, the DCE or ADCE should be notified. In addition, if the student feels comfortable doing so, they should notify the appropriate individual in the facility. The appropriate individual can vary depending on the circumstances. Students can refer to the Saint Francis University Student Handbook for additional information.

Reviewed 2003, 2004, 2005, 2007, 2009, 2010, 2011, 2012, 2014, 2015, 2016, 2019, 2020, 2023
Revised 2006, 2013, 2023

Infection Control

During clinical work there is always a risk of the transmission of infection. To minimize this risk the students are expected to follow standard precautions during clinical education assignments. Any additional procedures that the clinical facility utilizes should be adhered to as well. In the event of student exposure to a bloodborne pathogen, the SFU policy will be followed. In addition to notifying their CI/SCCE, the student must notify the Student Health Center and DCE or ADCE.

Reviewed 2003, 2005, 2006, 2007, 2009, 2010, 2011, 2012, 2014, 2015, 2016, 2019, 2020, 2023
Revised 2004, 2013

In-services and Assignments

The student is required to present a minimum of two in-services during the series of four clinical education courses. The student may have to present an in-service at each experience depending on the requirements of the facility. The student must obtain approval of their topic from their clinical instructor.
During each clinical education course students are required to complete an assignment focusing on an aspect of physical therapy practice. In order to earn a grade of Pass for the course, the assignment must be satisfactorily completed. Written instructions will be provided by the DCE and ADCE.

Reviewed 2003, 2005, 2007, 2009, 2011, 2012, 2015, 2016, 2019, 2020, 2023
Revised 2004, 2006, 2009, 2010, 2013, 2014, 2020, 2023

Nondiscrimination Statement and No Harassment Policy

Saint Francis University does not discriminate on the basis of gender, gender identity, age, race, color, ethnicity, religion, sexual orientation, marital status, disability, pregnancy status, veteran status, predisposing genetic characteristic or any protected classification. This policy applies to all programs and activities of the University, including, but not limited to, admission and employment practices, educational policies, scholarship and loan programs and athletic or other University sponsored programs. The following person has been designated to handle inquiries regarding the University's nondiscrimination policy: Jeffrey Savino, Vice President for Finance and Administration 814-472-3261, jsavino@francis.edu.

Saint Francis University does not discriminate in its employment practices or in its educational programs or activities on the basis of sex, gender identity, age, race, color, ethnicity, religion, sexual orientation, physical or mental disability (including perceived disability), national origin (including ancestry), marital status, pregnancy, veteran or military status (including disabled veteran; recently separated veteran; active-duty, wartime, or campaign badge veteran; and Armed Forces Service Medal veteran), predisposing genetic characteristics, or any other protected characteristic under applicable local, state, or federal law. The University also prohibits retaliation against any person opposing discrimination or participating in any discrimination investigation or complaint process internally or externally. Reports of misconduct, questions regarding Title IX, and concerns about noncompliance should be directed to the Title IX Coordinator, Lynne Banks (lbanks@francis.edu).

You can view the statement at www.francis.edu/nondiscrimination-and-no-harassment

University's Revision: 2015, 2019, 2023, 2024

In addition to the University Non-Discrimination policy, if while completing a clinical education experience, a student experiences discrimination on the basis of sex, gender identity, age, race, color, ethnicity, religion, sexual orientation, physical or mental disability (including perceived disability), national origin (including ancestry), marital status, pregnancy, veteran or military status, predisposing genetic characteristics, or any other protected characteristic under applicable local, state, or federal law, the student should report the occurrence to the DCE, ADCE, or Program Director.

Created and approved by faculty: 2024

DISEPIO INSTITUTE FOR RURAL HEALTH AND WELLNESS

Policy Title: HEALTH SCIENCE STUDENT BLOOD BORNE PATHOGEN EXPOSURE POLICY
Effective Date: 03/23/2010
Last Revision: 05/31/16
Reviewed: 8/7/18

SCOPE:

The DiSepio Institute for Rural Health and Wellness and the Student Health Center Health Science Student Blood Borne Pathogen Exposure Policy ensures proper follow up of Health Science students if an exposure occurs during a clinical experience.

A. Definition:

An exposure is defined as a needle stick, body fluid splash, or sharp injury from a source with known or suspected infection.

B. Procedure

1. If an exposure occurs at a clinical site, the student must notify their supervisor or occupational health staff immediately.
2. The student will follow the clinical site's protocol for blood borne pathogen exposure.
3. The student will notify the Student Health Center within 24 hours of the exposure.
4. The Student Health Center staff will complete the Blood Borne Pathogen Exposure Form to be placed in the student's medical record.
5. If the student is able to receive the appropriate monitoring at their clinical site, the Student Health Center will not make any further recommendations.
6. If the clinical site is not providing follow up, the Student Health Center will ensure that appropriate follow up testing is ordered for the student.
7. The Student Health Center staff will ensure that the student has notified the clinical site.
8. The Student Health Center staff will ensure the student's academic department is notified of the exposure.
9. If not covered by the clinical site, the student is financially responsible for the cost of follow up and/or treatment.

C. Laboratory Follow Up

1. If the Source patient laboratory testing is negative for Hepatitis B, HIV, and Hepatitis C, no further testing is needed.
2. If the Source patient laboratory testing is positive for any of the mentioned diseases, Centers for Disease Control and Prevention guidelines for the specific disease recommendations will be followed.
3. If the Source patient information is unavailable or unknown, the following laboratory studies will be ordered at baseline, 6 weeks, 3 months, 6 months, and 12 months:
    a. HIV
    b. Anti-HCV
    c. Hepatitis B Surface Antigen (if Hepatitis B series not complete or if Hepatitis B surface Antibody negative)

Saint Francis University
Student Health Center

Blood Borne Pathogen Exposure Form

General Information:

Student Name:_____ Date of Birth:_____

Student Phone:_____ Program: PA PT OT Nursing

Date of Exposure:_____Time of Exposure:_____

Type of Exposure: Needle stick____ Sharp Object____ Mucous Membrane ____ Other ____

Body Part Exposed:_____

Duration of Contact/Volume of Exposure_____

Device and/or Body Fluid Involved:_____

_____

Barriers in Use at Time of Exposure:_____

_____

What Caused Exposure:_____

_____

Wound Care Performed:_____

_____

Source Patient Information:

Source: Known____ Unknown____ Labs drawn on source: Yes____ No____
Results of source labs: HIV_____ HCV_____ HBSAg _____ Other_____
No source information available_____

Student Information:

Hep B Series Complete: Yes _____ No_____ Hep B Titer Results: Pos _____ Neg____
If series incomplete or titer neg, was HBIG given: Yes_____ No_____
Date of last Tetanus:_____ If not up to date, was tetanus given: Yes___ No___
Did student contact occupational health department at clinical site: Yes____ No____
Has student had post exposure testing done at site: Yes____ No_____
Is occupational health evaluating and recommending follow up: Yes_____ No_____
Was post exposure prophylaxis started: Yes____ No____ N/A_____

If Student Health Service evaluating exposure instead of clinical site:
Source patient labs are negative, no further testing needed _____
Source patient labs are positive, follow CDC guidelines for specific disease _____
Source patient unknown, HIV, anti-HCV, and Hep B S Ag (if hep B series incomplete or Ab titer neg), dates labs to be completed:
Baseline:_____ 6 Weeks:_____ 3 Mos: _____ 6 Mos:_____ 12 Mos:_____

Clinical Site Information:

Name of Clinical Site:_____

Name of Occ Health contact:_____

Occ Health contact phone:_____

Name of student's clinical supervisor:_____

Type of Practice/Clinical Setting:_____

Administrative Information:

Date Clinical Site notified:_____ By: Student _____ SHS _____

Date Academic Dept. notified :_____

Student will be followed by: Clinical site _____ Student Health _____

Additional Information:_____

_____

_____

_____
Signature of Staff Completing Form

University's Revision: 2015, 2019

CLINIC RELATED POLICIES

Clinical Education Faculty

Clinical Education Faculty are the physical therapists, also known as Clinical Instructors (CI) or Site Coordinator of Clinical Education (SCCE), who provide clinical supervision and teaching to students enrolled in clinical education courses. The SCCE assigns the CI for each student and assures the program that the CI's are clinically competent. The program requires all clinical instructors to have a minimum of one year of licensed clinical experience, but prefers clinical instructors to have a minimum of two years of clinical experience.

Clinical faculty members have the right to program and curriculum information. They have the right to receive assistance/consultation from the DCE or ADCE or any academic faculty, and to participate in clinical development activities. In return, the clinical faculty members have the opportunity to provide feedback on the program and curriculum, as well as the responsibility to evaluate the performance of the student under their supervision. Clinical faculty members are obligated to follow the conditions of the agreement between their employer and Saint Francis University. Saint Francis University does not offer faculty appointment or rank to clinical faculty of any of its programs in allied health. All clinical faculty have the right to equal and fair treatment on the basis of gender, gender identity, age, race, color, ethnicity, religion, sexual orientation, marital status, disability, pregnancy status, veteran status, predisposing genetic characteristic, or any protected classification under applicable local, state, or federal law.

The affiliation agreement and program policy specify that only students meeting the qualifications for participation in the academic program will be placed at the clinical facility. Specific information on a student's academic record is provided with student permission. If a student is required to repeat a clinical education course, student permission is necessary to provide the clinical education faculty with the information needed to modify the course objectives. A letter specifying the student's academic standing will be provided upon request.

Prior to the arrival of a student for a clinical education experience the DCE or ADCE will provide the SCCE with information for the CI assigned to supervise the student. This includes a Student Data Form with contact information, preliminary goals for the experience and a list of prior clinical experiences. A copy of the student's background check done within the past year will be provided upon request. Information on the training module for the online PT CPI and log in information are also provided. Each clinical facility has separately been provided with curriculum information, program polices and reference material via this Clinical Education Handbook.

If the DCE or ADCE believes that a student requires supervision, feedback and/or learning experiences that are different from the typical student at that level, there will be personal communication and discussion with the SCCE/CI. This will occur prior to the student's arrival.

The program supports the right of patients to refuse treatment provided by a student. In such a situation, the clinical faculty, who always retain responsibility for the care of each patient, should ensure that the patient receives appropriate care by a qualified employee of the clinical site. The process to file formal complaints by clinical education faculty or patients can be accessed on the program's public website.

Reviewed 2003, 2009, 2010, 2011, 2012, 2015, 2016, 2019, 2020, 2023, 2024, 2025
Revised 2004, 2005, 2006, 2007, 2013, 2014, 2020, 2023, 2024, 2025

JEDI, Belonging, and Anti-Racism in the Clinic Environment

Clinical education experiences are a valued part of the academic program. Promoting JEDI, belonging, and

anti-racism practices in the clinic is an expectation, just as they are within the classroom. Should students encounter behaviors in the clinic that are antithetical to these principles, they are strongly encouraged to bring concerns to clinical education faculty. If the issue is related to a patient interaction, students should first bring their concerns to their CI and/or SCCE. If they do not feel that the issue has been adequately addressed at that level, then they are strongly encouraged to reach out to the DCE and/or ADCE. If the issue is related to clinicians, staff, or clinic policies, then students are strongly encouraged to bring concerns directly to the DCE and/or ADCE. The DCE and ADCE will investigate any complaints brought forward and work towards a resolution with the clinic partner. If the resolution related to program policies of JEDI, belonging, and anti-racism is unable to be achieved, then the partnership at that time will be dissolved.

Approved 2024

Clinical Site Visits and Communication

The DCE or ADCE or other academic faculty member will communicate with the, student and clinical instructor and/or SCCE during all clinical education experiences. This may occur through site visit, telephone call, or video-conferencing platforms. The purpose of such communication is for the DCE or ADCE to obtain first-hand information on the student's learning and performance, the competence of the CI, and to understand clinic operations. If any changes in supervision, feedback and/or learning experiences were recommended to the SCCE/CI, the DCE or ADCE will monitor the outcome during a clinic visit, telephone, or email communication as needed. The final purpose of communication is to facilitate the exchange of information about the program and the facility and to ensure the quality of the clinical education experience for the student.

Additional communication and/or visits may be made at the discretion of the DCE or ADCE, or at the request of the CI, SCCE, or the student. All visits will be scheduled with the student or SCCE/CI.

Reviewed 2003, 2004, 2005, 2007, 2009, 2010, 2011, 2012, 2014, 2015, 2016, 2019, 2020, 2023
Revised 2006, 2013, 2020, 2023

Student Evaluation

Evaluation of a student's performance in the clinical setting is a necessary part of the program. In addition to providing ongoing verbal feedback, the clinical instructor will complete and review the Clinical Performance Instrument (CPI) with the student. This will be done at the midpoint and the end of the clinical education assignment. The student should request additional informal or formal feedback whenever a concern arises. The CPI should be submitted to the DCE by the established timeframes. The established timeframes will be communicated to students via the Learning Management System and students are responsible for sharing this with their CI. Should an exception to established timeframes need to be made, the student and/or CI should communicate with the DCE and/or ADCE.

The student will complete a self-evaluation at the midpoint and the end of each clinical education experience. The student and clinical instructor will review this in their discussion of the student's performance. The student submits this CPI by their electronic sign-off. It should be submitted to the DCE by the student according to established timeframes. Failure to comply with this timeframe results in the student receiving an incomplete (I) for the course until it is completed to expected standards.

Reviewed 2003, 2004, 2005, 2007, 2009, 2010, 2011, 2014, 2015, 2016, 2019, 2020, 2023
Revised 2006, 2009, 2011, 2012, 2013, 2020, 2023

Grading

All clinical education courses are graded on a pass/fail scale. The CPI is completed by the CI, who does

not make the determination whether the student has passed the clinical experience. The DCE reviews the CPI for the level of performance, the congruency between the comments and the rating and considers any other communication.

The expected level of achievement on the CPI Performance Criteria is specified in each course syllabi in this document. Students are required to meet all professional behavior expectations for the program during their clinical education experiences as outlined in the Department of Physical Therapy Handbook.

The DCE or ADCE makes the judgment as to whether the student has achieved the outcomes and submits a pass/fail grade. The DCE or ADCE may submit a grade of "I" or "CN" in accordance with university policy, if it is determined that additional work is necessary to complete the course requirements. An "I" will be submitted if the student does not return all required documentation or if the student's self-assessment on the CPI and PTSE does not have all sections completed. The university policy for conversion of "I" grades will apply.

Reviewed 2003, 2004, 2007, 2011, 2014, 2015, 2016, 2019, 2020, 2023
Revised 2005, 2006, 2009, 2010, 2012, 2013, 2020, 2023

Clinical Education Problem Resolution

If a problem is identified, it should be addressed by the people involved. This should be done in a professional and confidential manner, with the goal of open communication. Frequently the people involved will be the student and CI. If either party does not feel able to discuss the issue with the other person, the SCCE, the DCE, and/or ADCE should be consulted. If the issue cannot be resolved with the SCCE's assistance, the SCCE should consult with the DCE or ADCE. Students who bring problems directly to the DCE or ADCE may be advised to further communicate with the CI or SCCE depending on the nature of the concern.

If the CI feels that the student may not meet the objectives or expectations of the clinical education assignment, the DCE or ADCE should be notified as soon as the problem has identified. The problem, action plan and outcome of the plan should be documented via the Clinical Education Intervention Plan (see Appendices).

Reviewed 2003, 2004, 2005, 2006, 2007, 2009, 2011, 2012, 2014, 2015, 2016, 2019, 2023
Revised 2013, 2023

Clinical Education Experience Evaluation

The student must complete the Physical Therapy Student Evaluation: Clinical Experience and Clinical Instruction ($PTSE_{2}$) at the end of their assignment to each facility. The DCE and/or ADCE will review the results of the PTSE after each clinical rotation. The results will be used as part of the evaluation and development of the clinical site. Clinical sites have the right to access the results of evaluations upon request. This form will be available to students considering this site in the future. The student cannot earn a grade of pass until this form is turned in to the DCE. Data from the PTSE may be provided to SCCEs for purposes of quality improvement and site self-assessment with all student information deidentified. Clinical Education sites are encouraged to use the APTA Guidelines and Self-Assessments for Clinical Education, which can be found on the APTA website. The DCE and ADCE will also evaluate each site during midterm communication and as needed.

Reviewed 2003, 2004, 2005, 2007, 2009, 2010, 2011, 2012, 2014, 2015, 2016, 2019, 2020, 2023
Revised 2006, 2013, 2020, 2023

Failure or Termination of a Clinical Education Course/Impaired Performance

The student must pass all clinical education courses to meet the requirements for graduation. If a student has failed a clinical education course, it may be repeated at the discretion of the Student Progress Committee. Successful completion of remedial work may be required prior to a repeat clinical assignment being granted. A repeat clinical assignment must be passed in order to continue in the program. For any repeated assignment, the type of site, exact dates, and objectives may be modified according to the problems experienced during the failed experience.

The DCE or ADCE reserves the right to withdraw a student from a clinical experience if the clinical site is not able to provide an appropriate learning situation. If this occurs, the student will be reassigned to a different clinical site. There may be modifications of the type of site, length of experience, and objectives depending on the individual circumstances.

A student can be dismissed from a clinical education experience for reasons of unprofessional, unethical, unsafe behavior, or reporting to clinic while impaired. Impaired performance is being under the influence of alcohol, illegal drugs, mind-altering substances, or prescribed medications that adversely impact the performance of professional responsibilities. In this event, the student will receive a grade of fail for the course and may be dismissed from the major. See background check policy.

Failure of a second clinical experience will result in dismissal from the major.

Reviewed 2003, 2004, 2005, 2006, 2007, 2009, 2014, 2015, 2016, 2019, 2020, 2023
Revised 2011, 2012, 2013, 2020, 2023

Employment by Clinical Site

When a student is placed in a clinical facility for the purposes of a clinical education course, PT 660, 760, 761, or 762, it is for a defined period of time and for educational purposes as specified in the curriculum. There is an agreement between the facility and Saint Francis University that governs these academic assignments. While a student is participating in a clinical education course, they are permitted to perform, under the supervision of a licensed physical therapist, all activities that are permitted under the appropriate state practice act.

At times, students may obtain employment prior to graduation at a physical therapy facility. Employment prior to graduation falls outside the scope of clinical education. Employment is not governed by any agreement between SFU and the facility, but is governed by state law. Until students have obtained a temporary or permanent license as a physical therapist, or they have an active license as a physical therapist assistant, they can only be employed as support personnel (aide, technician). Specifically, Pennsylvania law does not recognize any other status such as a "student intern". There are activities that a physical therapy student may perform while on an academic assignment that are illegal for support personnel to perform even if they are enrolled in a physical therapy program. These activities include performing examinations and evaluations of patients, performing interventions/treatments that require the skill of a physical therapist, and documentation of treatment provided to a patient. In addition to violating state law a student and the facility would also be in violation of the APTA Code of Ethics, and may also be in violation of federal Medicare law and other insurance guidelines.

Reviewed 2003, 2005, 2006, 2009, 2010, 2011, 2012, 2014, 2015, 2016, 2019, 2020, 2023
Revised 2004, 2007, 2013

APPENDICES

Saint Francis University

Department of Physical Therapy
Student Incident Report

Date _____ **Time** _____ **Location** _____

Person(s) Involved _____

Description of Incident _____
_____
_____
_____

Injury Received _____
_____

Equipment Involved _____

Witness _____

Medical Attention Recommended _____
_____
_____

Person Preparing Report _____

Department Chair Comments _____
_____
_____
_____
_____

Chair Signature _____ **Date** _____

Saint Francis University

Department of Physical Therapy

Professional Behaviors

Professional Behaviors were developed by Warren May, Laurie Kontney and Annette Iglarsh (2010) as an update to the Generic Abilities.

<table>
<tr><td colspan="3">1. <u>Critical Thinking</u> - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.</td></tr>
<tr><td>Beginning Level:
❖ Raises relevant questions
❖ Considers all available information
❖ Articulates ideas in class
❖ Understands the scientific method
❖ States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)
❖ Recognizes holes in knowledge base
❖ Demonstrates acceptance of limited knowledge and experience in knowledge base</td><td>Intermediate Level:
❖ Feels challenged to examine ideas
❖ Critically analyzes the literature and applies it to patient management
❖ Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas
❖ Seeks alternative ideas
❖ Formulates alternative hypotheses
❖ Critiques hypotheses and ideas at a level consistent with knowledge base
❖ Acknowledges presence of contradictions</td><td>Entry Level:
❖ Distinguishes relevant from irrelevant patient data
❖ Readily formulates and critiques alternative hypotheses and ideas
❖ Infers applicability of information across populations
❖ Exhibits openness to contradictory ideas
❖ Identifies appropriate measures and determines effectiveness of applied solutions efficiently
❖ Justifies solutions selected</td></tr>
<tr><td colspan="3">2. <u>Communication</u> - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.</td></tr>
<tr><td>Beginning Level:
❖ Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting
❖ Recognizes impact of non-verbal communication in self and others
❖ Recognizes the verbal and non-verbal characteristics that portray confidence
❖ Utilizes electronic communication appropriately/professionally</td><td>Intermediate Level:
❖ Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences
❖ Restates, reflects and clarifies message(s)
❖ Communicates collaboratively with both individuals and groups
❖ Collects necessary information from all pertinent individuals in the patient/client management process
❖ Provides effective education (verbal, non-verbal, written and electronic)</td><td>Entry Level:
❖ Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups
❖ Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing
❖ Maintains open and constructive communication
❖ Utilizes communication technology effectively and efficiently</td></tr>
</table>

3. <u>Problem Solving</u> – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

Beginning Level:	***Intermediate Level:***	***Entry Level:***
❖ Recognizes problems in class, lab, etc ❖ States problems clearly ❖ Describes known solutions to problems ❖ Identifies resources needed to develop solutions ❖ Uses technology to search for and locate resources ❖ Identifies possible solutions and probable outcomes	❖ Prioritizes problems ❖ Identifies contributors to problems ❖ Consults with others to clarify problems ❖ Appropriately seeks input or guidance ❖ Prioritizes resources (analysis and critique of resources) ❖ Considers consequences of possible solutions	❖ Independently locates, prioritizes and uses resources to solve problems ❖ Accepts responsibility for implementing solutions ❖ Implements solutions ❖ Reassesses solutions ❖ Evaluates outcomes ❖ Modifies solutions based on the outcome and current evidence ❖ Evaluates generalizability of current evidence to a particular problem

4. <u>Interpersonal Skills</u> – The ability to interact effectively with program staff, patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

Beginning Level:	***Intermediate Level:***	***Entry Level:***
❖ Maintains professional demeanor in all interactions ❖ Demonstrates interest in classmates/faculty as individuals ❖ Communicates with others in a respectful and confident manner ❖ Respects differences in personality, lifestyle and learning styles during interactions with all persons ❖ Maintains confidentiality in all interactions ❖ Recognizes the emotions and bias that one brings to all professional interactions	❖ Recognizes the non-verbal communication and emotions that others bring to professional interactions ❖ Establishes trust ❖ Seeks to gain input from others ❖ Respects role of others ❖ Accommodates differences in learning styles as appropriate	❖ Demonstrates active listening skills and reflects back to original concern to determine course of action ❖ Responds effectively to unexpected situations ❖ Demonstrates ability to build partnerships ❖ Applies conflict management strategies when dealing with challenging interactions ❖ Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them

5. <u>Responsibility</u> – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

Beginning Level:	***Intermediate Level:***	***Entry Level:***
❖ Demonstrates punctuality ❖ Provides a safe and secure environment for classmates/patients ❖ Assumes responsibility for actions ❖ Follows through on commitments ❖ Articulates limitations and readiness to learn ❖ Abides by all policies of academic program and clinical facility	❖ Displays awareness of and sensitivity to diverse populations ❖ Completes projects without prompting ❖ Delegates tasks as needed ❖ Collaborates with faculty, team members, patients and families ❖ Provides evidence-based patient care	❖ Educates classmates/clinical staff/patients as consumers of health care services ❖ Encourages accountability ❖ Directs patients to other health care professionals as needed ❖ Acts as a patient advocate/advocate for class ❖ Promotes evidence-based practice in health care settings ❖ Accepts responsibility for implementing solutions ❖ Demonstrates accountability for all decisions and behaviors in academic and clinical settings

6. <u>Professionalism</u> – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

Beginning Level:	***Intermediate Level:***	***Entry Level:***

❖ Abides by all aspects of the academic program honor code and the APTA Code of Ethics ❖ Demonstrates awareness of state licensure regulations ❖ Projects professional image ❖ Attends professional meetings ❖ Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers	❖ Identifies positive professional role models within the academic and clinical settings ❖ Acts on moral commitment during all academic and clinical activities ❖ Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making ❖ Discusses societal expectations of the profession	❖ Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary ❖ Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity ❖ Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development ❖ Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices ❖ Discusses role of physical therapy within the healthcare system and in population health ❖ Demonstrates leadership in collaboration with both individuals and groups

7. <u>Use of Constructive Feedback</u> – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.		
Beginning Level: ❖ Demonstrates active listening skills ❖ Assesses own performance ❖ Actively seeks feedback from appropriate sources ❖ Demonstrates receptive behavior and positive attitude toward feedback ❖ Incorporates specific feedback into behaviors ❖ Maintains two-way communication without defensiveness	***Intermediate Level:*** ❖ Critiques own performance accurately ❖ Responds effectively to constructive feedback ❖ Utilizes feedback when establishing professional and patient related goals ❖ Develops and implements a plan of action in response to feedback ❖ Provides constructive and timely feedback	***Entry Level:*** ❖ Independently engages in a continual process of self evaluation of skills, knowledge and abilities ❖ Seeks feedback from patients/clients and peers/mentors ❖ Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities ❖ Uses multiple approaches when responding to feedback ❖ Reconciles differences with sensitivity ❖ Modifies feedback given to patients/clients according to their learning styles

8. <u>Effective Use of Time and Resources</u> – The ability to manage time and resources effectively to obtain the maximum possible benefit.

Beginning Level:	*Intermediate Level:*	*Entry Level:*
❖ Comes prepared for the day's activities/responsibilities ❖ Identifies resource limitations (i.e. information, time, experience) ❖ Determines when and how much help/assistance is needed ❖ Accesses current evidence in a timely manner ❖ Verbalizes productivity standards and identifies barriers to meeting productivity standards ❖ Self-identifies and initiates learning opportunities during unscheduled time	❖ Utilizes effective methods of searching for evidence for practice decisions ❖ Recognizes own resource contributions ❖ Shares knowledge and collaborates with staff to utilize best current evidence ❖ Discusses and implements strategies for meeting productivity standards ❖ Identifies need for and seeks referrals to other disciplines	❖ Uses current best evidence ❖ Collaborates with members of the academic or clinical team to maximize the impact of treatment available ❖ Has the ability to set boundaries, negotiate, compromise, and set realistic expectations ❖ Gathers data and effectively interprets and assimilates the data to determine plan of care ❖ Utilizes community resources in discharge planning ❖ Adjusts personal plans, schedule etc. as program or patient needs and circumstances dictate ❖ Meets productivity standards of facility while providing quality care and completing non-productive work activities

9. <u>Stress Management</u> – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, program staff, patient/clients and their families, members of the health care team and in work/life scenarios.

Beginning Level:	*Intermediate Level:*	*Entry Level:*
❖ Recognizes own stressors ❖ Recognizes distress or problems in others ❖ Seeks assistance as needed ❖ Maintains professional demeanor in all situations	❖ Actively employs stress management techniques ❖ Reconciles inconsistencies in the educational process ❖ Maintains balance between professional and personal life ❖ Accepts constructive feedback and clarifies expectations ❖ Establishes outlets to cope with stressors	❖ Demonstrates appropriate affective responses in all situations ❖ Responds calmly to urgent situations with reflection and debriefing as needed ❖ Prioritizes multiple commitments ❖ Reconciles inconsistencies within professional, personal and work/life environments ❖ Demonstrates ability to defuse potential stressors with self and others

10. <u>Commitment to Learning</u> – The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

Beginning Level:	*Intermediate Level:*	*Entry Level:*
❖ Prioritizes information needs ❖ Analyzes and subdivides large questions into components ❖ Identifies own learning needs based on previous experiences ❖ Welcomes and/or seeks new learning opportunities beyond minimum class requirements	❖ Researches and studies areas where own knowledge base is lacking in order to augment learning and practice ❖ Applies new information and re-evaluates performance	❖ Respectfully questions conventional wisdom ❖ Formulates and re-evaluates position based on available evidence ❖ Demonstrates confidence in sharing new knowledge with all staff levels

❖ Seeks out professional literature ❖ Plans and presents an in-service, research or cases studies	❖ Accepts that there may be more than one answer to a problem ❖ Recognizes the need to and is able to verify solutions to problems ❖ Reads articles critically and understands limits of application to professional practice	❖ Modifies programs and treatments based on newly-learned skills and considerations ❖ Consults with other health professionals and physical therapists for treatment ideas

Clinical Education Intervention Plan

Saint Francis University

Doctor of Physical Therapy

Student Name: _____

Date: _____

In discussion with the student, CI, and DCE the following concerns have arisen:

☐ Unprofessional behavior(s)

☐ Safety concern

☐ Lack of competency in a knowledge/skill area

☐ Concerns regarding student ability to achieve benchmarks as expected on the CPI for the given rotation

Concern	**Action Plan**	**Timeline**	**Expected Outcome**	**Met (yes/no)**

Student Signature: _____ **DCE Signature: _____**

Date: _____ **Date: _____**