

CLINICAL EDUCATION MANUAL

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This manual consists of documents designed to explain policies, procedures, obligations, and principles relative to clinical education for the students enrolled in the Doctor of Physical Therapy Program at The University of Iowa.

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DEFINITIONS – The following definitions are introduced to clarify terms used in this manual.

Clinical Education: That portion of a physical therapy program that is conducted in the health care environment rather than in the academic environment.

Clinical Education Experiences: That aspect of the curriculum in which students' learning occurs directly as a function of being immersed within physical therapy practice. These experiences comprise all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment. The experiences would be further described by those of short and long duration (e.g., part-time and full-time experiences)...to include comprehensive care of patients/clients across the life span and related activities. A clinical education experience that occurs at any point during the curriculum other than at the end of the curriculum such that didactic content occurs before and after the experience is referred to as an integrated clinical education experience. A terminal clinical education experience is defined as an experience that occurs at or near the end of curriculum. The University of Iowa's terminal experiences consist of 27 weeks divided among three sites.

Clinical Education Site: The physical therapy practice environment in which clinical education occurs; that aspect of the clinical education experience that is managed and delivered exclusively within the physical therapy practice environment (also: clinical facility, clinical site, clinical center).

Clinical Instructor (CI): Individual(s) at the clinical site who directly instructs and supervises students during their clinical learning experiences. These individuals are responsible for facilitating clinical learning experiences and assessing students' performance in cognitive, psychomotor and affective domains as related to entry-level clinical practice and academic and clinical performance expectations.

Academic Coordinators of Clinical Education (ACCE): The individuals employed by The University of Iowa who are responsible for managing and coordinating the clinical education program at the academic institution, including facilitating clinical site and clinical faculty development. The ACCE is also responsible for coordinating student placements, communicating with clinical educators about the academic program and student performance, and maintaining current information to clinical sites.

Center Coordinator of Clinical Education (CCCE): Individual who administers, manages and coordinates CI assignments and learning activities for students during their clinical education experiences. In addition this person determines the readiness of persons to serve as CIs for students, supervises CIs in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information about the clinical education program to physical therapy programs.

Clinical Education Agreement: A legal contract that is negotiated between academic institutions and clinical sites specifying party's roles, responsibilities, and liabilities relative to student clinical education.

Didactic Education: That part of the educational process which occurs in the classroom and emphasizes skills and theoretical concepts to be put into practice in the clinical education phase.

Clinical Education Consortia: The formation of regional groups that may include professional programs and/or clinical educators for the expressed purpose of sharing resources, ideas and efforts (e.g., the Iowa Clinical Education Consortium consists of the ACCEs from the University of Iowa, St. Ambrose University, Des Moines University, Clarke University & Briar Cliff University).

Reference: APTA's Normative Model of Physical Therapist Professional Education, 2004.

DPT PROGRAM MISSION AND VISION STATEMENTS

The faculty of The University of Iowa Department of Physical Therapy & Rehabilitation Sciences unanimously supports the following mission and vision statements regarding the education of the entry-level physical therapy student:

Mission Statement

The mission of the Department of Physical Therapy and Rehabilitation Sciences is to advance the health of humankind by:

- 1) excellence in education,
- 2) discovering new knowledge, and
- 3) developing leaders in healthcare and science.

Approved 1/29/2007

Vision Statement

The vision of the Department of Physical Therapy and Rehabilitation Sciences is to be the recognized leader in clinical practice, research, and education.

Approved 1/29/2007

Accreditation

The Doctor of Physical Therapy Program at the University of Iowa is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: (703)706-3245; email: accreditation@apta.org; <http://www.capteonline.org>.

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DPT COURSE OF STUDY

Note: The following course descriptions can also be found on the website of the Department of Physical Therapy & Rehabilitation Science: <http://www.medicine.uiowa.edu/pt/dptcurriculum/>

Summer Session 1

PTRS:5101 Introduction to Physical Therapy Practice (2 s.h.)

This course consists of lectures, case presentations, and group activities using the *Guide to Physical Therapist Practice*. Major topics include the elements of the patient/client management model, concepts of the disablement model, and preferred practice patterns as applied in clinical problems. The importance of professionalism and professional socialization, and an introduction to evidence-based practice are other topics examined and discussed. Competence in medical terminology.

PTRS:5102 Principles of Physical Therapy I (2 s.h.)

Patient management skills: documentation, basic assessment, pre-ambulatory activities, joint range-of-motion, strength assessment, patient transfers, gait assessment, gait training, negotiating architectural barriers.

PTRS:5205 Health Promotion and Wellness (3 s.h.)

Overview of health promotion, fitness, and wellness strategies, with background information on applied physiology (energy metabolism and physiological responses to exercise), exercise testing and training guidelines, body composition assessment, diet, body weight management; laboratories, development of individual weight management and exercise training programs.

Semester 1 (Fall)

ACB:5108 Human Anatomy (5 s.h.)

Regional dissection, lectures, demonstrations, with emphasis on areas important to physical therapists.

PATH:8133 Intro to Human Pathology (4 s.h.)

Human disease; basic disease processes, organ-related and multisystem diseases; case analysis.

PTRS:5100 Professional Issues & Ethics (1 s.h.)

Evolution of physical therapy as a profession; contemporary issues in education and practice; ethical theory and approaches to analyzing and acting on ethical problems; professional and peer relationships; professional behaviors.

PTRS:5103 Principles of Physical Therapy II (2 s.h.)

Continuation of 101:141 (Principles of Physical Therapy I). Expands on previously learned skills, as well as new learning experiences. These new learning areas include documentation, assessment of joint range of motion/goniometry, manual muscle testing, pre-ambulatory intervention strategies, postural assessment, gait analysis, and the ability to perform a musculoskeletal, neuromuscular, and integumentary systems review.

PTRS:5144 Inter-professional Education I: Team Based Approach to Healthcare (1 s.h.)

Development and interaction within small group of interprofessional students from physical therapy, medicine, pharmacy, dentistry, nursing, and public health; deans and faculty from each college facilitate; three-hour initial session for all disciplines followed by informal monthly electronic scenarios, second formal meeting followed by informal monthly electronic discussions.

PTRS:5209 Surface Anatomy (1 s.h.)

Laboratory teaching activities designated to parallel the human anatomy course and with the goal of developing observation, palpation, and problem solving skills. Upper and lower limb, head and neck, thorax, and abdomen are areas studied.

PTRS:5210 Kinesiology & Pathomechanics (4 s.h.)

Investigating normal and pathological movement based on understanding of muscle mechanics, segment and joint mechanics, muscle function; instructor- and student-centered learning experiences; EMG laboratories.

PTRS:5235 Case-Based Learning I (1 s.h.)

First in a two-course series involving small-group seminars and simulated patient-instructor clinical assessment labs. Small group consists of six students and one faculty facilitator. Two clinical cases are presented per semester with four two-hour seminars and one simulated patient instructor experience per case. Clinical problems are coordinated with concurrent courses being taken within the curriculum. A student-center/problem-based learning format is used with emphasis on evidence-based practice objectives.

PTRS:5790 Integrated Clinical Education in Physical Therapy I (1 s.h.)

Integrated clinical experiences in area physical therapy clinics. Multiple one-half or full-day experiences provide an overview of the diverse nature of practice. Students begin to develop basic skills in examination, intervention, and documentation.

Semester 2 (Spring)

ACB:6252 Functional Neuroanatomy (4 s.h.)

Basic principles of neuroanatomy and neurophysiology; emphasis on human central nervous system; laboratory emphasis on anatomical study of spinal cord and brain.

PTRS:5131 Therapeutic Physical Agents (2 s.h.)

This course studies theoretical and practical applications for safe, effective use of physical agents (superficial and deep heat, cold, hydrotherapy, ultraviolet light) and electrotherapeutic modalities (biofeedback, NMES). Students examine basic science mechanisms of pain, pain assessment and pain management, and massage and soft tissue mobilization. Emphasis is on problem solving and clinical decision making.

PTRS:5201 Musculoskeletal Therapeutics I (3 s.h.)

Students study musculoskeletal techniques and biomechanical principles applied to assessment and evaluation of common orthopedic problems. The course includes problem solving and case-study approach to clinical methods and skill acquisition.

PTRS:5791 Integrated Clinical Education in Physical Therapy II (1 s.h.)

Integrated clinical experiences in area physical therapy clinics. Multiple one-half-day experiences provide an overview of the diverse nature of practice. Students begin to develop basic skills in examination, intervention, and documentation.

PTRS:5215 Applied Clinical Medicine (2 s.h.)

Pathological disorders frequently encountered by physical therapists in clinical practice, addressed by physicians and health professionals who are not physical therapists; physical therapy management.

PTRS:5206 Cardiopulmonary Therapeutics (3 s.h.)

Cardiorespiratory anatomy, physiology, and application of basic concepts, techniques in management of patients with acute and chronic cardiac, pulmonary disorders; laboratories.

PTRS:5236 Case-Based Learning II (1 s.h.)

Second in a two course series involving small group seminars and patient simulated clinical assessment labs. Small groups consist of six students per group and one faculty facilitator. Two clinical cases are presented per semester with four two-hour seminars and one simulated patient instructor experience per case. Clinical problems are coordinated with concurrent courses being taken within the curriculum. A student-centered/problem-based learning format is used with emphasis on evidence-based practice objectives.

Summer Session 2

PTRS:6120 Physical Therapy Management & Administration I (2 s.h.)

The main topics of this course include the changing U.S. health care system, access to physical therapy services, reimbursement to health care providers, and mechanisms for controlling costs while providing quality care. Clinical vignettes, lectures, and small group problem solving are utilized.

PTRS:6143 Selected Topics in Physical Therapy Practice (2 s.h.)

Specialty topics in physical therapy, such as women's health, aquatic therapy, patient care across the lifespan, alternative or new treatments; guest lectures, lab component.

PTRS:6176 Pharmacology for Physical Therapists (3 s.h.)

This course surveys contemporary pharmacology, including an overview of basic pharmacokinetic and pharmacodynamic principles with special emphasis on the relation of drug therapy to therapeutic interventions provided by physical therapists. Student participation involves small group clinical case presentations.

PTRS:6793 Integrated Clinical Education in Physical Therapy III (3 s.h.)

Six-week full-time clinical education experience with focus on acute, skilled, long term, or geriatric care in a general hospital, skilled nursing facility, long term care center, or home health setting; development of competence in independent examination, evaluation and treatment of patients under supervision of clinical faculty.

Semester 3 (Fall)

PTRS:6122 Psychosocial Aspects of Patient Care (1 s.h.)

Emotional reactions to disability, psychosocial aspects of disability as they relate to patient-physical therapist interaction; specific problems of the angry, non-compliant, or chronic pain patient; complementary roles of other health professionals; cultural competence applied to one's own professional behavior and in patient treatment; importance of holistic health care.

PTRS:6134 Physical Therapy Management of the Integumentary System (2 s.h.)

This course will focus on physical therapy examination of and intervention for the integumentary system. The theoretical and practical applications for safe and effective use of physical agents, electrotherapeutic modalities, and wound dressings and other appliances, utilized in the practice of Physical Therapy will be addressed. Course lectures will include the physical principles, the biophysical effects, clinical applications, indications and the contraindications of each intervention. The inflammatory process, types and classification of wounds, and patient education and prevention will be included. Emphasis will be placed on the development of clinical decision-making and problem solving. Student participation in laboratory sessions will lead to the desired outcome of safe, effective, and efficient application of physical agents to physical therapy patients.

PTRS:6145 Inter-professional Education II: Teaching Neural & Musculoskeletal Evaluation Principles (1 s.h.)

Active involvement in integrating anatomy, kinesiology, and movement control principles as applied to a select group of pathologies with the goal of being able to teach content area; preassigned student group leaders; emphasis on student as active learner; opportunity to teach academic areas previously studied in first and second years of curriculum; may include teaching several of these musculoskeletal principles in a first-year medical student anatomy course.

PTRS:6170 Management of People with Prosthetic and Orthotic Needs (2 s.h.)

Physical Therapy management and assessment of patients in need of prosthetic and orthotic devices; principles and components of prosthetic and orthotic design and use.

PTRS:6200 Pediatric Physical Therapy (2 s.h.)

Preparation for physical therapy practice in pediatric settings using interdisciplinary family-centered practice; normal and abnormal development, standardized assessment, service-delivery settings, interventions, management strategies specific to pediatrics.

PTRS:6202 Musculoskeletal Therapeutics II (3 s.h.)

Pathology, assessment, management of orthopedic disorders of the upper quarter; problem-solving approach to evaluation and management of patients with musculoskeletal conditions.

PTRS:6224 Activity Based Neural and Musculoskeletal Plasticity in Healthcare (4 s.h.)

Sensorimotor mechanisms involved with normal and abnormal neuromuscular systems function; skeletal muscle properties/plasticity, muscle fatigue, neural mechanisms of muscle strengthening, spinal circuitry, simple and complex reflexes, spasticity, rigidity, posture control/balance, motor learning, applied neurological assessment of pathological conditions, such as stroke, SCI.

PTRS:6237 Service Learning I (1 s.h.)

This course is the first in a two-course series on service learning. During these courses, the students will identify community needs, develop a service-learning project in conjunction with a community partner, and carry out the project. Ideas related to social responsibility, advocacy, and professionalism are explored through classroom activities, reflective journaling, and readings.

PTRS:6250 Research in Physical Therapy (2 s.h.)

Topics relevant to evidence-based practice and research design. Students will learn to identify appropriate questions for research and clinical applications, efficiently locate and evaluate available evidence on a focused topic, identify critical issues affecting the validity of various research designs, and interpret basic statistical analyses.

Semester 4 (Spring)**PTRS:6121 Physical Therapy Management & Administration II (1 s.h.)**

Topics studied are principles of management in physical therapy practice, historical perspective and current health care environment, business principles, marketing, managing risk, medical legal aspects, and preparing for the future.

PTRS:6133 Pain Mechanisms & Treatment (2 s.h.)

This course will address the theoretical models for understanding the basis for pain. Pain assessment and physical therapy pain management will be addressed. Emphasis will be placed on the development of clinical decision-making and problem solving. Instructional methods include: lectures, case studies, independent assignments, and group discussions.

PTRS:6204 Progressive Functional Exercise (2 s.h.)

Therapeutic exercise options (e.g., isometrics, isotonic, isokinetic, plyometric, endurance exercises, stretching exercises) and training principles; application to functional activities, including those of daily living, work, recreation, and sport; laboratory component.

PTRS:6172 Radiology/Imaging for Physical Therapists (2 s.h.)

The study of principles, procedures and interpretation of selected diagnostic imaging techniques with primary emphasis on plain film radiology, myelograms, CT scans and medical resonance imaging. A lecture laboratory format will be used. Student participation will also include small group clinical case presentations.

PTRS:6173 Differential Diagnosis in Physical Therapy (2 s.h.)

This course will emphasize the use of physical therapy examination and evaluation skills to diagnose physical therapy problems. The focus will be on the use of good clinical decision making skills when analyzing a patient's history and administering physical therapy tests and measures in order to confirm or rule out differential diagnoses.

PTRS:6792 Integrated Clinical Education in Physical Therapy IV (1 s.h.)

Two-week, full-time clinical experience in January in physical therapy clinics in Iowa, under the guidance of physical therapists. It covers theory and practice of physical therapy procedures and competence building in basic skills.

PTRS:6203 Musculoskeletal Therapeutics III (3 s.h.)

Pathology, assessment, management of orthopedic disorders of the lower quarter; problem-solving approach to evaluation and management of patients with musculoskeletal conditions.

PTRS:6225 Neuromuscular Therapeutics II (3 s.h.)

This course studies techniques used in evaluation and treatment of persons with nervous system dysfunction. It also covers methods of identifying and scientific rationale for abnormal sensorimotor activity and movement, and normal and abnormal motor development. Students learn techniques used to provide comprehensive institutional and home rehabilitation programs for conditions such as stroke, traumatic brain injury, multiple sclerosis, Parkinson's disease, cerebral palsy, vestibular disorders, and spinal cord injury.

PTRS:6238 Service Learning II (1 s.h.)

This course is second in a two-course series on service-learning. During these courses, the student will identify community needs, develop a service-learning project in conjunction with a community partner, and carry out the project. Ideas related to social responsibility, advocacy and professionalism are explored through classroom activities, reflective journaling, and readings.

PTRS:6251 Critical Inquiry in Physical Therapy I (1 s.h.)

Experience conducting group research projects under faculty supervision; data collection and analysis, manuscript preparation, oral defense of research findings during a formal poster presentation.

Summer Session 3

PTRS:6794 Terminal Clinical Education in Physical Therapy I (4 s.h.)

This course is full-time clinical education. It involves development of competence in independent examination and treatment of patients under supervision of clinical faculty.

Fall Semester 5

PTRS:6795 Terminal Clinical Education in Physical Therapy II (4 s.h.)

Full-time clinical education divided among varied settings; development of competence in independent examination, evaluation and treatment of patients under supervision of clinical faculty.

PTRS:6796 Terminal Clinical Education in Physical Therapy III (4 s.h.)

Full-time clinical education divided among varied settings; development of competence in independent examination, evaluation and treatment of patients under supervision of clinical faculty.

PTRS:6252 Critical Inquiry in Physical Therapy II (1 s.h.)

Principles and procedures learned in PTRS:6250 and PTRS:6251 applied to a clinical setting; students write and present a case report with an evidence-based practice focus, using a clinical case from their final internships.



Integrated Clinical Education in PT I
PTRS:5790
Fall 2015

Course Instructor:

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Course Description:

These part-time integrated clinical experiences are scheduled five times a semester to allow the student an opportunity to work with a PT and begin to practice new skills.

Course Hours:

01 semester hours

Course Time and Location:

5 Fridays per semester for a half-day

Prerequisites:

Enrolled in the Department of Physical Therapy & Rehabilitation Science

Course Goals and Objectives:

Upon completion of this course, the student will be able to:

1. Recognize the variety of settings in which physical therapists practice and the role(s) of the therapist through observation and discussion.
2. Describe their observations of a variety of patient evaluations and treatments by an experienced physical therapist.
3. Demonstrate patient handling skills such as transferring and positioning.
4. Perform examination and intervention procedures within individual capabilities with special emphasis on goniometry, manual muscle testing, and therapeutic exercise
5. Demonstrate a familiarity with the patient medical record as it is pertinent to physical therapy.
6. Display skills in interpersonal relations and communication with patients and clinic staff.
7. Write clinical notes in a physical therapy setting with supervision.
8. Demonstrate professional behaviors in all interactions with patients, clients, families, caregivers, other health care providers, and CI.
9. Adhere to legal practice standards and institutional regulations related to patient or client care and to fiscal management.

Required and Recommended Course Materials:

None

Instructional Methods and Learning Experiences:

Each student is assigned 5 clinical experiences in the first semester. The clinics are located within 45 minutes of the Iowa City area.

In general, the clinicals will start around 8:00 a.m. and end around noon. These times are at the discretion of the specific clinic and/or clinical instructor and may vary slightly from clinic to clinic. Dress code for these experiences varies between facilities as well. In general, it is business casual with your lab coat and nametag. **Refer to specifics on the clinic information sheet for each clinic for the recommended dress code and arrival times. You are responsible for knowing this information!**

Student Evaluation/Grading:

This course is graded on a Pass/Fail scale. The following tasks are required to receive a passing grade:

You will be required to write 3 clinical notes over the course of the semester. Failure to turn in the required assignments will be detrimental to your grade in the course. Please try to make at least two of the notes an initial examination, although this may not always be possible due to patient caseload. Approximate due dates of notes:

- #1 – mid October
- #2 – mid November
- #3 – by December 12

In addition to the above assignment, you will need to have your clinical instructor fill out a short questionnaire following each experience. These will be **due on the Tuesday following your clinical experience**. You may place them in my mailbox in the copy room or bring them to your Principles of PT II class.

If at any time during the semester you have a problem or a concern about your clinical rotations, please contact Kelly or Byron. These clinics are intended to provide exposure to a variety of clinical settings and to begin to practice skills you have learned in the classroom. If you are unable to attend a scheduled clinical due to an illness or emergency, you must call the PT Program at 335-9791 prior to the scheduled start of the clinic and we will contact the clinic.

Professional Behaviors:

Professional behaviors are behaviors, attributes, or characteristics that are not explicitly part of a profession's core knowledge and technical skills but are nevertheless required for success in that profession. Professional behaviors, which define expected behavior within a given profession, serve as the foundation for ability-based learning. (<http://www.marquette.edu/physical-therapy/documents/ProfessionalBehaviors.pdf>). Students are evaluated by faculty each semester regarding their Professional Behaviors. The 10 abilities and definitions are listed below:

1. **Critical Thinking** - 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.
2. **Communication** - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.
3. **Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
4. **Interpersonal Skills** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.
5. **Responsibility** – 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.
6. **Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.
7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.
8. **Effective Use of Time and Resources** – The ability to manage time and resources effectively to obtain the maximum possible benefit.
9. **Stress Management** – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.
10. **Commitment to Learning** – 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.

Course Standards and Policies:

Administration

This course adheres to the Department of Physical Therapy and Rehabilitation Sciences Policy Manual. Please refer to this document for details on important classroom policies and procedures such as review and promotion, academic dishonesty, disciplinary action, student mistreatment, emergency procedures, etc. (<http://www.medicine.uiowa.edu/pt/currentdpts/>). In addition, the Rules and Regulations of the Graduate College apply to all students in the Physical Therapy and Rehabilitation Science Graduate Program. These rules and regulations are published in the University's General Catalog and a manual is available online at:

<http://www.grad.uiowa.edu/graduate-college-manual>.

Electronic Communication

University policy specifies that students are responsible for all official correspondences sent to their standard University of Iowa e-mail address (@uiowa.edu). Students should check this account frequently.

Electronic Technologies in the Classroom:

Computers, laptops, mobile devices such as phones and media players are to be used for learning exercises. Professional behavior is expected. Disruption of the classroom learning experience will not be tolerated.

Accommodations for Disabilities

A student seeking academic accommodations should first register with Student Disability Services and then meet privately with the course instructor to make particular arrangements. See <http://sds.studentlife.uiowa.edu/> for more information.

Academic Fraud

Plagiarism and any other activities when students present work that is not their own (cheating) are academic fraud. Example of academic fraud include:

- Presentation of ideas from sources that you do not credit;
- Use of direct quotations without quotation marks and without credit to the source;
- Paraphrasing information and ideas from sources without credit to the source;
- Failure to provide adequate citations for material obtained through electronic research;
- Downloading and submitting work from electronic databases without citation;
- Participation in a group project which presents plagiarized materials;
- Taking credit as part of a group without participating as required in the work of the group;
- Submitting material created/written by someone else as one's own, including purchased term/research papers.

These rules and regulations are published in the University's General Catalog and a manual is available online at:

<http://www.grad.uiowa.edu/graduate-college-manual>.

Concerns about Faculty Actions

Students who have a concern about a faculty action should first address the issue with the instructor. If you remain unsatisfied you may contact the DEO of the Department of Physical Therapy, Richard Shields (319-335-9801). If the student cannot resolve the issue at this level, the concern should be sent in writing to the Dean of the Graduate College.

Understanding Sexual Harassment

Sexual harassment subverts the mission of the University and threatens the well-being of students, faculty, and staff. All members of the UI community have a responsibility to uphold this mission and to contribute to a safe environment that enhances learning. Incidents of sexual harassment should be reported immediately. See the UI's Diversity website (<http://diversity.uiowa.edu/eod/sexual-harassment-prevention-education-resources-0>) for assistance, definitions, and the full University policy.

Reacting Safely to Severe Weather

In severe weather, class members should seek appropriate shelter immediately, leaving the classroom if necessary. The class will continue, if possible, when the event is over. For more information on Hawk Alert and the siren warning system, visit

<http://hawkalert.uiowa.edu> or <http://police.uiowa.edu>.

Grievance Policy: In general, the Department adheres to the policies of the current issue of the Manual of Rules and Regulations of the Graduate College as specified in Section IV. The manual is available online at: <http://www.grad.uiowa.edu/graduate-college-manual>. In addition, the Department of Physical Therapy and Rehabilitation Science has established formal procedures for student grievances, which are detailed in the Department Policy Manual. Refer to this document for more specifics:

<http://www.medicine.uiowa.edu/pt/currentdpts/>.

Meeting Course Standards: Any student who experiences difficulty or anticipates possible difficulty in successfully meeting the course standards is encouraged to speak with the course coordinator as soon as the difficulty is suspected. Academic assistance is available through a variety of University resources such as the Tutor Referral Service (<http://tutor.uiowa.edu/find-help/>) and the Writing Center (<http://writingcenter.uiowa.edu/>). See these web pages for details. In addition, physical or mental health concerns can be addressed at Student Health (<http://studenthealth.uiowa.edu/>) and the University Counseling Service (<http://counseling.studentlife.uiowa.edu/>), respectively.

Clinical Education II PTRS:5791
Spring 2015

Course Instructor:

Kelly J. Sass, MPT

Associate & Assistant Academic Coordinator of Clinical Education Department of Physical
Therapy & Rehabilitation Science

1-241 Medical Education Building

Phone: 335-9798

Email: kelly-sass@uiowa.edu

Course Description:

Integrated clinical experiences scheduled in local physical therapy clinics in which students are supervised by qualified clinical instructors.

Course Hours:

1 semester hour

Course Time and Location:

Each student will spend two afternoons a week in a PT clinic approximately every other week. Each student will have the opportunity to attend 5 different clinics.

Prerequisites:

Enrolled in the Department of Physical Therapy & Rehabilitation Science.

Course Goals and Objectives:

1. Through participation in integrated, part-time clinical rotations, the student will:
2. Recognize the variety of settings in which physical therapists practice and the role(s) of the therapist through observation and discussion.
3. Observe a variety of patient examinations and interventions performed by an experienced physical therapist.
4. Practice previously learned clinical skills including, but not limited to: patient/client interviewing, vital signs, positioning, documentation, transfers, gait training with assistive devices, goniometry, and manual muscle testing.
5. Employ, with the assistance of their clinical instructor(s), the various tests, measures, and interventions that have been covered within the academic course work.
6. Locate and interpret information in the patient medical record that is pertinent to physical therapy.
7. Demonstrate skill and confidence in interpersonal relations and communication with patients, families, and clinic/hospital staff.
8. Correlate the biological, anatomical or physiological theories to the application of selected physical therapy interventions.
9. Develop insight into the daily routines of a physical therapy department.
10. Compose accurate and complete initial examination and daily progress documentation.
11. Evaluate his/her clinical experiences.
12. Accept the evaluation of his/her clinical performance as provided by the clinical instructor(s).
13. Demonstrate the seven core values of professionalism in all of his or her interactions in the clinic.

Required and Recommended Course Materials:

Kettenbach, G. Writing Patient/Client Notes, 4th Edition.

Instructional Methods and Learning Experiences:

Learning experiences will include observation and assisted practice in a clinical environment with qualified physical therapists serving as student supervisors. Students are required to complete an evaluation form regarding his/her clinical experience following each rotation. These will be emailed to the students each week. Each student will also be responsible to have the clinical instructor provide feedback on a separate evaluation form at the conclusion of each rotation.

Student Evaluation/Grading:

Grades will be on a Satisfactory/Unsatisfactory basis.

The student is responsible to turn in 4 clinical notes over the course of the semester. An attempt should be made to make at least 2 of the notes initial examinations. The remainder of the notes could be daily progress notes or discharge notes.

The student is responsible to complete an on line evaluation of each clinical rotation (1 per site) and to have their CI fill out an evaluation of their performance as well. **Notes and evaluations are due on the Friday following your clinical experience.** Failure to turn in notes or evaluations will jeopardize your passing grade.

Professional Behaviors:

Professional behaviors are behaviors, attributes, or characteristics that are not explicitly part of a profession's core knowledge and technical skills but are nevertheless required for success in that profession. Professional behaviors, which define expected behavior within a given profession, serve as the foundation for ability-based learning. (<http://www.marquette.edu/physical-therapy/documents/ProfessionalBehaviors.pdf>). Students are evaluated by faculty each semester regarding their Professional Behaviors. The 10 abilities and definitions are listed below:

1. **Critical Thinking** - 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.
2. **Communication** - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.
3. **Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
4. **Interpersonal Skills** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.
5. **Responsibility** – 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.
6. **Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.
7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.
8. **Effective Use of Time and Resources** – The ability to manage time and resources effectively to obtain the maximum possible benefit.
9. **Stress Management** – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.
10. **Commitment to Learning** – 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.

Course Standards and Policies:

Administration

This course adheres to the Department of Physical Therapy and Rehabilitation Sciences Policy Manual. Please refer to this document for details on important classroom policies and procedures such as review and promotion, academic dishonesty, disciplinary action, student mistreatment, emergency procedures, etc. (<http://www.medicine.uiowa.edu/pt/currentdpts/>). In addition, the Rules and Regulations of the Graduate College apply to all students in the Physical Therapy and Rehabilitation Science Graduate Program. These rules and regulations are published in the University's General Catalog and a manual is available online at: <http://www.grad.uiowa.edu/graduate-college-manual>.

Electronic Communication

University policy specifies that students are responsible for all official correspondences sent to their standard University of Iowa e-mail address (@uiowa.edu). Students should check this account frequently.

Electronic Technologies in the Classroom:

Computers, laptops, mobile devices such as phones and media players are to be used for learning exercises. Professional behavior is expected. Disruption of the classroom learning experience will not be tolerated.

Accommodations for Disabilities

A student seeking academic accommodations should first register with Student Disability Services and then meet privately with the course instructor to make particular arrangements. See <http://sds.studentlife.uiowa.edu/> for more information.

Academic Fraud

Plagiarism and any other activities when students present work that is not their own (cheating) are academic fraud. Example of academic fraud include:

- Presentation of ideas from sources that you do not credit;
- Use of direct quotations without quotation marks and without credit to the source;
- Paraphrasing information and ideas from sources without credit to the source;
- Failure to provide adequate citations for material obtained through electronic research;
- Downloading and submitting work from electronic databases without citation;
- Participation in a group project which presents plagiarized materials;
- Taking credit as part of a group without participating as required in the work of the group;
- Submitting material created/written by someone else as one's own, including purchased term/research papers.

These rules and regulations are published in the University's General Catalog and a manual is available online at: <http://www.grad.uiowa.edu/graduate-college-manual>.

Concerns about Faculty Actions

Students who have a concern about a faculty action should first address the issue with the instructor. If you remain unsatisfied you may contact the DEO of the Department of Physical Therapy, Richard Shields (319-335-9801). If the student cannot resolve the issue at this level, the concern should be sent in writing to the Dean of the Graduate College.

Understanding Sexual Harassment

Sexual harassment subverts the mission of the University and threatens the well-being of students, faculty, and staff. All members of the UI community have a responsibility to uphold this mission and to contribute to a safe environment that enhances learning. Incidents of sexual harassment should be reported immediately. See the UI's Diversity website (<http://diversity.uiowa.edu/eod/sexual-harassment-prevention-education-resources-0>) for assistance, definitions, and the full University policy.

Reacting Safely to Severe Weather

In severe weather, class members should seek appropriate shelter immediately, leaving the classroom if necessary. The class will continue, if possible, when the event is over. For more information on Hawk Alert and the siren warning system, visit <http://hawkalert.uiowa.edu> or <http://police.uiowa.edu>.

Grievance Policy: In general, the Department adheres to the policies of the current issue of the Manual of Rules and Regulations of the Graduate College as specified in Section IV. The manual is available online at: <http://www.grad.uiowa.edu/graduate-college-manual>. In addition, the Department of Physical Therapy and Rehabilitation Science has established formal procedures for student grievances, which are detailed in the Department Policy Manual. Refer to this document for more specifics: <http://www.medicine.uiowa.edu/pt/currentdpts/>.

Meeting Course Standards: Any student who experiences difficulty or anticipates possible difficulty in successfully meeting the course standards is encouraged to speak with the course coordinator as soon as the difficulty is suspected. Academic assistance is available through a variety of University resources such as the Tutor Referral Service (<http://tutor.uiowa.edu/find-help/>) and the Writing Center (<http://writingcenter.uiowa.edu/>). See these web pages for details. In addition, physical or mental health concerns can be addressed at Student Health (<http://studenthealth.uiowa.edu/>) and the University Counseling Service (<http://counseling.studentlife.uiowa.edu/>), respectively.

Integrated Clinical Education in Physical Therapy III
PTRS:6793

Course Instructors:

Byron E. Bork, PT, MA
Lecturer & ACCE Associate & Assistant ACCE
Office: 1-249 MEB
Phone: 319-335-6758
E-mail: byron-bork@uiowa.edu
Office hours : by appointment

Kelly J. Sass, MPT

Office: 1-241 MEB
Phone: 319-335-9798
E-mail: kelly-sass@uiowa.edu
Office hours : by appointment

Course Description:

Six-week full-time clinical education experience with a focus on acute, skilled, long term, or geriatric care in a general hospital, skilled nursing facility, long term care center, or home health setting.

Course Website: The course site can be accessed using the University course management ICON at <https://icon.uiowa.edu>. You will need your HAWK ID and password to log-in.

Course Location: Physical therapy settings in the United States with whom the University of Iowa has contracts for clinical education. These are arranged by the education program's ACCE and Assistant ACCE with significant input from program faculty and students. The internships are scheduled from early-July to mid-August each year.

Course Hours:

03 semester hours
240 hours per student
No lecture hours are scheduled. Clinical internships are off campus experiences away from the classroom.

Prerequisites:

Student must be in good academic standing and enrolled in the Department of Physical Therapy & Rehabilitation.

Course Goals & Objectives

1. Demonstrate developing competence in the elements of patient/client management, including examination, evaluation, diagnosis, prognosis and intervention in a manner designed to maximize patient/client outcomes in general hospital, skilled nursing facility, long term care center, or home health setting.
2. Adapt delivery of patient/client management elements to reflect respect for individual differences.
3. Communicate effectively with other health professionals in matters related to patient/client management.
4. Demonstrate practice management principles pertinent to a physical therapist's role in rehabilitation, prevention, wellness and health promotion.
5. Adhere to the ethical and legal standards required of a physical therapist.
6. Use relevant and effective teaching techniques in matters related to patient/client education.
7. Employ sound time management skills.
8. Produce appropriate and timely documentation as required by the clinical setting.
9. Demonstrate understanding economic factors in the delivery of physical therapy services (e.g., budgeting, billing and reimbursement, scheduling and marketing).
10. Value the importance of a professional physical therapist's responsibilities to the profession, including patient care, patient advocacy, education, administration and research.
11. Implement a self-directed plan for professional development.

12. Demonstrate awareness of strengths and limitations through on-going self-assessment activities.
13. Demonstrate the desire to grow and improve by asking for and befriending feedback from the clinical instructor and others.
14. Exhibit professional behaviors at all times including appreciating clinic hours, dress code and rules/regulations.

Required and Recommended Course Materials:

None, but students are encouraged to bring their class notes and text books to clinical locations for reference.

Clinical Education Manual: Students will abide by the Department of Physical Therapy & Rehabilitation Science Clinical Education Manual. The manual consists of documents designed to explain policies, procedures, obligations, and principles relative to clinical education for the students enrolled in the Doctor of Physical Therapy Program at the University of Iowa.

Instructional Methods and Learning Experiences:

Students are challenged to be active participants in the learning process, with emphasis on critical thinking and problem solving.

Student Evaluation/Grading:

The clinical instructor uses the Physical Therapist Clinical Performance Instrument (PT CPI) to evaluate student performance. During each clinical experience, the student will be evaluated by the CI using the PT CPI at both midterm and final. The student will show progress from midterm to final evaluation on all clinical performance criteria. The student should demonstrate entry level performance in the following professional practice categories: safety, professional behavior, accountability, communication, and cultural competence (categories 1-5). At the completion of the 6-week clinical experience following year one, the student should at a minimum be at the intermediate performance level in all categories. Ratings below that level will require review with the ACCE and may be grounds for an unsatisfactory grade or remediation.

The student will complete a self-evaluation using the PT CPI at midterm and final. The student will evaluate the clinical site following the completion of the clinical experience. The student will complete the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (Appendix 5). This form must be returned to the University of Iowa within one week of the completion of the clinical experience.

Attendance:

Absences are not allowed during clinical experiences with the exception of illness or family emergency. The student must contact both the ACCE and the CCCE prior to their scheduled work hours to report an absence. Time missed due to absence will be made up at the discretion of the ACCE in consultation with the CCCE. Students are not allowed to request vacation time during their scheduled clinical experiences. There is a week-long break scheduled between clinical experiences for students to use for personal needs, including job interviews. An unexcused absence, one in which the ACCE and CCCE were not notified in advance, may be grounds for failing a clinical experience. Any exceptions to this policy must be approved by the ACCE.

Professional Behaviors:

Professional behaviors are behaviors, attributes, or characteristics that are not explicitly part of a profession's core knowledge and technical skills but are nevertheless required for success in that profession. Professional behaviors, which define expected behavior within a given profession, serve as the foundation for ability-based learning. (<http://www.marquette.edu/physical-therapy/documents/ProfessionalBehaviors.pdf>). Students are evaluated by faculty each semester regarding their Professional Behaviors. The 10 abilities and definitions are listed below:

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5. **Responsibility** – 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.
6. **Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.
7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.
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10. **Commitment to Learning** – 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.

Course Standards and Policies:

Administration

This course adheres to the Department of Physical Therapy and Rehabilitation Sciences Policy Manual. Please refer to this document for details on important classroom policies and procedures such as review and promotion, academic dishonesty, disciplinary action, student mistreatment, emergency procedures, etc. (<http://www.medicine.uiowa.edu/pt/currentdpts/>). In addition, the Rules and Regulations of the Graduate College apply to all students in the Physical Therapy and Rehabilitation Science Graduate Program. These rules and regulations are published in the University's General Catalog and a manual is available online at: <http://www.grad.uiowa.edu/graduate-college-manual>.

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- Failure to provide adequate citations for material obtained through electronic research;
- Downloading and submitting work from electronic databases without citation;
- Participation in a group project which presents plagiarized materials;
- Taking credit as part of a group without participating as required in the work of the group;
- Submitting material created/written by someone else as one's own, including purchased term/research papers.

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Concerns about Faculty Actions

Students who have a concern about a faculty action should first address the issue with the instructor. If you remain unsatisfied you may contact the DEO of the Department of Physical Therapy, Richard Shields (319-335-9801). If the student cannot resolve the issue at this level, the concern should be sent in writing to the Dean of the Graduate College.

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Reacting Safely to Severe Weather

In severe weather, class members should seek appropriate shelter immediately, leaving the classroom if necessary. The class will continue, if possible, when the event is over. For more information on Hawk Alert and the siren warning system, visit <http://hawkalert.uiowa.edu> or <http://police.uiowa.edu>.

Grievance Policy: In general, the Department adheres to the policies of the current issue of the Manual of Rules and Regulations of the Graduate College as specified in Section IV. The manual is available online at: <http://www.grad.uiowa.edu/graduate-college-manual>. In addition, the Department of Physical Therapy and Rehabilitation Science has established formal procedures for student grievances, which are detailed in the Department Policy Manual. Refer to this document for more specifics: <http://www.medicine.uiowa.edu/pt/currentdpts/>.

Meeting Course Standards: Any student who experiences difficulty or anticipates possible difficulty in successfully meeting the course standards is encouraged to speak with the course coordinator as soon as the difficulty is suspected. Academic assistance is available through a variety of University resources such as the Tutor Referral Service (<http://tutor.uiowa.edu/find-help/>) and the Writing Center (<http://writingcenter.uiowa.edu/>). See these web pages for details. In addition, physical or mental health concerns can be addressed at Student Health (<http://studenthealth.uiowa.edu/>) and the University Counseling Service (<http://counseling.studentlife.uiowa.edu/>), respectively.

PTRS:6792
Integrated Clinical Education in Physical Therapy IV

Course Instructors:

Byron E. Bork, PT, MA
Lecturer & ACCE
Office: 1-249 MEB
Phone: 319-335-6758
E-mail: byron-bork@uiowa.edu
Office hours: by appointment

Kelly J. Sass, MPT
Associate & Assistant ACCE
Office: 1-241 MEB
Phone: 319-335-9798
E-mail: kelly-sass@uiowa.edu
Office hours: by appointment

Course Description:

This course is a two week full-time clinical experience during the second year (4th semester) of the DPT curriculum. It takes place during the first two weeks in January and is completed in physical therapy clinics in Iowa. Students are actively involved in choosing the site for their experience. Some students will choose a participating clinic with the objective of gaining more experience in an area of special interest. Others may choose a site for the opportunity to obtain an exposure to an area of practice they have not chosen for one of their longer terminal internships or in an area where their knowledge is deficient and they have had no prior exposure. Dependent upon prior coursework expectations regarding skill development will vary. Entry-level performance is not an expectation for this experience. However, the students should take every opportunity to practice, under direct supervision, the clinical skills and decision making they have been learning in the classroom. Global objectives are found below while specific learning objectives and expectations will be dependent upon factors such as prior exposure, student knowledge, and experiences available at a particular clinical site. For example, a student at this level may be expected to evaluate a patient with a musculoskeletal problem involving the spine or the upper extremity since this would have been previously covered in the classroom. However, such an expectation for a lower extremity problem, neurological insult or pediatric developmental problems would not be appropriate as that content will not be covered in the classroom until after this two week clinical. In that regard the academic program will inform the clinics of what clinical competence level would be reasonable to expect from the student.

Course Website: The course site can be accessed using the University course management ICON at <https://icon.uiowa.edu>. You will need your HAWK ID and password to log-in.

Course Location: Physical therapy settings in Iowa with whom the University of Iowa has contracts for clinical education.

Course Hours:

01 semester hour – Spring Semester, 2nd Year
80 contact hours

No lecture hours are scheduled. All clinical experiences will take place at pre-assigned clinical facilities in Iowa.

Prerequisites:

Student must be in good academic standing and enrolled in the Department of Physical Therapy & Rehabilitation.

Course Goals and Objectives:

Upon completion of this course, the student will be able to:

1. Complete the subjective portion of the initial examination with little to no guidance from the supervising therapist.
2. Locate and correctly interpret information in the patient medical record that is pertinent to physical therapy.
3. Relate concepts learned in the classroom to specific clinical situations.

4. Perform previously learned clinical skills including, but not limited to: vital signs, positioning, documentation, transfers, gait training with assistive devices, goniometry, manual muscle testing, application of physical agents, spine examination and intervention, and UE examination and intervention with improved competence.
5. Demonstrate awareness of contraindications and precautions of treatment.
6. Demonstrate appropriate documentation skills by writing a concise, accurate, and pertinent progress note in a format required by the practice setting.
7. Demonstrate skill and confidence in interpersonal relations with patients, families, and clinic/hospital staff.
8. Demonstrate the seven core values of professionalism (accountability, altruism, compassion/caring, excellence, integrity, professional duty and social responsibility) in all of his or her interactions in the clinic.
9. Provide sensitive and effective care to patients/clients with cultural backgrounds and beliefs different from their own.
10. Consistently communicate respect for all participants in patient/client care.
11. Evaluate his/her clinical performance.
12. Gain more insight into his or her own strengths and limitations by seeking out feedback from the CI, staff and patients.

Required and Recommended Course Materials:

None, but students are encouraged to bring their class notes and textbooks for reference.

Clinical Education Manual: Students will abide by the Department of Physical Therapy & Rehabilitation Science Clinical Education Manual. The manual consists of documents designed to explain policies, procedures, obligations, and principles relative to clinical education for the students enrolled in the Doctor of Physical Therapy Program at the University of Iowa.

Instructional Methods and Learning Experiences:

Learning experiences will include observation and assisted practice in a clinical environment with qualified physical therapists serving as student supervisors. Students are required to complete a self-evaluation form following this experience. Clinical instructors will provide both formative and summative assessment of student performance, using a rating scale based on the course objectives.

Student Evaluation/Grading:

Grades will be on a Satisfactory/Unsatisfactory basis. Final grade assignments will be the responsibility of the Academic Coordinators of Clinical Education at the University of Iowa.

Attendance:

Absences are not allowed during internships with the exception of illness or family emergency. The student must contact the CCCE or ACCE prior to his/her scheduled work hours to report an absence. Time missed due to absence will be made up at the discretion of the CCCE, CI and ACCE. Students shall not request vacation time during their scheduled clinical internships. There is a week-long break scheduled between each rotation. Students should plan to use this time for personal needs, including job interviews. An unexcused absence, one in which the CCCE or ACCE were not notified in advance, requires make up and may be grounds for an unsatisfactory grade for a clinical internship.

Professional Behaviors:

Professional behaviors are behaviors, attributes, or characteristics that are not explicitly part of a profession's core knowledge and technical skills but are nevertheless required for success in that profession. Professional behaviors, which define expected behavior within a given profession, serve as the foundation for ability-based learning. (<http://www.marquette.edu/physical-therapy/documents/ProfessionalBehaviors.pdf>). Students are evaluated by faculty each semester regarding their Professional Behaviors. The 10 abilities and definitions are listed below:

1. **Critical Thinking** - 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.
2. **Communication** - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.
3. **Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
4. **Interpersonal Skills** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

5. **Responsibility** – 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.
6. **Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.
7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.
8. **Effective Use of Time and Resources** – The ability to manage time and resources effectively to obtain the maximum possible benefit.
9. **Stress Management** – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.
10. **Commitment to Learning** – 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.

Course Standards and Policies:

Administration

This course adheres to the Department of Physical Therapy and Rehabilitation Sciences Policy Manual. Please refer to this document for details on important classroom policies and procedures such as review and promotion, academic dishonesty, disciplinary action, student mistreatment, emergency procedures, etc. (<http://www.medicine.uiowa.edu/pt/currentdpts/>). In addition, the Rules and Regulations of the Graduate College apply to all students in the Physical Therapy and Rehabilitation Science Graduate Program. These rules and regulations are published in the University's General Catalog and a manual is available online at: <http://www.grad.uiowa.edu/graduate-college-manual>.

Electronic Communication

University policy specifies that students are responsible for all official correspondences sent to their standard University of Iowa e-mail address (@uiowa.edu). Students should check this account frequently.

Electronic Technologies in the Classroom:

Computers, laptops, mobile devices such as phones and media players are to be used for learning exercises. Professional behavior is expected. Disruption of the classroom learning experience will not be tolerated.

Accommodations for Disabilities

A student seeking academic accommodations should first register with Student Disability Services and then meet privately with the course instructor to make particular arrangements. See <http://sds.studentlife.uiowa.edu/> for more information.

Academic Fraud

Plagiarism and any other activities when students present work that is not their own (cheating) are academic fraud.

Example of academic fraud include:

- Presentation of ideas from sources that you do not credit;
- Use of direct quotations without quotation marks and without credit to the source;
- Paraphrasing information and ideas from sources without credit to the source;
- Failure to provide adequate citations for material obtained through electronic research;
- Downloading and submitting work from electronic databases without citation;
- Participation in a group project which presents plagiarized materials;
- Taking credit as part of a group without participating as required in the work of the group;
- Submitting material created/written by someone else as one's own, including purchased term/research papers.

These rules and regulations are published in the University's General Catalog and a manual is available online at:

<http://www.grad.uiowa.edu/graduate-college-manual>.

Concerns about Faculty Actions

Students who have a concern about a faculty action should first address the issue with the instructor. If you remain unsatisfied you may contact the DEO of the Department of Physical Therapy, Richard Shields (319-335-9801). If the student cannot resolve the issue at this level, the concern should be sent in writing to the Dean of the Graduate College.

Understanding Sexual Harassment

Sexual harassment subverts the mission of the University and threatens the well-being of students, faculty, and staff. All members of the UI community have a responsibility to uphold this mission and to contribute to a safe environment that enhances learning. Incidents of sexual harassment should be reported immediately. See the UI's Diversity website (<http://diversity.uiowa.edu/eod/sexual-harassment-prevention-education-resources-0>) for assistance, definitions, and the full University policy.

Reacting Safely to Severe Weather

In severe weather, class members should seek appropriate shelter immediately, leaving the classroom if necessary. The class will continue, if possible, when the event is over. For more information on Hawk Alert and the siren warning system, visit <http://hawkalert.uiowa.edu> or <http://police.uiowa.edu>.

Grievance Policy: In general, the Department adheres to the policies of the current issue of the Manual of Rules and Regulations of the Graduate College as specified in Section IV. The manual is available online at: <http://www.grad.uiowa.edu/graduate-college-manual>. In addition, the Department of Physical Therapy and Rehabilitation Science has established formal procedures for student grievances, which are detailed in the Department Policy Manual. Refer to this document for more specifics: <http://www.medicine.uiowa.edu/pt/currentdpts/>.

Meeting Course Standards: Any student who experiences difficulty or anticipates possible difficulty in successfully meeting the course standards is encouraged to speak with the course coordinator as soon as the difficulty is suspected. Academic assistance is available through a variety of University resources such as the Tutor Referral Service (<http://tutor.uiowa.edu/find-help/>) and the Writing Center (<http://writingcenter.uiowa.edu/>). See these web pages for details. In addition, physical or mental health concerns can be addressed at Student Health (<http://studenthealth.uiowa.edu/>) and the University Counseling Service (<http://counseling.studentlife.uiowa.edu/>), respectively.

Terminal Clinical Education in Physical Therapy I, II and III
PTRS:6794; PTRS:6795; PTRS:6796

Course Instructors:

Byron E. Bork, PT, MA
Lecturer & ACCE
Office: 1-249 MEB
Phone: 319-335-6758
E-mail: byron-bork@uiowa.edu
Office hours: by appointment

Kelly J. Sass, MPT
Associate & Assistant ACCE
Office: 1-241 MEB
Phone: 319-335-9798
E-mail: kelly-sass@uiowa.edu
Office hours: by appointment

Course Description:

Full-time clinical education divided among three practice settings; development of competence in independent examination, evaluation, and treatment of patients under supervision of clinical faculty.

Course Website: The course site can be accessed using the University course management ICON at <https://icon.uiowa.edu>. You will need your HAWK ID and password to log-in.

Course Location: Physical therapy settings in the United States with whom the University of Iowa has contracts for clinical education. These are arranged by the education program's ACCE and Assistant ACCE with significant input from program faculty and students. The internships begin in mid to late May and end in mid-December.

Course Hours:

PTRS:6794 – 4 sh; PTRS:6795 – 4 sh; PTRS:6796 – 4 sh
No lecture hours are scheduled. 1,080 clinic hours per student.

Prerequisites:

Enrolled in the Department of Physical Therapy & Rehabilitation.

Course Goals and Objectives:

Following the completion of the terminal clinical education experiences, the student will be able to:

1. Demonstrate entry-level competence in the elements of patient/client management, including screening, examination (including history, systems review, and appropriate tests/measures), evaluation, diagnosis, prognosis, and interventions in a manner designed to optimize patient/client outcomes.
2. Exhibit professional behaviors in all situations and develop a self-directed plan for professional development and life-long learning opportunities.
3. Demonstrate appropriate communication skills with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional teams, consumers, payers and policymakers, that is congruent with situational needs.
4. Apply the principles from the UIHC compliance training modules related to safety, infection control, HIPAA, mandatory reporting for child/dependent adult abuse, domestic violence recognition, and age-specific care as needed.
5. Adhere to all federal, state and institutional legal practice standards, practice in a manner consistent with the APTA Code of Ethics and Core Values, and be prepared to report any cases of fraud and abuse.
6. Demonstrate entry-level clinical reasoning skills to identify, evaluate, and integrate the best evidence for practice, patient/client values, needs and preferences to determine best care for a patient/client.

7. Compose appropriate and timely physical therapy documentation that follows all regulatory requirements of the state practice act, practice setting, and payers.
8. Develop and manage a plan of care for a patient/client that addresses individual patient/client differences, needs, and response to interventions.
9. Develop and manage a plan of care for a patient/client that addresses professional obligations, interprofessional collaborations, policies and procedures, and when appropriate, delegation of interventions to the physical therapist assistant.
10. Participate in the financial and practice management of physical therapy services.
11. Demonstrate effective teaching methods when interacting with a variety of learners (patients, caregivers, staff, students, healthcare providers, etc).

Required and Recommended Course Materials: None.

Instructional Methods and Learning Experiences:

Students are challenged to be active participants in the learning process. Critical thinking and problem solving is emphasized.

Student Evaluation/Grading:

The clinical instructor uses the Physical Therapist Clinical Performance Instrument (PT CPIWeb) to evaluate student performance. During each terminal clinical education experience, the student will be evaluated by the CI using the PT CPI at both midterm and final. The student will show progress from midterm to final evaluation on all clinical performance criteria. The student should demonstrate entry level performance in the following professional practice categories: safety, professional behavior, accountability, communication, and cultural competence (categories 1-5). At the completion of each of the first two terminal 9-week clinical education experiences, the student should at a minimum be at the advanced intermediate performance level in categories 6-18. Ratings below that level will require review with the ACCE and may be grounds for an unsatisfactory grade or remediation. At the conclusion of the final 9-week terminal clinical education experience, the student should achieve a rating of entry level or beyond for all 18 performance criteria. However, the grading decisions made by the ACCE will also consider clinical setting, experience with patients in that setting, relative weighting or importance of each performance criterion, progression of performance from midterm to final evaluations, whether or not “significant concerns” box is checked, and the congruence between the midterm and final comments related to the five performance dimensions, and the ratings provided on the CPI.

The student will complete a self-evaluation using the PT CPI at midterm and final. The student will evaluate the clinical site following the completion of the internship. The student will complete the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (Appendix 5). This form must be returned to the University of Iowa within one week of the completion of the internship to receive a passing grade.

Attendance:

Absences are not allowed during clinical experiences with the exception of illness or family emergency. The student must contact both the ACCE and the CCCE prior to their scheduled work hours to report an absence. Time missed due to absence will be made up at the discretion of the ACCE in consultation with the CCCE. Students are not allowed to request vacation time during their scheduled clinical experiences. There is a week-long break scheduled between clinical experiences for students to use for personal needs, including job interviews. An unexcused absence, one in which the ACCE and CCCE were not notified in advance, may be grounds for failing a clinical experience. Any exceptions to this policy must be approved by the ACCE.

Clinical Education Manual: Students should abide by the Department of Physical Therapy & Rehabilitation Science Clinical Education Manual. The manual consists of documents designed to explain policies, procedures, obligations, and principles relative to clinical education for the students enrolled in the Doctor of Physical Therapy Program at the University of Iowa.

Professional Behaviors:

Professional behaviors are behaviors, attributes, or characteristics that are not explicitly part of a profession's core knowledge and technical skills but are nevertheless required for success in that profession. Professional behaviors, which define expected behavior within a given profession, serve as the foundation for ability-based learning. (<http://www.marquette.edu/physical-therapy/documents/ProfessionalBehaviors.pdf>). Students are evaluated by faculty each semester regarding their Professional Behaviors. The 10 abilities and definitions are listed below:

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10. **Commitment to Learning** – 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.

Course Standards and Policies:

Administration

This course adheres to the Department of Physical Therapy and Rehabilitation Sciences Policy Manual. Please refer to this document for details on important classroom policies and procedures such as review and promotion, academic dishonesty, disciplinary action, student mistreatment, emergency procedures, etc. (<http://www.medicine.uiowa.edu/pt/currentdpts/>). In addition, the Rules and Regulations of the Graduate College apply to all students in the Physical Therapy and Rehabilitation Science Graduate Program. These rules and regulations are published in the University's General Catalog and a manual is available online at: <http://www.grad.uiowa.edu/graduate-college-manual>.

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A student seeking academic accommodations should first register with Student Disability Services and then meet privately with the course instructor to make particular arrangements. See <http://sds.studentlife.uiowa.edu/> for more information.

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Plagiarism and any other activities when students present work that is not their own (cheating) are academic fraud.

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- Presentation of ideas from sources that you do not credit;
- Use of direct quotations without quotation marks and without credit to the source;
- Paraphrasing information and ideas from sources without credit to the source;
- Failure to provide adequate citations for material obtained through electronic research;
- Downloading and submitting work from electronic databases without citation;

- Participation in a group project which presents plagiarized materials;
- Taking credit as part of a group without participating as required in the work of the group;
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Reacting Safely to Severe Weather

In severe weather, class members should seek appropriate shelter immediately, leaving the classroom if necessary. The class will continue, if possible, when the event is over. For more information on Hawk Alert and the siren warning system, visit <http://hawkalert.uiowa.edu> or <http://police.uiowa.edu>.

Grievance Policy: In general, the Department adheres to the policies of the current issue of the Manual of Rules and Regulations of the Graduate College as specified in Section IV. The manual is available online at: <http://www.grad.uiowa.edu/graduate-college-manual>. In addition, the Department of Physical Therapy and Rehabilitation Science has established formal procedures for student grievances, which are detailed in the Department Policy Manual. Refer to this document for more specifics: <http://www.medicine.uiowa.edu/pt/currentdpts/>.

Meeting Course Standards: Any student who experiences difficulty or anticipates possible difficulty in successfully meeting the course standards is encouraged to speak with the course coordinator as soon as the difficulty is suspected. Academic assistance is available through a variety of University resources such as the Tutor Referral Service (<http://tutor.uiowa.edu/find-help/>) and the Writing Center (<http://writingcenter.uiowa.edu/>). See these web pages for details. In addition, physical or mental health concerns can be addressed at Student Health (<http://studenthealth.uiowa.edu/>) and the University Counseling Service (<http://counseling.studentlife.uiowa.edu/>), respectively.

EVALUATION OF STUDENT CLINICAL PERFORMANCE

Integrated Clinical Education in Physical Therapy I & II (PTRS:5790 & PTRS:5791):

The Integrated Clinical Education in Physical Therapy I & II (PTRS:5790 and PTRS:5791) courses consist of multiple part-day integrated clinical experiences at local hospitals and PT clinics. The evaluation forms for the experiences can be found in Appendix 1 and 2.

Integrated Clinical Education in Physical Therapy IV (PTRS:6792):

The evaluation form in Appendix 3 is designed for use during Integrated Clinical Education in Physical Therapy IV (PTRS:6792) which consists of a two week, full time integrated clinical experience at the beginning of the 4th semester in the DPT curriculum. The aim of this phase of clinical education is to provide the student an opportunity to practice and augment the skills introduced in the classroom and the teaching laboratories as well as learn new skills.

Purpose of Student Evaluations:

1. To improve learning: Primarily this evaluation is intended to benefit the individual student. Regular feedback keeps the student informed about personal progress and helps the student recognize individual strengths and weaknesses. Students have a need for specific information.
2. To improve instruction: The information gained from the evaluation should also prove beneficial to faculty who are responsible for curriculum design and to clinical educators responsible for design and implementation of future learning experiences in their clinic.
3. To certify competency: Students and faculty alike need an appraisal of the student's clinical skills prior to beginning full time experiences.

Integrated Clinical Education in Physical Therapy III (PTRS:6793)

Terminal Clinical Education in Physical Therapy I, II & III (PTRS:6794, PTRS:6795, PTRS:6796):

The Physical Therapist Clinical Performance Instrument (PT CPI) is used for student evaluation for the 6-week and 9-week experiences.

CLINICAL EDUCATION POLICIES

Dress Code – Professional attire is expected during clinical experiences. Students are required to follow the dress code outlined by each clinical center. The student should bring his/her lab coat and UIHC photo name badge to all clinic sites unless specified otherwise by the clinical site. General guidelines for professional attire would include: no jeans, t-shirts, shorts, no low riding pants, low cut or cropped shirts, no visible tattoos or body piercing (other than earrings), and no open-toe or high-heeled shoes.

Absences – Absences are not allowed during clinical experiences with the exception of illness or family emergency. The student must contact both the ACCE and CCCE prior to their scheduled work hours to report an absence. Time missed due to absence will be made up at the discretion of the ACCE in consultation with the CCCE. Students are not allowed to request vacation time during their scheduled terminal clinical experiences. There is a week-long break scheduled between internships for students to use for personal needs, including job interviews. An unexcused absence, one in which the ACCE and CCCE were not notified in advance, may be grounds for failing a clinical internship. Any exceptions to this policy must be approved by the ACCE.

Clinical Education Expenses – There will be some travel required to clinic sites in surrounding cities. A car is nice to have but not necessary as generally students can car pool. During the 6-week and 9-week clinical education experiences, some travel will likely be required to off-campus clinical sites. Living expenses will vary depending on where the students complete their internships. Some sites require extra screening (i.e., drug screening) that the student may be responsible for.

Student Information Shared with Clinical Education Sites – Students are each provided a training transcript to take with them on their clinical internships verifying completion of the following:

- Mandatory Reporter Training
- Hospital Safety & Infection Control
- CPR
- HIPAA Training
- Domestic Violence Reporting Training
- Fire Extinguisher Safety Training
- UIHC Orientation Training
- Criminal Background Check upon admission to the program
- Annual signed attestation statement that the criminal background is unchanged

Additional information may be requested by a specific clinical education site, such as a current background check, drug screen or academic standing. Students are made aware of any additional information to be shared through the Clinical Site Information Form (CSIF) and/or communication with the ACCE or CCCE. Student approval is required to share any additional information.

Professional Liability Insurance – Malpractice insurance is required on all students in the DPT Program. The University maintains professional liability insurance on the DPT students in the amount of \$1,000,000 per occurrence and \$3,000,000 in the aggregate per year. The cost for coverage is paid by the Department. Detailed information concerning limits of coverage, etc., may be obtained from the ACCE's.

Health Insurance – Health insurance is required. If students do not provide proof of insurance annually they will automatically be enrolled in a health insurance plan and billed by the UI. Many of our clinical internship centers will require the physical therapy intern to provide proof of health insurance coverage prior to beginning the clinical education experiences.

Off-Campus Emergency Services – In the event of accident or illness to students associated with their learning experience while at off-campus clinical facilities, the facility will provide or arrange for emergency treatment. The student is responsible for the expense associated with the treatment.

Criteria to Determine Student Readiness to Engage in Clinical Education

Criteria upon which the determination is made that each student is ready to engage in clinical education:

- Written and lab practical examinations
- Professional behaviors
- Simulated patient experiences

The mechanisms utilized by the core faculty to determine that each student is ready to engage in clinical education, including the determination that the student is prepared to interact safely with patients/clients during the clinical education experience:

- Written and lab practical examinations
- Professional behaviors
- Simulated patient experiences
- Review of student performance at monthly FSSA committee meetings and after each semester

Role of Students in Clinical Education

- To take responsibility for learning and to make the most out of opportunities provided with the goal of becoming a competent professional.
- To participate in ongoing self-assessment, reflecting on areas of strength, limitations, and inconsistencies.
- To provide constructive criticism to both academic and clinical faculty.
- To be accountable for personal and professional behaviors and actions.
- To welcome and befriend constructive criticism on clinical performance and develop an action plan for growth and development.
- To practice diligently and be willing to make mistakes and learn from them.
- To respect the rights of patients, clinical instructors, and all others associated with clinical education.

Expectations for Clinical Instructors

It is expected that a clinical instructor (CI) will demonstrate a desire to work with students and will serve as a positive role model for our students. By demonstrating effective communication skills, the CI will collaborate with students to plan learning experiences, goals, and expectations for student performance. The CI will make time to effectively supervise the student and will provide timely feedback related to student knowledge, skills, and professional behaviors. Clinical instructors for students on full time clinical education experiences will have a minimum of one year of full time post licensure clinical experience.

Patient/Client Rights

In all clinical education experiences when patients/clients are being provided health care services in Health Insurance Portability and Accountability Act (HIPAA) grants patients/clients certain legal rights. Among those rights is the right to know who is providing care and the right to refuse that care. The patient/client must be explicitly informed and completely understand when care is being provided by a student even while being closely supervised by a licensed physical therapist. The patient/client has the right to refuse treatment by a student.

Patient's Right to Refuse Care Provided by a Student

The Health Insurance Portability and Accountability Act (HIPAA) grants patients/clients certain legal rights when receiving health care. This includes health care provided by students during clinical education experiences. Among those rights is the right to know who is providing care and the right to refuse that care. Patients/clients should be clearly informed and completely understand when care is being provided by a student even when the student is closely supervised by a licensed physical therapist. The patient/client has the right to refuse treatment by a student prior to and at any time during the treatment of the patient without penalty.

Evaluation of Performance

- During each full-time clinical experience, the student will be evaluated by the CI using the PT CPI at both midterm and final.
- The student will show progress from midterm to final evaluation on all clinical performance criteria.
- The student should demonstrate entry level performance in the following professional practice categories: safety, professional behavior, accountability, communication, and cultural competence (categories 1-5).
- At the completion of the 6-week internship following year one, the student should at a minimum be at the intermediate performance level in all categories. Ratings below that level will require review with the ACCE and may be grounds for an unsatisfactory grade or remediation.
- At the completion of each of the first two terminal 9-week clinical experiences following year two, the student should at a minimum be at the advanced intermediate performance level in categories 6-10. Ratings below that level will require review with the ACCE and may be grounds for an unsatisfactory grade or remediation. At the conclusion of the final 9-week clinical experience, the student should achieve a rating of entry level or beyond for all 18 performance criteria. However, the grading decisions made by the ACCE will also consider clinical setting, experience with patients in that setting, relative weighting or importance of each performance criterion, progression of performance from midterm to final evaluations, whether or not “significant concerns” box is checked, and the congruence between the midterm and final comments related to the five performance dimensions and the ratings provided on the CPI.
- The student will complete a self-evaluation using the PT CPI at midterm and final.
- The student will evaluate the clinical site following the completion of the clinical experience. The student will complete the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction. This form must be returned to the University of Iowa within one week of the completion of the experience.
- During each clinical experience, the ACCE will attempt to contact the student and/or the CCCE at least once by telephone or email to check on performance.

Unsatisfactory Clinic Performance/Behavior Issues

- When a problem with clinic performance is noted, all efforts should be made to resolve the problem with CCCE, CI and student input. The desired change in behavior should be outlined and opportunities for the student to demonstrate change should be allowed.
- If the problem cannot satisfactorily be resolved, the student and the CCCE should contact the ACCE immediately. The ACCE will then serve as a mediator between the student and the CCCE or CI. If possible, a clinic site visit will be completed to meet with the individuals involved.
- Reassignment of the clinical experience may occur if the problem is deemed unresolvable, the student or CCCE requests termination of the clinical experience, and if another site can be arranged where the student may be able to satisfactorily complete the clinical experience.
- If, following the above arbitration, the student’s overall performance is not judged to be satisfactory, this should be reported to the ACCE.
- The Program’s ACCE has the final responsibility of assigning a grade. Prior to assigning a grade the ACCE and Assistant ACCE review and jointly discuss all student evaluations by the clinical instructors. In addition to clinical instructor ratings and comments, multiple other sources of information are given due consideration. The grading decisions made by the ACCE will also consider clinical setting, experience with patients in that setting, relative weighting or importance of each performance criterion, progression of performance from midterm to final evaluations, whether or not “significant concerns” box is checked, and the congruence between the midterm and final comments related to the five performance dimensions and the ratings provided on the CPI.
- All four segments of Clinical Education in Physical Therapy (PTRS:6793; PTRS:6794; PTRS:6795; PTRS:6796) must be completed with a Satisfactory (S) grade.
- A grade of Unsatisfactory (U) in a segment will require the student to be reviewed by the Graduate Student Review & Promotions Committee. If a student receives a grade of U, they will not receive Graduate College

credit and will be unable to continue in the program until graduate credit for that course is earned.

- A grade of Incomplete (I) in a segment may require the student to be reviewed by the Graduate Student Review & Promotions Committee. A student receiving an Incomplete may be allowed to continue in the program during remediation. The Incomplete will turn into an F if not remediated by the end of the next full semester.

MANAGING COMPLAINTS

Clinical Education complaints are first brought to the attention of the Academic Coordinators of Clinical Education (ACCEs). Other complaints are managed at the departmental committee level. If the complaint is not resolved by the ACCEs or committee, then it is referred on to the department chair. Curricular complaints not handled at the committee level or by the chair, can be directed to the Commission on Accreditation in Physical Therapy Education, 703-706-3245 or accreditation@apta.org.

Appendix 1

Student Performance Evaluation

PTRS:5790 Integrated Clinical Education in Physical Therapy I

Student Name _____
 Clinic Name _____
 CI Name _____
 Date _____

Attention Clinical Instructors

Thank you for mentoring the first year physical therapy students from The University of Iowa. Your cooperation in taking a few minutes to provide feedback to our Program and the student is greatly appreciated. Those tasks marked with an asterisk (*) were covered in their summer classes, the other tasks will be covered this fall. If you ever have any comments or concerns, please feel free to contact Kelly Sass at 335-9798. Thank you for contributing to our Program!

OBSERVED PERFORMED Check all of the following that apply:

<input type="checkbox"/>	<input type="checkbox"/>	Positioning/Draping (*)
<input type="checkbox"/>	<input type="checkbox"/>	History Taking/Pt Interviewing (*)
<input type="checkbox"/>	<input type="checkbox"/>	SOAP Notes
<input type="checkbox"/>	<input type="checkbox"/>	Assessment of Vitals (*)
<input type="checkbox"/>	<input type="checkbox"/>	Bed Mobility/Transfers (*)
<input type="checkbox"/>	<input type="checkbox"/>	Tilt Table
<input type="checkbox"/>	<input type="checkbox"/>	Goniometry of UE
<input type="checkbox"/>	<input type="checkbox"/>	MMT of UE
<input type="checkbox"/>	<input type="checkbox"/>	Gait Training with Assistive Device (*)
<input type="checkbox"/>	<input type="checkbox"/>	Wheelchair Skills (*)
<input type="checkbox"/>	<input type="checkbox"/>	Goniometry of LE
<input type="checkbox"/>	<input type="checkbox"/>	MMT of LE
<input type="checkbox"/>	<input type="checkbox"/>	Spine ROM Assessment
<input type="checkbox"/>	<input type="checkbox"/>	Trunk MMT
<input type="checkbox"/>	<input type="checkbox"/>	Gait Analysis

Comments regarding above performance or observation:

An objective for the first semester clinical rotations is to develop and expand interpersonal relations and communication with patients and clinic staff. Please provide written feedback for the student regarding his/her interactions with patients and clinic staff:

Appendix 2

Student Performance Evaluation

PTRS:5791 Integrated Clinical Education in Physical Therapy II

Clinical Instructors: Please use this form to provide some feedback to this student following their rotation through your clinic. Contact Kelly Sass at Kelly-sass@uiowa.edu or 319-335-9798 if you have any questions or concerns.

Examination and intervention skills already covered: (Please circle any skills the student had an opportunity to practice at your clinic)

Patient Interviewing
Vital Signs
Documentation
Transfers

Gait Training with Assistive Devices
Goniometry
Manual Muscle Testing

Examination and intervention skills being taught this semester: (Please circle any skills the student had an opportunity to practice at your clinic)

Cervical Spine Assessment
Thoracic Spine Assessment
Lumbar Spine Assessment
SI Joint
Thermal Agents
Ultrasound
Soft Tissue Mobilization
Biofeedback
Iontophoresis

Did the student perform the above skill(s) satisfactorily? Yes No

Comments:

University of Iowa students are expected to demonstrate the seven core values of professionalism while in the clinic. These core values include: accountability, altruism, compassion/caring, excellence, integrity, professional duty and social responsibility.

Did the student demonstrate professional behavior while interacting with the patient/family and staff at your clinic?

Yes No

Comments:

*****Attention Students*****

Please fill out the following questionnaire at the completion of each clinical experience (after you have completed both days).

Overall, this was a good clinical experience. Yes No

Comments:

The CI was attentive, helpful and will to teach students. Yes No

Comments:

I was able to practice skills that I had learned in the classroom. Yes No

Comments:

I was prepared for the tasks expected of me at this clinical site. Yes No

Comments:

I was challenged to apply my academic knowledge at this clinical site. Yes No

Comments:

What did you learn at this clinical rotation?

What suggestions would you make to this clinical site or to the clinical instructor to improve this clinical rotation?

Other Comments:

Appendix 3

Student Performance Evaluation

PTRS:6792 Integrated Clinical Education in Physical Therapy IV

**Department of Physical Therapy & Rehabilitation Science
The University of Iowa**

STUDENT PERFORMANCE EVALUATION*

**PTRS:6792 Integrated Clinical Education in Physical Therapy IV (Two Week Clinical)
2nd Year DPT Students**

Student Name: _____

Dates of Clinical Experience: _____

Name of Clinical Facility: _____

Address: _____
(Street)

(City) (State) (Zip)

Clinical Instructor's Name: _____
(Please Print)

Note: We want your candid and honest opinion regarding student performance. We will respect your opinion and utilize it in working individually with students to achieve the desired goal of expertise in the care of patients. Fill in the circle along the continuum which reflects your evaluation of the student with respect to each characteristic. If you had no opportunity to observe a characteristic, check the "did not observe" circle.

Please complete this form, discuss it with the student, sign and return it to Byron Bork or Kelly Sass, Academic Coordinators of Clinical Education at the Department of Physical Therapy & Rehabilitation Science, The University of Iowa, 1-252 Medical Education Building, Iowa City IA 52242-1190.

Questions or suggestions concerning completion of this form may be directed to Byron Bork (319-335-6857; byron-bork@uiowa.edu) or Kelly Sass (319-335-9798; kelly-sass@uiowa.edu), Academic Coordinators of Clinical Education.

Date of Student Performance Evaluation: _____

Clinical Instructor Signature: _____

Student Signature: _____

*The University of Iowa Department of Physical Therapy & Rehabilitation Science utilizes this evaluation form for this two week long clinical experience. The Clinical Performance Instrument (CPI) is used for the 6 & 9 week long clinical education experiences.

	For level of training					
	Does not meet expectations	Meets expectations			Far exceeds expectations	Did not Observe
	1	2	3	4	5	0
1. Gathers appropriate information during patient history taking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Locates and interprets information in patient medical record pertinent to PT.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Relates concepts learned in classroom to specific clinical situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Performs the following clinical skills:						
a. vital signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. positioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. transfers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. gait training with assist devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. goniometry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. MMT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. physical agents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. spine exam & intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. UE exam & intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Demonstrates awareness of contraindications & precautions to treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Documents a progress note in a concise, accurate format	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Establishes rapport with patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Demonstrates respect for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Works well with all members of healthcare team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Demonstrates sensitivity & competence when working with people of diverse backgrounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Shows initiative in addressing deficits in own knowledge/skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Student Strengths:

--

Suggestions for Improvement:

--

Appendix 4

Clinical Performance Instrument (CPI)

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DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

CATEGORY	DEFINITIONS
<i>Performance Dimensions</i>	
Supervision/ Guidance	<p>Level and extent of assistance required by the student to achieve entry-level performance.</p> <ul style="list-style-type: none"> As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.
Quality	<p>Degree of knowledge and skill proficiency demonstrated.</p> <ul style="list-style-type: none"> As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.
Complexity	<p>Number of elements that must be considered relative to the task, patient, and/or environment.</p> <ul style="list-style-type: none"> As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.
Consistency	<p>Frequency of occurrences of desired behaviors related to the performance criterion.</p> <ul style="list-style-type: none"> As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.
Efficiency	<p>Ability to perform in a cost-effective and timely manner.</p> <ul style="list-style-type: none"> As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.
<i>Rating Scale Anchors</i>	
Beginning performance	<ul style="list-style-type: none"> A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions. At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner. Performance reflects little or no experience. The student does not carry a caseload.
Advanced beginner performance	<ul style="list-style-type: none"> A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions. At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills. The student may begin to share a caseload with the clinical instructor.
Intermediate performance	<ul style="list-style-type: none"> A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions. At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning. The student is capable of maintaining 50% of a full-time physical therapist's caseload.
Advanced intermediate performance	<ul style="list-style-type: none"> A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions. At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. The student is capable of maintaining 75% of a full-time physical therapist's caseload.
Entry-level performance	<ul style="list-style-type: none"> A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions. At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. Consults with others and resolves unfamiliar or ambiguous situations. The student is capable of maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.
Beyond entry-level performance	<ul style="list-style-type: none"> A student who is capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations. At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others. The student is capable of maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed. The student is capable of supervising others. The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.

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Appendix 5

Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction

**PHYSICAL THERAPIST STUDENT
EVALUATION:

CLINICAL EXPERIENCE
AND
CLINICAL INSTRUCTION**

June 12, 2003



**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**

PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist student assessment of the clinical experience and Section 2-Physical therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions

- The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude goes out to all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O'Loughlin, PT, MA

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name _____

Academic Institution _____

Name of Clinical Education Site _____

Address _____ City _____ State _____

Clinical Experience Number _____ Clinical Experience Dates _____

Signatures

I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements for clinical instructor qualifications for students supervised in this academic program. I understand that my personal information will not be available to students in our program files.

Student Name (Provide signature)

Date

Primary Clinical Instructor Name (Print name)

Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned _____
Highest degree earned _____ Degree area _____
Years experience as a CI _____
Years experience as a clinician _____
Areas of expertise _____
Clinical Certification, specify area _____
APTA Credentialed CI Yes No
Other CI Credential _____ State Yes No
Professional organization memberships APTA Other _____

Additional Clinical Instructor Name (Print name)

Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned _____
Highest degree earned _____ Degree area _____
Years experience as a CI _____
Years experience as a clinician _____
Areas of expertise _____
Clinical Certification, specify area _____
APTA Credentialed CI Yes No
Other CI Credential _____ State Yes No
Professional organization memberships APTA Other _____

SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility.

1. Name of Clinical Education Site _____
 Address _____ City _____ State _____
2. Clinical Experience Number _____

3. Specify the number of weeks for each applicable clinical experience/rotation.

- | | |
|---|---|
| _____ Acute Care/Inpatient Hospital Facility | _____ Private Practice |
| _____ Ambulatory Care/Outpatient | _____ Rehabilitation/Sub-acute Rehabilitation |
| _____ ECF/Nursing Home/SNF | _____ School/Preschool Program |
| _____ Federal/State/County Health | _____ Wellness/Prevention/Fitness Program |
| _____ Industrial/Occupational Health Facility | _____ Other _____ |

Orientation

4. Did you receive information from the clinical facility prior to your arrival? Yes No
5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? Yes No
6. What else could have been provided during the orientation? _____

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:

1 = Never 2 = Rarely 3 = Occasionally 4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

Diversity Of Case Mix	Rating	Patient Lifespan	Rating	Continuum Of Care	Rating
Musculoskeletal		0-12 years		Critical care, ICU, Acute	
Neuromuscular		13-21 years		SNF/ECF/Sub-acute	
Cardiopulmonary		22-65 years		Rehabilitation	
Integumentary		over 65 years		Ambulatory/Outpatient	
Other (GI, GU, Renal, Metabolic, Endocrine)				Home Health/Hospice	
				Wellness/Fitness/Industry	

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the *Guide to Physical Therapist Practice*. Rate all items in the shaded columns using the above 4-point scale.

Components Of Care	Rating	Components Of Care	Rating
Examination		Diagnosis	
• Screening		Prognosis	
• History taking		Plan of Care	
• Systems review		Interventions	
• Tests and measures		Outcomes Assessment	
Evaluation			

9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

Environment	Rating
Providing a helpful and supportive attitude for your role as a PT student.	
Providing effective role models for problem solving, communication, and teamwork.	
Demonstrating high morale and harmonious working relationships.	
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).	
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	
Using evidence to support clinical practice.	
Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).	
Being involved in district, state, regional, and/or national professional activities.	

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth? _____

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

- Physical therapist students
- Physical therapist assistant students
- from other disciplines or service departments (Please specify _____)

12. Identify the ratio of students to CIs for your clinical experience:

- 1 student to 1 CI
- 1 student to greater than 1 CI
- 1 CI to greater than 1 student; Describe _____

13. How did the clinical supervision ratio in Question #12 influence your learning experience? _____

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

- Attended in-services/educational programs
- Presented an in-service
- Attended special clinics
- Attended team meetings/conferences/grand rounds
- Directed and supervised physical therapist assistants and other support personnel
- Observed surgery
- Participated in administrative and business practice management
- Participated in collaborative treatment with other disciplines to provide patient/client care (please specify disciplines) _____
- Participated in opportunities to provide consultation
- Participated in service learning
- Participated in wellness/health promotion/screening programs
- Performed systematic data collection as part of an investigative study
- Other; Please specify _____

15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc. _____

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)
- Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
 - Time well spent; would recommend this clinical education site to another student.
 - Some good learning experiences; student program needs further development.
 - Student clinical education program is not adequately developed at this time.
17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site? _____
18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed. _____
19. What suggestions would you offer to future physical therapist students to improve this clinical education experience? _____
20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*? _____
21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*? _____

SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in Section 2 is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

Provision of Clinical Instruction	Midterm	Final
The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.		
The clinical education site had written objectives for this learning experience.		
The clinical education site's objectives for this learning experience were clearly communicated.		
There was an opportunity for student input into the objectives for this learning experience.		
The CI provided constructive feedback on student performance.		
The CI provided timely feedback on student performance.		
The CI demonstrated skill in active listening.		
The CI provided clear and concise communication.		
The CI communicated in an open and non-threatening manner.		

The CI taught in an interactive manner that encouraged problem solving.		
There was a clear understanding to whom you were directly responsible and accountable.		
The supervising CI was accessible when needed.		
The CI clearly explained your student responsibilities.		
The CI provided responsibilities that were within your scope of knowledge and skills.		
The CI facilitated patient-therapist and therapist-student relationships.		
Time was available with the CI to discuss patient/client management.		
The CI served as a positive role model in physical therapy practice.		
The CI skillfully used the clinical environment for planned and unplanned learning experiences.		
The CI integrated knowledge of various learning styles into student clinical teaching.		
The CI made the formal evaluation process constructive.		
The CI encouraged the student to self-assess.		

23. Was your CI'(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation Yes No Final Evaluation Yes No

24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation _____

Final Evaluation _____

25. What did your CI(s) do well to contribute to your learning?

Midterm Comments _____

Final Comments _____

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Midterm Comments _____

Final Comments _____

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.

Appendix 6

Graduate Student Review & Promotion

GRADUATE STUDENT REVIEW AND PROMOTION

Rules and Regulations of the Graduate College: The Rules and Regulations of the Graduate College apply to all students in the Department of Physical Therapy and Rehabilitation Sciences. These rules and regulations are published in the University's General Catalog and a manual is available online at:

<http://www.grad.uiowa.edu/graduate-college-manual>

Doctoral students in the Department of Physical Therapy and Rehabilitation Sciences are to maintain a 3.0 GPA on all courses in our curriculum. This does not include any transferred graduate credits that are not included in our curriculum.

All doctoral students in the Graduate College on regular status are placed on probation if, after completing 8 semester hours of graduate work at this University, their cumulative grade point average on such graduate work is less than 3.0. If after completing 8 more hours of graduate work at this University, their cumulative grade-point average on graduate work completed here remains below 3.0, they are denied permission to re-register; otherwise, they are restored to good standing.

Rules and Regulations of the Department of Physical Therapy & Rehabilitation Science:

The progress of all students will be evaluated by the **Graduate Student Review and Promotion Committee** following the completion of each academic session. The progress of individual students can be evaluated at any time as deemed necessary by circumstances or by the Chair. The results of these evaluations will be reported to the Chair and the Faculty, Staff, and Student Affairs Committee.

Committee Composition

- Three faculty, one PhD student, one DPT2 student.
- Student members will be recommended by their peers and approved by faculty committee members.
- Student members will serve one-year terms beginning June 1st each year.
- Students are non-voting members.
- Committee members will receive orientation and education regarding committee responsibilities by senior committee members.

Scope of the Committee

The purpose of the Graduate Student Review and Promotions Committee is to ensure that each person who graduates from The University of Iowa Department of Physical Therapy and Rehabilitation Sciences has **adequate skills, knowledge, and judgment** to assume appropriate professional responsibilities within the physical therapy profession. To perform these duties, the committee will depend upon the cooperation, advice and judgment of faculty, students and administration.

As deemed appropriate, the Graduate Student Review and Promotions Committee may request a meeting with a student in order to explore issues that are impeding their progress and/or their status in the program. The scope of the Review and Promotions Committee includes, but is not limited to, the following:

- Students who fail to receive a grade with Graduate College credit (A thru C- carries Graduate College credit) in courses or clinical education experiences.
- Unprofessional or unethical behavior such as plagiarism, dishonesty, theft, cheating, violation of patient confidentiality, alcohol or substance abuse-related violations, etc.
- Information obtained from criminal background checks will be assessed by the Chair of the Faculty, Staff, and Student Affairs Committee in concert with the Committee. The Chair will maintain the confidentiality of individuals except in cases where the incident is viewed to potentially impact professional behavior, necessitating review by the Graduate Student Review and Promotions Committee.

- Negative comments on clinical education evaluations.
- Persistently poor or marginal academic or clinical performance.
- Requests to extend the period of study beyond the usual time allowed.
- Former students applying for reinstatement to the Department after withdrawal or dismissal.
- Other purposes as determined by the Department Chair in consultation with the Review and Promotions Committee.

Except under extenuating circumstance that are communicated in writing, failure of the student to appear before the committee will be viewed as a negative response by the student when the issue is deliberated by the committee.

Appearing before the Review and Promotions Committee

- A written request will be provided outlining the purpose for an independent appearance before the Review and Promotions Committee.
- Students are expected to answer questions posed by the Committee members during the interview. In addition, if desired, students may bring a prepared statement to read at the meeting.
- The student may not contact the Review and Promotion Committee members in advance of or following the meeting regarding committee actions or deliberation.
- All deliberations and actions of the committee will be held in the strictest confidence.

Review and Promotion Committee Actions

- Following the interview with the student, Committee members will discuss the student's situation and faculty members will vote on a recommendation to be sent to the Department Chair. The Committee has the authority to recommend:
 - No action is necessary.
 - Changes in the students' program of study.
 - A plan of action or recommendation for corrective action on issues of professionalism or behaviors.
 - Dismissal
- When voting on a recommendation, three faculty members must be present at the meeting and a simple majority is required for passing a recommendation.
- Review and Promotion Committee members may recuse themselves from an interview and discussion on a student if they feel there may be a conflict of interest. Faculty members who recuse themselves will temporarily be replaced by faculty members appointed by the Department Chair.
- Official paperwork outlining the Committee's recommendation will be delivered to the Department Chair and the student within 3 working days of the Review and Promotion Committee meeting.

Department Chair Actions

- The Department Chair will review the recommendations of the Committee and make a decision on the recommendation within 3 working days of the Review and Promotions Committee meeting and indicate that decision with his signature.
- A student may schedule an appointment with the Chair to discuss the Review and Promotion Committee's recommendation prior to the Chair's decision and within the 3 working days referenced above.
- A student wishing to appeal the Chair's decision must submit a letter to the Chair within 3 working days of receiving notification of that decision, with a copy to the Associate Dean of Academic Affairs of the Graduate College.

Grievance Procedures:

In general, the Department adheres to the policies of the current issue of the Manual of Rules and Regulations of the Graduate College as specified in Section IV.E. The manual is available online at: <http://www.grad.uiowa.edu/manual-table-of-contents>

This manual also states that "If a student judges the dismissal decision improper, the student has a right to review. Each department shall establish procedures for handling such reviews." The following procedures will be followed by the Department of Physical Therapy and Rehabilitation Sciences.

1. The Department Chair will appoint a minimum of three graduate faculty members and two students at the beginning of each academic year to serve, if called upon, as members of the Grievance Committee. (Members will be different from those currently serving on the Graduate Student Review and Promotions Committee).
2. Prior to the formal initiation of the grievance process, a student should discuss the grievances with the Department Chair in an attempt to resolve such grievances informally.
3. If the student continues to feel the decision is improper and cannot be resolved through the discussion provided for in #2 above, the student shall forward a written request for review of the decision to the Department Chair. The letter should outline the grievances in reasonable detail. In addition, the student should choose two of the graduate faculty members and students from those chosen to serve on the committees, to constitute his/her review committee.
4. The Department Chair shall designate a chairman of the review committee from those committee members identified by the student.
5. The review committee chairman shall convene the committee as soon as possible. Normally it is expected that the review process will be completed within two weeks of its formal initiation by the student.
6. The student requesting the review shall have the opportunity to discuss the grievances directly with the committee and provide any supporting material relevant to the review.
7. The review committee shall then determine what additional information or consultation is necessary to complete their review.
8. Upon review of relevant information the review committee shall communicate their findings and recommendations in writing to the student and the Department Chair. The committee's report should include major considerations in the decision.

Appendix 7

Clinical Site Information Form (CSIF)

CLINICAL SITE INFORMATION FORM (CSIF)
developed by
APTA Department of Physical Therapy Education

Why have a consistent Clinical Site Information Form?

The primary purpose of this form is for Physical Therapist (PT) and Physical Therapist Assistant (PTA) academic programs to collect information from clinical education sites. This information will facilitate clinical site selection, student placements, assessment of learning experiences and clinical practice opportunities available to students; and provide assistance with completion of documentation for accreditation in clinical education.

How is the form designed?

The form is divided into two sections, [Information for Academic Programs - Part I](#) (pages 3-14) and [Information for Students - Part II](#) (pages 15-17), to allow ease in retrieval of information for academic programs and for students, especially if the academic program is using a database to manage the information. Duplication of information being requested is kept to a minimum except when separation of Part I and Part II of the form would omit critical information needed by both students and the academic program. The form is also designed using a check-off format wherever possible to reduce the amount of time required for completion. This instrument can be retrieved from APTA's website at www.apta.org. Simply select the link titled "PT Education", then the link titled "Clinical Education" and choose "Clinical Site Information Form".

Although using a computer to complete the form is not mandatory, it is highly recommended to facilitate legible updates with minimal time investment from your facility. Additionally, the information provided will be more legible to students, academic programs, and the APTA's Department of Physical Therapy Education. The form includes several features designed to streamline navigation, including a hyperlinked [index](#) on page 18. (Please note that several of the hyperlinks contained in the document require your computer to have an open internet connection and a web browser).

If you prefer to complete the form manually, you may download the CSIF from APTA's website (see above). If you do not have access to a computer for this purpose, hard copies of the CSIF are available from the APTA Department of Physical Therapy Education, as well as from all PT and PTA academic programs through their Academic Coordinator of Clinical Education (ACCE).

What should I do once the form has been completed?

We encourage you to invest the time to complete the form thoroughly and accurately. Once the form has been completed, the clinical education site may e-mail the instrument to each academic program with which it affiliates, minimizing administrative time and associated costs. **Please remember to make a copy of this form and retain for your records!** To assist in maintaining accurate and relevant information about your physical therapy service for academic programs and students, we encourage you to update this form on an annual basis

In addition, to develop and maintain an accurate and comprehensive national database of clinical education sites, we request that a copy of the completed form be e-mailed to the Department of Physical Therapy Education at csif@apta.org or mail to:



American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314

DIRECTIONS FOR COMPLETION:

If using a computer to complete this form:

When completing this form, after opening the original form, and before entering your facility's information, **save the form**. The title should be your zip code, your site's name, and the date (eg, 90210BevHillsRehab10-26-99. Please note that the date must be set apart with dashes; if slashes are used, the computer will unsuccessfully search for a directory and return an error message). Saving the document will preserve the original copy on the disk or hard drive, allowing for you to easily update your information. When completing, use the tab key or arrow keys to move to the desired blank space (the form is comprised of a series of tables to enable use of the tab key for easier data entry). Enter relevant information only in blank spaces as appropriate to your clinical site.

What should I do if my physical therapy service is associated with multiple satellite sites that also provide clinical learning experiences?

If your physical therapy service is associated with multiple satellite sites (for example, corporate hospital mergers) that offer clinical learning experiences, such as an acute care hospital that also provides clinical rotations at associated sports medicine and long-term care facilities, you will need to complete *pages 3 and 4*. On *page 3*, provide the primary clinical site for the clinical experience. On *page 4*, indicate other clinical sites or satellites associated with the primary clinical site. ***Please note that if the individual facility information varies with each satellite site that offers a clinical experience, it will be necessary to duplicate a blank CSIF and complete the form for each satellite site that offers different clinical learning experiences.***

What should I do if specific items are not applicable to my clinical site or I need to further clarify a response?

If specific items on the form do not apply to your clinical education site at the time you are completing the form, please leave the item blank. Opportunities to provide comments have been made available throughout the form.

CLINICAL SITE INFORMATION FORM

I. Information About the Clinical Site

Date (/ /)

Person Completing Questionnaire					
E-mail address of person completing questionnaire					
Name of Clinical Center					
Street Address					
City		State		Zip	
Facility Phone				Ext.	
PT Department Phone				Ext.	
PT Department Fax					
PT Department E-mail					
Web Address					
Director of Physical Therapy					
Director of Physical Therapy E-mail					
Center Coordinator of Clinical Education (CCCE) / Contact Person					
CCCE / Contact Person Phone					
CCCE / Contact Person E-mail					

Complete the following table(s) if there are multiple sites that are part of the same health care system or practice. Copy this table before entering information if you need more space.

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone				Ext.	
PT Department Phone				Ext.	
Fax Number			Facility E-mail		
Director of Physical Therapy				E-mail	
Center Coordinator of Clinical Education/contact (CCCE)				E-mail	

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone				Ext.	
PT Department Phone				Ext.	
Fax Number			Facility E-mail		
Director of Physical Therapy				E-mail	
Center Coordinator of Clinical Education/contact (CCCE)				E-mail	

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone				Ext.	
PT Department Phone				Ext.	
Fax Number			Facility E-mail		
Director of Physical Therapy				E-mail	
Center Coordinator of Clinical Education/contact (CCCE)				E-mail	

Clinical Site Accreditation/Ownership

Yes	No		Date of Last Accreditation/Certification
		1. Is your clinical site certified/ accredited? If no, go to #3.	
		2. If yes, by whom?	
		JCAHO	
		CARF	
		Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)	
		Other	
		3. Who or what type of entity owns your clinical site? <input type="checkbox"/> PT owned <input type="checkbox"/> Hospital Owned <input type="checkbox"/> General business / corporation <input type="checkbox"/> Other (please specify) _____	

4. Place the **number 1** next to your clinical site's primary classification -- noted in **bold type**. Next, if appropriate, mark (X) **up to four additional bold typed categories** that describe other clinical centers associated with your primary classification. Beneath each of the **five possible bold typed categories**, mark (X) the specific learning experiences/settings that best describe that facility.

	Acute Care/Hospital Facility	Functional Capacity Exam- FCE	spinal cord injury
	university teaching hospital	industrial rehab	traumatic brain injury
	pediatric	other (please specify)	other
	cardiopulmonary	Federal/State/County Health	School/Preschool Program
	orthopedic	Veteran's Administration	school system
	other	pediatric develop. ctr.	preschool program
	Ambulatory Care/Outpatient	adult develop. ctr.	early intervention
	geriatric	other	other
	hospital satellite	Home Health Care	Wellness/Prevention Program
	medicine for the arts	agency	on-site fitness center
	orthopedic	contract service	other
	pain center	hospital based	Other
	pediatric	other	international clinical site
	podiatric	Rehab/Subacute Rehab	administration
	sports PT	inpatient	research
	other	outpatient	other
	ECF/Nursing Home/SNF	pediatric	
	Ergonomics	adult	
	work hardening/conditioning	geriatric	

4a. Which of these best characterizes your clinic's location? Indicate with an 'X'.

rural		suburban		urban	
-------	--	----------	--	-------	--

5. If your clinical site provides inpatient care, what are the number of:

	Acute beds
	ECF beds
	Long term beds
	Psych beds
	Rehab beds
	Step down beds
	Subacute/transitional care unit
	Other beds (please specify):
	Total Number of Beds

II. Information about the Provider of Physical Therapy Service at the Primary Center

6. PT Service hours

Days of the Week	From: (a.m.)	To: (p.m.)	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

7. Describe the staffing pattern for your facility: Standard 8 hour day____ Varied schedules____
 (Enter additional remarks in space below, including description of weekend physical therapy staffing pattern).

8. Indicate the number of full-time and part-time budgeted and filled positions:

	Full-time budgeted	Part-time budgeted
PTs		
PTAs		
Aides/Techs		

9. Estimate an average number of **patients per therapist treated per day** by the provider of physical therapy.

INPATIENT		OUTPATIENT	
	Individual PT		Individual PT
	Individual PTA		Individual PTA
	Total PT service per day		Total PT service per day

III. Available Learning Experiences

10. Please mark (X) the *diagnosis related* learning experiences available at your clinical site:

Amputations		Critical care/Intensive care		Neurologic conditions
Arthritis		Degenerative diseases		Spinal cord injury
Athletic injuries		General medical conditions		Traumatic brain injury
Burns		General surgery/Organ Transplant		Other neurologic conditions
Cardiac conditions		Hand/Upper extremity		Oncologic conditions
Cerebral vascular accident		Industrial injuries		Orthopedic/Musculoskeletal
Chronic pain/Pain		ICU (Intensive Care Unit)		Pulmonary conditions
Connective tissue diseases		Mental retardation		Wound Care
Congenital/Developmental				Other (specify below)

11. Please mark (X) all *special programs/activities/learning opportunities* available to students during clinical experiences, or as part of an independent study.

Administration		Industrial/Ergonomic PT		Prevention/Wellness
Aquatic therapy		Inservice training/Lectures		Pulmonary rehabilitation
Back school		Neonatal care		Quality Assurance/CQI/TQM
Biomechanics lab		Nursing home/ECF/SNF		Radiology
Cardiac rehabilitation		On the field athletic injury		Research experience
Community/Re-entry activities		Orthotic/Prosthetic fabrication		Screening/Prevention
Critical care/Intensive care		Pain management program		Sports physical therapy
Departmental administration		Pediatric-General (emphasis on):		Surgery (observation)
Early intervention		Classroom consultation		Team meetings/Rounds
Employee intervention		Developmental program		Women's Health/OB-GYN
Employee wellness program		Mental retardation		Work Hardening/Conditioning
Group programs/Classes		Musculoskeletal		Wound care
Home health program		Neurological		Other (specify below)

12. Please mark (X) all *Specialty Clinics* available as student learning experiences.

Amputee clinic		Neurology clinic		Screening clinics
Arthritis		Orthopedic clinic		Developmental
Feeding clinic		Pain clinic		Scoliosis
Hand clinic		Preparticipation in sports		Sports medicine clinic
Hemophilia Clinic		Prosthetic/Orthotic clinic		Other (specify below)
Industry		Seating/Mobility clinic		

13. Please mark (X) all *health professionals* at your clinical site with whom students might observe and/or interact.

<input type="checkbox"/>	Administrators	<input type="checkbox"/>	Health information technologists	<input type="checkbox"/>	Psychologists
<input type="checkbox"/>	Alternative Therapies	<input type="checkbox"/>	Nurses	<input type="checkbox"/>	Respiratory therapists
<input type="checkbox"/>	Athletic trainers	<input type="checkbox"/>	Occupational therapists	<input type="checkbox"/>	Therapeutic recreation therapists
<input type="checkbox"/>	Audiologists	<input type="checkbox"/>	Physicians (list specialties)	<input type="checkbox"/>	Social workers
<input type="checkbox"/>	Dietitians	<input type="checkbox"/>	Physician assistants	<input type="checkbox"/>	Special education teachers
<input type="checkbox"/>	Enterostomal Therapist	<input type="checkbox"/>	Podiatrists	<input type="checkbox"/>	Vocational rehabilitation counselors
<input type="checkbox"/>	Exercise physiologists	<input type="checkbox"/>	Prosthetists /Orthotists	<input type="checkbox"/>	Others (specify below)

14. List all PT and PTA education programs with which you currently affiliate.

15. What criteria do you use to select clinical instructors? (**mark (X) all that apply**):

<input type="checkbox"/>	APTA Clinical Instructor Credentialing	<input type="checkbox"/>	Demonstrated strength in clinical teaching
<input type="checkbox"/>	Career ladder opportunity	<input type="checkbox"/>	No criteria
<input type="checkbox"/>	Certification/Training course	<input type="checkbox"/>	Therapist initiative/volunteer
<input type="checkbox"/>	Clinical competence	<input type="checkbox"/>	Years of experience
<input type="checkbox"/>	Delegated in job description	<input type="checkbox"/>	Other (please specify)

16. How are clinical instructors trained? (**mark (X) all that apply**)

<input type="checkbox"/>	1:1 individual training (CCCE:CI)	<input type="checkbox"/>	Continuing education by consortia
<input type="checkbox"/>	Academic for-credit coursework	<input type="checkbox"/>	No training
<input type="checkbox"/>	APTA Clinical Instructor Credentialing	<input type="checkbox"/>	Professional continuing education (eg, chapter, CEU course)
<input type="checkbox"/>	Clinical center inservices	<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	Continuing education by academic program	<input type="checkbox"/>	

17. On *pages 9 and 10* please provide information about individual(s) serving as the CCCE(s), and on *pages 11 and 12* please provide information about individual(s) serving as the CI(s) at your clinical site.

ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL EDUCATION
Please update as each new CCCE assumes this position.

NAME:		Length of time as the CCCE:
DATE: (mm/dd/yy)		Length of time as the CI:
PRESENT POSITION: (Title, Name of Facility)	Mark (X) all that apply: ____PT ____PTA ____Other, specify	Length of time in clinical practice:
LICENSURE: (State/Numbers)		Credentialed Clinical Instructor: Yes _____ No _____
Eligible for Licensure: Yes _____ No _____		Certified Clinical Specialist:
		Area of Clinical Specialization:
		Other credentials:

SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION (start with most current):

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		

SUMMARY OF PRIMARY EMPLOYMENT (For current and previous four positions since graduation from college; start with most current):

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT	
		FROM	TO

CLINICAL INSTRUCTOR INFORMATION

Provide the following information on all PTs or PTAs employed at your clinical site **who are CIs**.

Name	School from Which CI Graduated	PT/PTA	Year of Graduation	No. of Years of Clinical Practice	No. of Years of Clinical Teaching	Credentialed CI Specialist Certification Other	L= Licensed, Number E= Eligible T= Temporary	
							L/E/T Number	State of Licensure

(Continued on next page)

CLINICAL INSTRUCTOR INFORMATION (continued)

Name	School from Which CI Graduated	PT/PTA	Year of Graduation	No. of Years of Clinical Practice	No. of Years of Clinical Teaching	Credentialed CI Specialist Certification Other	L= Licensed, Number E= Eligible T= Temporary	
							L/E/T Number	State of Licensure

18. Indicate professional educational levels at which you accept PT and PTA students for clinical experiences (**mark (X) all that apply**).

Physical Therapist		Physical Therapist Assistant	
<input type="checkbox"/>	First experience	<input type="checkbox"/>	First experience
<input type="checkbox"/>	Intermediate experiences	<input type="checkbox"/>	Intermediate experiences
<input type="checkbox"/>	Final experience	<input type="checkbox"/>	Final experience
<input type="checkbox"/>	Internship	<input type="checkbox"/>	

	PT		PTA	
	From	To	From	To
19. Indicate the range of weeks you will accept students for any single full-time (36 hrs/wk) clinical experience.				
20. Indicate the range of weeks you will accept students for any one part-time (< 36 hrs/wk) clinical experience.				

	PT	PTA
21. Average number of PT and PTA students affiliating <u>per year</u> .		

22. What is the procedure for managing students with exceptional qualities that might affect clinical performance (eg, outstanding students, students with learning/performance deficits, learning disability, physically challenged, visually impaired)?

23. **Answer if the clinical center employs only one PT or PTA.** Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site.

Yes	No	
		24. Does your clinical site provide written clinical education objectives to students? If no, go to # 27.
		25. Do these objectives accommodate:
		the student's objectives?
		students prepared at different levels within the academic curriculum?
		academic program's objectives for specific learning experiences?
		students with disabilities?
		26. Are all professional staff members who provide physical therapy services acquainted with the site's learning objectives?

27. When do the CCCE and/or CI discuss the clinical site's learning objectives with students?

(mark (X) all that apply)

<input type="checkbox"/>	Beginning of the clinical experience	<input type="checkbox"/>	At mid-clinical experience
<input type="checkbox"/>	Daily	<input type="checkbox"/>	At end of clinical experience
<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Other

28. How do you provide the student with an evaluation of his/her performance? **(mark (X) all that apply)**

<input type="checkbox"/>	Written and oral mid-evaluation	<input type="checkbox"/>	Ongoing feedback throughout the clinical
<input type="checkbox"/>	Written and oral summative final evaluation	<input type="checkbox"/>	As per student request in addition to formal and ongoing written & oral feedback
<input type="checkbox"/>	Student self-assessment throughout the clinical		

Yes	No	
		29. Do you require a specific student evaluation instrument other than that of the affiliating academic program? If yes, please specify:

OPTIONAL: Please feel free to use the space provided below to share additional information about your clinical site (eg, strengths, special learning opportunities, clinical supervision, organizational structure, clinical philosophies of treatment, pacing expectations of students [early, final]).

Information for Students - Part II

I. Information About the Clinical Site

Yes	No	
		1. Do students need to contact the clinical site for specific work hours related to the clinical experience?
		2. Do students receive the same official holidays as staff?
		3. Does your clinical site require a student interview?
		4. Indicate the time the student should report to the clinical site on the first day of the experience:

Medical Information

Yes	No		Comments
		5. Is a Mantoux TB test required? a) one step _____ b) two step _____	
		5a. If yes, within what time frame?	
		6. Is a Rubella Titer Test or immunization required?	
		7. Are any other health tests/immunizations required prior to the clinical experience? a) If yes, please specify:	
		8. How current are student physical exam records required to be?	
		9. Are any other health tests or immunizations required on-site? a) If yes, please specify:	
		10. Is the student required to provide proof of OSHA training?	
		11. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	
		12. Is the student required to have proof of health insurance? a) Can proof be on file with the academic program or health center?	
		13. Is emergency health care available for students? a) Is the student responsible for emergency health care costs?	
		14. Is other non-emergency medical care available to students?	
		15. Is the student required to be CPR certified? (Please note if a specific course is required). a) Can the student receive CPR certification while on-site?	
		16. Is the student required to be certified in First Aid? a) Can the student receive First Aid certification on-site?	

Yes	No		Comments
		17. Is a criminal background check required (eg, Criminal Offender Record Information)?	
		a) Is the student responsible for this cost?	
		18. Is the student required to submit to a drug test?	
		19. Is medical testing available on-site for students?	

Housing

Yes	No		Comments
		20. Is housing provided for male students?	
		for female students? (If no, go to #26)	
		\$ 21. What is the average cost of housing?	
		22. If housing is not provided for either gender:	
		a) Is there a contact person for information on housing in the area of the clinic? (Please list contact person and phone #).	
		b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.	
		23. Description of the type of housing provided:	
		24. How far is the housing from the facility?	
		25. Person to contact to obtain/confirm housing:	
		Name:	
		Address:	
		City:	State: Zip:

Transportation

Yes	No		
		26. Will a student need a car to complete the clinical experience?	
		27. Is parking available at the clinical center?	
		a) What is the cost?	
		28. Is public transportation available?	
		29. How close is the nearest bus stop (in miles) to your site?	
		a) train station?	
		b) subway station?	
		30. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located.	

	31. Please enclose printed directions and/or a map to your facility. Travel directions can be obtained from several travel directories on the internet. (eg, Delorme, Microsoft, Yahoo).	
--	---	--

Meals

Yes	No		Comments
		32. Are meals available for students on-site? (If no, go to #33)	
		Breakfast (if yes, indicate approximate cost)	\$ _____
		Lunch (if yes, indicate approximate cost)	\$ _____
		Dinner (if yes, indicate approximate cost)	\$ _____
		a) Are facilities available for the storage and preparation of food?	

Stipend/Scholarship

Yes	No		Comments
		33. Is a stipend/salary provided for students? If no, go to #36	
		a) How much is the stipend/salary? (\$ / week)	\$ _____
		34. Is this stipend/salary in lieu of meals or housing?	
		35. What is the minimum length of time the student needs to be on the clinical experience to be eligible for a stipend/salary?	

Special Information

Yes	No		Comments
		36. Is there a student dress code? If no, go to # 37.	
		a) Specify dress code for men:	
		b) Specify dress code for women:	
		37. Do you require a case study or inservice from all students?	
		38. Does your site have a written policy for missed days due to illness, emergency situations, other?	

Other Student Information

Yes	No		
		39. Do you provide the student with an on-site orientation to your clinical site?	
(mark X)		a) What does the orientation include? (mark (X) all that apply)	
		Documentation/billing	Required assignments (eg, case study, diary/log, inservice)
		Learning style inventory	Review of goals/objectives of clinical experience
		Patient information/assignments	Student expectations
		Policies and procedures	Supplemental readings
		Quality assurance	Tour of facility/department
		Reimbursement issues	Other (specify below)

In appreciation...

Many thanks for your time and cooperation in completing the CSIF and continuing to serve the physical therapy profession as clinical teachers and role models. Your contributions to students' professional growth and development ensure that patients today and tomorrow receive high-quality patient care services.

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Appendix 8

Clinical Education Site Review Checklist

Date of Review:

Site Name:

Clinical Education Site Review Checklist

- ACCE defines a need for the clinical site.
- CSIF form has been received and reviewed by C & I Committee (please upload to meeting folder at least 3 days prior to the scheduled meeting).
- ACCE has forwarded UI Department of Physical Therapy & Rehabilitation Science expectations for clinical sites and experiences to CCCE.
- ACCE has talked, "skyped", or visited with the CCCE and has confidence that the site meets our standards for quality and the CCCE understands our expectations.
- CSIF & CCCE indicate that Clinical Instructors have adequate clinical experience.
- CSIF & CCCE indicate Clinical Instructors have adequate clinical education experience.
- CSIF & CCCE indicate the site has adequate patients and resources to provide a beneficial clinical experience for UI students.
- CSIF & CCCE indicate that patient loads, # of PTs, and work schedules are conducive to a quality clinical education experience.
- Costs to students and the Department associated with the site are reasonable.
- Liability concerns have been considered and deemed negligible.
- Requirements, expectations, feedback/assessment, and learning experiences have been reviewed and deemed satisfactory.
- ACCE articulates a plan for visiting and-or interacting with students and CIs at the site.

-
- Site meets a need & quality standards; no reservations.
 - Site meets a need, but there are reservations requiring clarification prior to approval:

Reservations:

- Site doesn't meet Department needs and-or quality standards.

Comments:

ACCE Signature: _____

Date: _____

C & I Division Chair Signature: _____

Date: _____

Appendix 9

Affiliation Agreement

**AFFILIATION AGREEMENT
BETWEEN
The University of Iowa
AND
[FACILITY NAME]**

THIS AGREEMENT ("Agreement") is executed on _____ between The University of Iowa, Department of Physical Therapy and Rehabilitation Science, 1-252 Medical Education Building, Iowa City, IA 52242 for and on behalf of the Doctor of Physical Therapy Program and sometimes referred to as "School" in this Agreement and _____, sometimes referred to as "Facility" in this Agreement.

WITNESSETH:

WHEREAS, the School is conducting an educational program and desires to obtain clinical experiences for its students enrolled in the Doctor of Physical Therapy Program. .

WHEREAS, the Facility has facilities and is willing to provide clinical affiliation and clinical education experiences at the Facility for students enrolled in the Program.

WHEREAS, the School and Facility have the following common objectives: (1) to provide clinical experience in terms of patient and related instruction for the students of the School; (2) to improve the overall educational program of the School by providing opportunities for learning experiences that will progress the students to advanced levels of performance; (3) to increase contacts between academic facilities and expertise; and (4) to establish and operate a Clinical Education Program.

NOW, THEREFORE, for and in consideration of the foregoing, and in further consideration of the mutual benefits, the parties of this agreement agree as follows:

(1) GENERAL INFORMATION

- a. This Agreement must be reviewed and signed by both Facility and School prior to the beginning of the student's clinical experience.
- b. The period of time for each student's clinical education will be mutually agreed upon at least one month before the beginning of the Clinical Education Program.
- c. The number of students eligible to participate in the Clinical Education Program will be mutually determined by agreement of the parties and may be altered by mutual agreement.

(2) RESPONSIBILITIES OF THE SCHOOL

- a. The School shall assure that all students have received a physical examination prior to the beginning of the clinical experience.
- b. The School will maintain records for verification of each student's immune status for tetanus/diphtheria, measles, mumps, rubella, chicken pox, and tuberculin skin test (2-step) (or negative chest x-rays) and provide these to the Facility upon request. The School shall maintain records that each student has received the hepatitis B vaccine (the student may be in the process of receiving the series of shots) or a signed waiver. The Student will provide these records to the Facility upon request.
- c. The School will assign to the Facility only those students who have satisfactorily completed the prerequisite didactic portion of the curriculum.
- d. The School will designate an academic faculty member, the Academic Coordinator of Clinical Education, to coordinate with a designee of the Facility (the Center Coordinator of Clinical Education) the assignment to be assumed by the student participating in the Clinical Education Program.
- e. The School may designate other academic faculty members who shall be responsible for the instruction and supervision of students during clinical learning experiences at the Facility. The faculty members shall coordinate with the Center Coordinator of Clinical Education.
- f. The School will be responsible for the academic evaluation of participating students and may consult with the Facility about the student's experience at the Facility.
- g. The School agrees to abide by applicable privacy and confidentiality laws and regulations and to inform all students of the laws relating to health information.
- h. The School shall provide at all times during the term of this Agreement professional liability insurance coverage for its students participating in the program at the Facility with limits of at least \$1,000,000 per occurrence and \$3,000,000 aggregate or to carry such insurance as is mutually agreed upon in writing by the parties. The School shall provide the Facility with a certificate evidencing such liability insurance upon request.
- i. Subject to the limits and without waiving any immunities provided under applicable law (including constitutional provisions, statutes and case law) regarding the status, powers and authority of the School or the School's principal(s), the School accepts responsibility for third party claims to the extent directly attributable to the School's negligence in performing its obligations under this Agreement.
- j. The School shall remove a student from the Clinical Education Program if the Facility or student requests removal from the Program pursuant to Section 3(c). This removal shall occur immediately upon receipt of such request.

- k. The School completes a comprehensive background investigation of the student upon the student's admission to the program. The background investigation includes a criminal background check and other checks related to the past work experience and other possible licensures of the student. Students are also required on an annual basis to disclose in writing any criminal convictions that have occurred within the past year. If any information received reveals criminal or fraudulent behavior, the School will promptly notify the Facility for re-assessment of student's assignment.

(3) RESPONSIBILITY OF THE FACILITY

- a. The Facility shall provide reasonable space and equipment to the students for clinical experience.
- b. The Facility shall maintain complete records and reports on each student's performance and provide an evaluation to the School on forms provided by the School.
- c. The Facility shall have the right and may request the School to withdraw from the Clinical Education Program any student whose performance is unsatisfactory, whose personal characteristics prevent desirable relationships within the Facility, or whose health status is hazardous to the Facility's patients or personnel or it is detrimental to the student's successful completion of the clinical education assignment. To assist the School with its due process obligations to its students, Facility will provide written documentation for the request for withdrawal of any student from the Clinical Education Program.
- d. The Facility shall at all times be responsible for all aspects of patient care.
- e. Facility shall be responsible for supervision of participating students.
- f. The Facility shall, on a reasonable request, permit the inspection of the clinical facilities, services available for clinical experiences, student records and other such items pertaining to the Clinical Education Program by the School or agencies charged with the responsibilities for accreditation of the program.
- g. The Facility shall designate and submit in writing to the School for acceptance the name and professional and academic credentials of a clinical designee to be responsible for the Clinical Education Program. That person shall be called the Center Coordinator of Clinical Education.
- h. The Facility shall immediately notify the School in writing of any change or proposed change of the Center Coordinator of Clinical Education.
- i. The Facility shall indemnify and hold the School harmless from and against all liability, loss, damage, cause of action, cost and expense, including reasonable attorney fees arising out of or in connection with any activity undertaken by the Facility, including Facility employees, in performing their duties and responsibilities under the Agreement or arising from a breach of the terms of this Agreement, provided that such liability, loss,

damage, cause of action, cost and expense is not the result of the negligence of the School or its students.

- j. The Facility will make available emergency care for students in the event of illness or accident while at the Facility, in accordance with the Facility's policies. The cost for emergency care shall be the responsibility of the student.
- k. The Facility will not restrict access to the program for reasons relating to race, color, national origin, religion, age, creed, sex, sexual orientation, gender identity, veteran's status, or disability.

(4) RESPONSIBILITY OF THE STUDENT

The student:

- a. is responsible for following all policies of the Facility;
- b. will have completed Adult Dependent and Pediatric Abuse education;
- c. will be CPR certified per the American Heart Association guidelines;
- d. is responsible for reporting to the Facility on time and following all established regulations during the regularly scheduled operating hours of the Facility; and
- e. will not submit for publication any material relating to the Clinical Education Experience without prior written approval of the Facility and the School.

(5) MISCELLANEOUS

- a. It is understood and agreed that the students are not employees of the Facility for any purposes and are not and will not be eligible for any employee benefits. The students will not receive reimbursement for their activities at the Facility and will not be provided worker's compensation benefits, life insurance or hospitalization insurance. Such students shall, however, at all times be subject to the Facility's policies and regulations concerning the Facility's operating and administrative and procedural functions.

(6) TERM OF AGREEMENT, MODIFICATION

- a. This agreement is for a term of five (5) years. This agreement will terminate at five (5) years without written notice. This agreement may be terminated by either party with or without cause on 30 days prior written notice to the other party.
- b. It is understood and agreed that the parties to this agreement may revise or modify this agreement by written amendment when both parties agree to such amendment.

- c. This agreement shall be governed by Iowa law and the parties agree to bring any actions concerning this agreement in Johnson County Iowa District Court.

The University of Iowa

[FACILITY]

Richard K. Shields, Chair & DEO
Department of Physical Therapy &
Rehabilitation Science

Date: _____

Date: _____

Debra A. Schwinn, Dean,
Carver College of Medicine

Date: _____

David Kieft, Business Manager

Date: _____

Appendix 10

Student Information Sheet

THE UNIVERSITY OF IOWA
DEPARTMENT OF PHYSICAL THERAPY & REHABILITATION SCIENCE
Student Information Sheet

Purpose: The primary purpose of this form is to assist the student in identifying goals for each clinical experience, which will help the clinical instructor plan learning experiences.

Directions: It is the student's responsibility to complete this form and send it to the Center Coordinator of Clinical Education at each clinical site ***NO LATER THAN FOUR WEEKS PRIOR*** to the starting date.

Student's Name		Date:
Facility Name		
Student's Permanent Mailing Address		
Student's Phone		
Student's E-mail		

EMERGENCY CONTACT (Person to be notified in case of accident or injury):	
Name	
Address	
Phone	

TERMINAL CLINICAL EDUCATION EXPERIENCES (full time) - List name and address of clinical center and type of experience (eg. Acute, rehab, peds, etc.):	
EXPERIENCE 1.	
EXPERIENCE 2.	
EXPERIENCE 3.	

GOALS AND OBJECTIVES: The skills I hope to strengthen or gain are:
1.
2.
3.
4.

Other comments, questions, or concerns:
The address where I can be contacted during the month prior to my arrival at your facility is:
e-mail:

Appendix 11
University of Iowa
Policy on Sexual Harassment

The University of Iowa
POLICY ON SEXUAL HARASSMENT
(from the University of Iowa Operations Manual)

4.1 POLICY.

a. Policy and Rationale.

(1) Sexual harassment subverts the mission of the University and threatens the careers, educational experience, and well-being of students, faculty, and staff. The University will not tolerate sexual harassment, nor will it tolerate unwelcomed behavior of a sexual nature toward members of the University community when that behavior creates an intimidating or hostile environment for employment, education, on-campus living, or participation in a University activity.

(2) Sexual harassment is especially serious when an instructor harasses a student or a supervisor harasses a subordinate. In such situations, sexual harassment unfairly exploits the power inherent in an instructor's or supervisor's position. However, while sexual harassment often takes place in situations where there is an abuse of a power differential between the persons involved, the University recognizes that sexual harassment is not limited to such situations. Sexual harassment can occur when a student harasses an instructor, when a subordinate harasses a supervisor, or between persons of the same University status.

b. Prohibited conduct. The University of Iowa forbids sexual harassment by any member of the University community.

(1) Definition of sexual harassment. For purposes of this policy, "sexual harassment" means persistent, repetitive, or egregious conduct directed at a specific individual or group of individuals that a reasonable person would interpret, in the full context in which the conduct occurs, as harassment of a sexual nature, when:

(a) Submission to such conduct is made or threatened to be made explicitly or implicitly a term or condition of employment, education, on-campus living environment, or participation in a University activity; or

(b) Submission to or rejection of such conduct is used or threatened to be used as a basis for a decision affecting employment, education, on-campus living environment, or participation in a University activity; or

(c) Such conduct has the purpose or effect of unreasonably interfering with work or educational performance, or of creating an intimidating or hostile environment for employment, education, on-campus living, or participation in a University activity.

(2) Evidence of sexual harassment. Behavior that may constitute, or be evidence of, prohibited sexual harassment includes, but is not limited to, the following:

(a) Physical assault;

(b) Direct or implied threats that submission to sexual advances will be a condition of, or that failure to submit to such advances will adversely affect, employment, work status, promotion, grades, letters of recommendation, or participation in a University activity;

(c) Direct propositions of a sexual nature or persistent unwelcomed efforts to pursue a romantic or sexual relationship, including subtle pressure for sexual activity, an element of which may be repeated staring;

(d) A pattern of unwelcomed sexually explicit gestures, statements, questions, jokes, or anecdotes, whether made physically, orally, in writing, or through electronic media (see also [II-19 Acceptable Use of Information Technology Resources](#));

(e) A pattern of unwelcomed conduct involving:

(i) Unnecessary touching;

(ii) Remarks of a sexual nature about a person's clothing or body; or,

(iii) Remarks relating to sexual activity or speculations concerning previous sexual experience;

(f) A display of graphic sexual material (not legitimately related to the subject matter of a course, if one is

involved, or to job requirements) in a context where others are not free to avoid the display because of an employment or educational requirement or without surrendering a privilege or opportunity that others may reasonably expect to enjoy in that location.

(3) In determining whether alleged conduct constitutes sexual harassment, the investigator will consider all available information and will review the totality of the circumstances, including the context in which the alleged incident(s) occurred. Although repeated incidents generally create a stronger claim of sexual harassment, a single serious incident can be sufficient. Determinations will be made on a case-by-case basis.

(4) Expression that constitutes a protected exercise of an individual's free speech rights under the First and Fourteenth Amendments to the United States Constitution shall not be deemed a violation of this policy.

(5) Isolated behavior of the kind described in II-4.1b(2) that does not rise to the level of sexual harassment but that, if repeated, could rise to that level, demonstrates insensitivity that may warrant remedial measures. Academic or administrative officers who become aware of such behavior in their areas should counsel those who have engaged in the behavior. Such counsel should include a clear statement that the behavior is not acceptable and should cease, information about the potential consequences if such behavior persists, and a recommendation, as appropriate, to undertake an educational program designed to help the person(s) understand the harm caused by the behavior.

c. Definitions of other terms used in this policy:

(1) "Academic or administrative officer" includes the following:

(a) Collegiate deans (including associate deans and assistant deans),

(b) Faculty members with administrative responsibilities at the level of departmental executive officer (DEO) or above,

(c) Any staff member whose primary job responsibility is to provide advice regarding a student's academic pursuits or other University-related activities,

(d) Any faculty or staff member serving as departmental (or collegiate) director or coordinator of undergraduate or graduate studies, or as a director or coordinator of any departmental, collegiate, or University off-campus academic program (including any study-abroad program),

(e) The President, Director of Equal Opportunity and Diversity, Sexual Misconduct Response Coordinator, vice presidents (including assistant and associate vice presidents), and Provost (including assistant and associate provosts), and those persons' designees,

(f) Directors and supervisors in an employment context, including faculty and staff who supervise student employees, in relation to matters involving the employees they supervise (other than Department of Public Safety personnel when receiving criminal complaints or reports), and

(g) Human resource representatives.

(2) "Alleged victim": a person who allegedly has been harassed or subjected to unwelcomed sexual behavior.

(3) "Complainant": the person who makes a report or brings a complaint alleging unwelcomed sexual behavior or sexual harassment, who could be an alleged victim, a third party, or an academic or administrative officer of the University.

(4) "Graduate assistant": a graduate student employed by the University as a research assistant or teaching assistant.

(5) "Human resources representative": an individual designated as a unit's authority on human resource policies and procedures, and all central Human Resources staff.

(6) "Instructor": a person engaged in teaching students or in evaluation or supervision, direct or indirect, of a student's academic work.

(7) "Member of the University community": any University student, or faculty or staff member.

(8) "Protected interests": University employment, education, on-campus living, or participation in a University activity.

(9) "Respondent": a person who has been accused of unwelcomed sexual behavior or sexual harassment.

(10) "Specific and credible allegations": allegations that provide factual details such as, but not limited to, time, place, actions, participants, and witnesses. Allegations do not have to be based on firsthand observation of events to be "specific and credible," but direct observation normally results in greater specificity and credibility than indirect knowledge.

(11) "Supervisor": a person who has authority either: 1) to undertake or recommend tangible employment decisions (those that significantly change an employee's employment status, such as, but not limited to, hiring, firing, promoting, demoting, reviewing performance, reassigning, and compensation decisions) affecting an employee, or 2) to direct the employee's daily work activities.

(12) "Third-party complainant": a person who makes a report or brings a complaint alleging that someone else has been subjected to unwelcomed sexual behavior or sexual harassment.

4.2 SCOPE OF POLICY.

a. Acts by employees or students. The University's prohibition of sexual harassment applies to acts of faculty, other instructors, staff, or students occurring in one or more of the following circumstances:

(1) on property owned or controlled by the University or by a student organization; or

(2) at any location, including through electronic media such as e-mail or social networking websites, and involving any University faculty, staff, or students, provided that:

(a) the incident occurs at a University-sponsored activity or during an event sponsored by an organization affiliated with the University, including a student organization;

(b) the accused or the complainant was acting in an official capacity for the University during the incident;

(c) the accused or the complainant was conducting University business during the incident;

(d) the conduct has the purpose or reasonably foreseeable effect of substantially interfering with the work or educational performance of UI students, faculty, or staff,

(e) the conduct creates an intimidating or hostile environment for anyone involved in or seeking to participate in University employment, education, on-campus living, or other University-sponsored activities; or

(f) the conduct demonstrates that the individual poses a reasonable threat to campus safety and security.

b. Acts by persons other than employees or students. The University will make reasonable efforts to address sexual harassment of its faculty, other instructors, staff, or students by persons participating in University-related programs or activities, conducting business with the University, or visiting the University, even if such persons are not directly affiliated with the University. Reports of sexual harassment by visitors to campus and other persons not directly affiliated with the University should be made to an academic or administrative officer, to the Office of the Sexual Misconduct Response Coordinator, or to the Office of Equal Opportunity and Diversity.

c. In addition to being subject to this policy, students who engage in sexual harassment are subject to discipline under the provisions of the [Code of Student Life](#) and [IV-2 Sexual Misconduct Involving Students](#).

4.3 REPORTS OR COMPLAINTS.

a. Individuals who have experienced unwelcomed sexual behavior are encouraged to report it, even if they are not certain whether a violation of this policy has occurred.

(1) Allegations of unwelcomed sexual behavior may be addressed through the informal process set out in II-4.5c of this policy even if no prohibited conduct has occurred.

(2) During formal investigations and disciplinary proceedings, the provisions of II-4.1b, including the definition of sexual harassment in that section, will be used to determine whether alleged unwelcomed sexual behavior constitutes sexual harassment in violation of this policy.

(3) Substantial weight will be given to the wishes of the alleged victim when determining how to respond to a report or complaint. However, the University may investigate the allegations, even without the alleged victim's consent, if circumstances warrant (such as when the allegations are particularly egregious or there are multiple reports of harassment involving the same person).

(4) A report or complaint must state specific and credible allegations of sexual harassment to warrant a formal investigation. There is no time limit for making allegations; however, it may be difficult to substantiate the allegations if they are made after significant time has passed. Therefore, prompt reporting is strongly encouraged.

b. Reporting criminal activity.

(1) In addition to violating University policy, some forms of sexual harassment may constitute criminal activity. Individuals are encouraged to inform law enforcement authorities about instances of unwelcomed sexual behavior that involve violence, threatening behavior, or physical assault. Individuals are encouraged to contact law enforcement whenever they believe a crime may have been committed.

(2) The UI [Department of Public Safety](#) (335-5022) should be notified immediately if individuals believe there is a threat of physical harm to themselves, to other members of the University community, or to anyone on University property or attending a University-sanctioned event.

c. Reports and complaints concerning sexual harassment of students.

(1) Students should make reports or complaints about unwelcomed sexual behavior or sexual harassment to the Office of the Sexual Misconduct Response Coordinator (335-6200).

(2) Any member of the University community, or a third party, may also make a report or complaint that a student has been the victim of unwelcomed sexual behavior or sexual harassment by contacting the Office of the Sexual Misconduct Response Coordinator.

(3) No University employee is authorized to investigate or resolve allegations of unwelcomed sexual behavior or sexual harassment of a student without the involvement of the Office of the Sexual Misconduct Response Coordinator.

(4) Students who would like to discuss their situations in a private environment, and share or seek information about a sexual harassment issue without making a report or complaint should consider utilizing any of the options discussed in [IV-2 Sexual Misconduct Involving Students](#), at [IV-2.8 Confidentiality](#), and in paragraph II-4.3g of this policy.

d. Reports and complaints concerning sexual harassment of non-student employees of the University (including any member of the faculty or staff).

(1) Employees should make reports or complaints about unwelcomed sexual behavior or sexual harassment to the Office of the Sexual Misconduct Response Coordinator, to the Office of Equal Opportunity and Diversity, or to any academic or administrative officer of the University, as defined in II-4.1c(1).

(2) Any member of the University community or a third party may also make a report or complaint that an employee has been the victim of unwelcomed sexual behavior or sexual harassment by contacting the Office of the Sexual Misconduct Response Coordinator, the Office of Equal Opportunity and Diversity, or any academic or administrative officer of the University.

(3) No University employee is authorized to investigate or resolve allegations of unwelcomed sexual behavior or sexual harassment of a University employee without the involvement of the Office of the Sexual Misconduct Response Coordinator or the Office of Equal Opportunity and Diversity.

(4) Employees who would like to discuss their situations in a private environment, and share or seek information about a sexual harassment issue without making a report of sexual harassment to the University, should

consider utilizing any of the options discussed below in paragraph II-4.3g of this policy.

e. Any academic or administrative officer of the University who observes sexual harassment or who becomes aware of allegations of unwelcomed sexual behavior or sexual harassment through the report of a complainant (including a third party) shall take the actions described in this section, even if the alleged victim does not wish any action to be taken.

(1) In any case in which the alleged victim of the behavior is a student the academic or administrative officer must

(a) inform the complainant that certified victim advocacy services are available from the Rape Victim Advocacy Program, and

(b) refer the complainant to the Office of the Sexual Misconduct Response Coordinator, and

(c) notify the Office of the Sexual Misconduct Response Coordinator of the allegations within two business days.

(2) In any case in which the alleged victim is a non-student employee of the University (including any member of the faculty or staff), the academic or administrative officer must

(a) inform the complainant of the options available under this policy (i.e., informal resolution or formal investigation) and that certified victim advocacy services are available from the Rape Victim Advocacy Program and,

(b) provide notice of the allegations to the Office of the Sexual Misconduct Response Coordinator or the Office of Equal Opportunity and Diversity within two business days, and

(c) provide notice of the allegations to the Senior Human Resources Leadership Representative of the unit in which the alleged behavior occurred or, when incidents do not occur within a unit, notify the Senior Human Resources Leadership Representative of the respondent.

f. The Office of the Sexual Misconduct Response Coordinator and the Office of Equal Opportunity and Diversity shall share information about reports and complaints, typically within two business days, and shall provide assistance to the academic or administrative officer and the relevant Senior Human Resources Leadership Representative in evaluating the situation and determining an appropriate course of action, even if the alleged victim has requested that no action be taken.

g. Anyone (victims or others) who wishes to consult with someone about a specific situation without making a report or complaint, or who wishes simply to learn more about enforcement of the Policy on Sexual Harassment, may contact any of the following offices or organizations:

(1) Office of the Ombudsperson (for faculty, other instructors, staff, or students)

(2) Faculty and Staff Services/Employee Assistance Program (for faculty or staff)

(3) University Counseling Service (for students)

(4) Women's Resource and Action Center (for faculty, other instructors, staff, or students)

(5) Rape Victim Advocacy Program (certified victim advocates)(for faculty, other instructors, staff, or students)

These offices and organizations are exempt from the reporting requirements set forth above in II-4.3e of this policy. In addition, staff in these offices and organizations generally have professional or legal obligations to keep communications with their clients confidential. Faculty and staff in other University offices typically do not have confidentiality obligations and may be required to report allegations as described above in II-4.3e.

4.4 RESOLUTION OF ALLEGATIONS AGAINST STUDENTS.

a. Allegations that a student has engaged in unwelcomed sexual behavior or sexual harassment will be handled through the Office of the Dean of Students, in consultation with the Office of the Sexual Misconduct Response Coordinator, and in accordance with this policy, the [Code of Student Life, IV-2 Sexual Misconduct Involving Students](#), and the [Student Judicial Procedure](#).

b. The Office of the Sexual Misconduct Response Coordinator is available to advise complainants and alleged

victims on the resolution of allegations against students. To the maximum extent possible, the Office of the Sexual Misconduct Response Coordinator and the Office of the Dean of Students shall work together to ensure a coordinated and effective institutional response to reports or complaints alleging that a student has engaged in sexual harassment or unwelcomed sexual behavior.

c. At an alleged victim's request, the Office of the Sexual Misconduct Response Coordinator will assist the victim in addressing a situation involving allegations of unwelcomed sexual behavior or sexual harassment against a student without initiating formal disciplinary action against the student respondent. However, the University may conduct a formal investigation of allegations and pursue disciplinary action, even without an alleged victim's consent, if circumstances warrant.

d. When responding to allegations against an individual who is both a student and a University employee (including graduate assistants), the University may use the processes set out below in II-4.5 of this policy and/or the Student Sexual Misconduct Judicial Procedures, as it considers appropriate in the circumstances.

4.5 RESOLUTION OF ALLEGATIONS AGAINST EMPLOYEES (INCLUDING FACULTY, OTHER INSTRUCTORS, AND STAFF MEMBERS).

a. Advice on the use of these procedures. The Office of Equal Opportunity and Diversity and the Office of the Sexual Misconduct Response Coordinator are available to advise complainants and alleged victims on the use of these procedures and to assist persons who receive allegations of unwelcomed sexual behavior or sexual harassment in determining the appropriate response to such allegations. To the maximum extent possible, these offices shall work together to ensure a coordinated and effective institutional response to complaints.

b. Options for resolution of allegations against employees.

(1) Allegations that an employee (including a faculty member, other instructor, or staff member) has engaged in unwelcomed sexual behavior or sexual harassment may be addressed either through the informal resolution process described in II-4.5c, or through the formal investigation and resolution process described below in II-4.5d through II-4.5g.

(2) Limits on the use and scope of informal resolution.

(a) Informal resolution may only be used at the request of the alleged victim. If the alleged victim does not request informal resolution, then a report or complaint must be addressed through the processes set out in II-4.5d through II-4.5f.

(b) Informal resolution pursuant to II-4.5b may not be used when the allegations involve a report or complaint that the respondent committed sexual assault or engaged in any other form of violent behavior.

(c) When allegations are addressed through an informal resolution process, the person(s) alleged to have engaged in unwelcomed sexual behavior or sexual harassment ordinarily will not be informed of the allegations without the consent of the alleged victim unless circumstances require (such as when the allegations are particularly egregious or there are multiple reports of unwelcomed sexual behavior or sexual harassment involving the same person).

(d) When allegations are addressed through an informal resolution process, no disciplinary action may be taken against a person, and there will be no record of the allegations in the person's personnel or student disciplinary file, unless the person is notified of the allegations and given an opportunity to respond.

(e) Disciplinary action taken against a respondent in response to alleged violations of this policy will be governed by the procedures and rules set out below in II-4.5g.

(3) The University may conduct a formal investigation of allegations and pursue disciplinary action, even without an alleged victim's consent and even when the victim prefers informal resolution, if circumstances warrant (such as when the allegations are particularly egregious or there are multiple reports of unwelcomed sexual behavior or sexual harassment involving the same person).

c. Informal resolution of allegations of unwelcomed sexual behavior or sexual harassment by an employee.

- (1) If an alleged victim of unwelcomed sexual behavior or sexual harassment requests that the matter be addressed by informal resolution processes:
 - (a) In addition to taking the steps outlined in II-4.3e above, the academic or administrative officer to whom the victim directs this request will refer the matter to the Senior Human Resources Leadership Representative of the unit in which the alleged behavior occurred. When incidents do not occur within a unit, the matter should be referred to the Senior Human Resources Leadership Representative of the person alleged to have engaged in unwelcomed sexual behavior or sexual harassment.
 - (b) The Senior Human Resources Leadership Representative is responsible for assisting the alleged victim in securing a resolution of the matter. When either the alleged victim or the accused person is a faculty member, the relevant dean or vice president may designate an associate dean to work in consultation with the Senior HR Leadership Representative. The Senior Human Resources Leadership Representative and/or relevant associate dean must promptly inform the Office of Equal Opportunity and Diversity or the Office of the Sexual Misconduct Response Coordinator that an informal resolution is being attempted at the alleged victim's request.
 - (c) Alternatively, at the request of the alleged victim, the academic or administrative officer will refer the matter to the Office of Equal Opportunity and Diversity (EOD) so that the alleged victim may choose either to secure that office's assistance in addressing the situation through informal resolution or to request a formal investigation of the allegations. EOD shall notify the Office of the Sexual Misconduct Response Coordinator if it is assisting in the informal resolution of allegations.
- (2) The Senior Human Resources Leadership Representative and/or relevant associate dean shall make reasonable efforts to resolve allegations promptly and effectively, giving consideration to the nature of the allegations and the surrounding circumstances.
 - (a) Examples of actions that may be taken to resolve allegations on an informal basis include, but are not limited to: educational intervention directly with the accused individual or in the context of unit-wide communications or discussions; direct or facilitated communications between parties to resolve misunderstandings; agreements regarding future behavior of one or all parties; and nondisciplinary changes in a party's work or educational environment.
 - (b) If there is a supervisory relationship between the complainant and/or victim and the respondent, the appropriate course of action will include development of a plan to avoid any perceived or actual conflict of interest until the complaint is resolved.
 - (c) The Senior Human Resources Leadership Representative and/or associate dean who is assisting in resolving the matter through information resolution shall take appropriate interim action, which may include those actions described in II-4.5h below, to address the alleged behavior and protect the health or safety of the alleged victim, complainant, and/or witnesses.
- (3) If the Senior Human Resources Leadership Representative and/or associate dean is/are unable to resolve the matter within 21 days of receiving a referral of the allegations, the Senior Human Resources Leadership Representative and/or associate dean will notify the Office of Equal Opportunity and Diversity of the status of the matter and refer the complainant to that office for further assistance.
- (4) If allegations of unwelcomed sexual behavior or sexual harassment are resolved through informal resolution, a written report must be made after the complaint is resolved using the Office of Equal Opportunity and Diversity Report of Informal Sexual Harassment Complaint Form, which requires disclosure of the employment or student status of the alleged victim(s); the complainant(s) (if other than the alleged victim), and the person(s) accused; the unit(s) with which those persons are affiliated; a summary of the allegations; and a description of the steps taken to resolve the complaint.

In order for the University to respond effectively to situations involving a potential pattern of prohibited conduct by the same individual, if the person alleged to have engaged in unwelcomed sexual behavior or sexual harassment was notified of the existence of the allegations and given an opportunity to respond, the Senior Human Resources Leadership Representative and/or associate dean shall provide the names of the parties to the Office of Equal Opportunity and Diversity. If that person was not informed of the allegations or was not given an opportunity to respond, the Senior Human Resources Representative and/or associate dean shall not provide

the names of the parties to the Office of Equal Opportunity and Diversity.

The Office of Equal Opportunity and Diversity shall provide the Office of the Sexual Misconduct Response Coordinator with information about informal resolutions in order to ensure overall coordination of University efforts to address unwelcomed sexual behavior and sexual harassment.

(5) It is the responsibility of the Senior Human Resources Leadership Representative and/or associate dean who facilitates the informal resolution of the allegations to follow up with the parties at a reasonable interval(s) to assess their compliance with the terms of the informal resolution and take appropriate action as warranted based on the parties' level of compliance.

d. Formal investigations of allegations against employees.

(1) If an alleged victim does not request informal resolution of allegations of unwelcomed sexual behavior or sexual harassment, then allegations of unwelcomed sexual behavior or sexual harassment by a faculty or staff member shall be referred to the Office of Equal Opportunity and Diversity (EOD) for appropriate action. If the complaint states specific and credible allegations of behavior constituting sexual harassment in violation of this policy, then the Office of Equal Opportunity and Diversity will conduct an investigation of the allegations in the complaint pursuant to the procedures set out in this policy. However, if the victim requests that no investigation be conducted, the Office of Equal Opportunity and Diversity will not further investigate the matter unless circumstances require (such as when the allegations are particularly egregious or there are multiple reports of unwelcomed sexual behavior or sexual harassment involving the same person).

(2) The Office of Equal Opportunity and Diversity may also conduct an investigation if efforts to resolve the matter through the informal resolution process were unsuccessful, if the terms of an informal resolution were not followed, or if it determines that an investigation is warranted despite an alleged victim's request for informal resolution.

(3) The purpose of the investigation is to establish whether there is a reasonable basis for believing that a violation of this policy has occurred. In conducting the investigation, the Office of Equal Opportunity and Diversity will make reasonable efforts to interview the alleged victim, the complainant (if other than the alleged victim), and the respondent, and may interview other persons believed to have pertinent factual knowledge, as well as review any relevant documentary information. At all times, the Office of Equal Opportunity and Diversity will take steps to ensure confidentiality to the extent possible.

(4) When the Office of Equal Opportunity and Diversity conducts an investigation, the respondent will be informed of the allegations, the identity of the complainant, and the facts surrounding the allegations. The investigation will afford the respondent an opportunity to respond to the allegations and information provided by the complainant and/or alleged victim, and to provide a statement of the facts as perceived by the respondent.

(5) At the conclusion of the investigation, the Office of Equal Opportunity and Diversity will issue a written finding which will summarize the information gathered and state whether or not there is a reasonable basis for believing that a violation of this policy has occurred.

(a) The written finding normally will be issued within 45 days of when the complaint was filed. When it is not reasonably possible to issue the finding within that time, the Office of Equal Opportunity and Diversity will notify the alleged victim and the respondent that the finding will be delayed and indicate the reasons for the delay.

(b) The alleged victim, the respondent, and the Office of the Sexual Misconduct Response Coordinator will each receive a copy of the written finding, which is to remain confidential as defined below by II-4.5j.

(c) Third-party complainants will be notified only that the proceedings are concluded.

(6) If the Office of Equal Opportunity and Diversity finds a reasonable basis for believing that a violation of this policy has occurred, the matter will be referred to the appropriate administrator for further consideration as outlined in II-4.5e below.

e. Response to finding of the Office of Equal Opportunity and Diversity.

- (1) In addition to the Office of the Sexual Misconduct Response Coordinator, the following administrators will receive the finding of the Office of Equal Opportunity and Diversity:
 - (a) the Office of the Provost, if the respondent is a faculty member or other instructional personnel (except graduate assistants);
 - (b) the office of the vice president or dean responsible for the unit employing the person charged, if the respondent is a staff member;
 - (c) the Office of the Dean of the Graduate College, if the respondent is a graduate assistant; and
 - (d) the Office of the Dean of Students, in cases in which an employee respondent is also a student (including a graduate assistant).
- (2) The administrator who receives the finding, as well as the Sexual Misconduct Response Coordinator, will discuss it with the Office of Equal Opportunity and Diversity (EOD) in order to determine, based on EOD's findings and input, appropriate corrective measures and sanctions.
 - (a) If the respondent is a staff member, the administrator will also consult with the Senior Human Resources Leadership Representative in the unit.
 - (b) If the respondent is a faculty member or graduate assistant, the administrator will also consult with the appropriate dean and departmental executive officer.
 - (c) When a respondent staff member, faculty member, or graduate assistant is also a student, the administrator and the Dean of Students will also consult with one another in determining what corrective measures or sanctions should be pursued.
- (3) The administrator is responsible for implementing corrective measures and sanctions and may institute formal disciplinary action, consistent with University procedures. The administrator must inform the Office of Equal Opportunity and Diversity (EOD), in writing, of the actions that are taken in response to EOD's findings.
- (4) The administrator who reviews and takes action in response to a finding of the Office of Equal Opportunity and Diversity shall inform the alleged victim when action has been taken.

f. Sanctions for violation of the policy.

- (1) Violations of the Policy on Sexual Harassment may lead to disciplinary sanctions up to and including termination or separation from The University of Iowa. Sanctions for violations of this policy should be commensurate with the nature of the violation and the respondent's disciplinary history.

Those who violate this policy should bear the consequences of their actions, even if factors such as substance abuse or personal problems contribute to misconduct. When the offense is serious, it is appropriate to consider separation from the University even in cases of first offense, and even when the respondent experiences remorse and/or did not intend to cause the resulting degree of harm.

- (2) In addition to other disciplinary action, persons who are found to have violated this policy may be required to participate in group counseling or personal therapy sessions, complete community service, enroll in a specific academic course, attend an educational workshop, and/or make restitution for economic damages caused by their behavior.

When the respondent is a faculty or staff member, the Office of Faculty and Staff Services (121-50 University Services Building) is available to assist with locating appropriate resources.

- (3) It is the responsibility of the appropriate administrator to follow up with the parties at a reasonable interval(s) to assess their compliance with the disciplinary and/or remedial sanctions imposed. More serious sanctions, up to and including termination of employment or separation from the University, may be imposed in the event that the respondent fails to comply with the sanctions initially imposed.

g. Formal disciplinary action. Formal disciplinary action taken in response to alleged violations of this policy by:

- (1) faculty members will be governed by the [III-29 Faculty Dispute Procedures](#) and that portion of those procedures dealing with faculty ethics (see III-29.7).
- (2) staff members will be governed by applicable University policies, including [III-16 Ethics and Responsibilities](#)

[for Staff](#) and the applicable discipline and/or grievance procedures (see III-28 Conflict Management Resources for University Staff and/or relevant collective bargaining agreement);

(3) graduate assistants, when dismissal is sought, will be governed by the procedure for dismissal of graduate assistants (see [III-12.4](#)). When disciplinary action other than dismissal is taken by the Dean of the Graduate College, a graduate assistant may appeal through any existing contractual grievance procedures;

(4) students will be governed by the [Student Judicial Procedure](#), this policy, the [Code of Student Life](#), and [IV-2 Sexual Misconduct Involving Students](#).

In some cases, an individual may be subject to discipline in multiple capacities (e.g., as a staff member and as a student). In such cases, the relevant administrators will cooperate in determining appropriate sanctions and whether and when to pursue formal disciplinary action.

h. Protection of alleged victims, complainants, and others.

(1) Alleged victims will be informed of relevant procedural steps taken during the investigation and any interim protective measures taken. An alleged victim may be accompanied by a victim advocate and other support persons during the investigation process if the alleged victim so desires.

(2) Throughout the investigation and resolution of a complaint, steps will be taken to protect alleged victims, complainants, witnesses, and others from harm caused by continuation of the alleged harassing behavior.

(3) Retaliation against alleged victims, complainants, and/or witnesses who provide information during an investigation pursuant to this policy is prohibited by [II-11 Anti-Retaliation](#). Reasonable action will be taken to assure that alleged victims, complainants, and/or witnesses will suffer no retaliation as the result of their activities with regard to the process.

(4) Any retaliation against alleged victims, complainants, or witnesses should be reported to the Office of Equal Opportunity and Diversity for further investigation. Retaliation may result in disciplinary action against the person committing the retaliatory act(s).

(5) Steps that may be taken to protect alleged victims, complainants, witnesses, and others from continued harassment and/or retaliation might include:

(a) lateral transfers of one or more of the parties in an employment setting and a comparable move if a classroom setting is involved, and

(b) arrangements that academic and/or employment evaluations concerning the complainant or others be made by an appropriate individual other than the respondent.

(6) In extraordinary circumstances, the Provost, a dean, a DEO, or any vice president may, at any time during or after an investigation of allegations of sexual harassment, suspend or partially restrict from employment any employee accused of sexual harassment if the Provost, dean, DEO, or vice president finds that it is reasonably certain that:

(a) the employee engaged in sexual harassment in violation of this policy, and

(b) serious and immediate harm will ensue if the person continues his or her employment. Similarly, if the respondent is a student, interim sanctions may be imposed pursuant to Section 10 of the [Student Judicial Procedure](#).

i. Protection of respondents.

(1) Prohibition against knowingly false allegations. This policy shall not be used to bring knowingly false or malicious allegations of unwelcomed sexual behavior or sexual harassment. Making such allegations may subject the complaining party to remedial and/or disciplinary action up to and including termination or separation from the University. Any such disciplinary action will be initiated by the appropriate administrator overseeing the complainant(s).

(2) In the event that allegations are not substantiated, reasonable steps will be taken to restore the reputation of the respondent if it was damaged by the proceeding. The respondent may consult with the Office of Equal Opportunity and Diversity regarding reasonable steps to address such concerns.

(3) Confidential resources. Persons who are accused of sexual harassment may discuss their situations privately with counselors at University Counseling Service (for students), with counselors at Faculty and Staff Services/Employee Assistance Program (for faculty or staff), or with staff at the University's Office of the Ombudsperson (faculty, staff, and students). Conversations with University counselors and staff at these offices will not be reported to anyone else in the University except in cases of a threat of imminent physical harm. However, statements made to employees in these offices will not always be legally confidential. When seeking private advice and support from these offices or any University employee, persons should always confirm whether legal confidentiality applies to their communications with the person to whom they are speaking.

j. Confidentiality.

(1) In order to empower community members to voice concerns and report unwelcomed sexual behavior or sexual harassment, the confidentiality of all parties will be protected to the greatest extent possible. However, confidentiality cannot be guaranteed in all cases, and academic and administrative officers of the university are expected to take some action once they are made aware that unwelcomed sexual behavior or sexual harassment in violation of this policy may be occurring.

(2) Anyone (victims or others) who wishes to consult with someone about a specific situation without making a report of unwelcomed sexual behavior or sexual harassment, or who wishes simply to learn more about enforcement of the policy, may contact any of the following offices or organizations:

(a) Office of the Ombudsperson (for faculty, other instructors, staff, or students)

(b) Faculty and Staff Services/Employee Assistance Program (for faculty or staff)

(c) University Counseling Service (for students)

(d) Women's Resource and Action Center (for faculty, other instructors, staff, or students)

(e) Rape Victim Advocacy Program (certified victim advocates)(for faculty, other instructors, staff, or students)

(3) Alleged victims, third-party complainants, and respondents are expected to maintain confidentiality as well. They are not prohibited from discussing the situation outside of the work or educational environment. However, the matter should not be discussed in the work or educational environment.

(4) Dissemination of documents relating to reports or complaints of unwelcomed sexual behavior or sexual harassment and/or to the investigation of such reports or complaints, other than as necessary to pursue an appeal, grievance, or other legal or administrative proceeding, is prohibited.

(5) Failure to maintain confidentiality by a respondent may be considered to be a form of retaliation in violation of II-4.5h. Failure to maintain confidentiality by any party (alleged victim, third party complainant, or respondent) may result in disciplinary action.

4.6 EDUCATIONAL PROGRAMS.

a. Education as a key element of University policy.

(1) Educational efforts are essential to the establishment of a campus milieu that is free of sexual harassment. There are at least four goals to be achieved through education:

(a) ensuring that alleged victims (and potential victims) are aware of their rights;

(b) notifying individuals of conduct that is proscribed;

(c) informing administrators about the proper way to address complaints of violations of this policy; and

(d) helping educate the community about the problems this policy addresses.

(2) Mandatory sexual harassment prevention education.

(a) All faculty, staff, and students meeting the following criteria are required to complete an approved course offered by the University on sexual harassment prevention.

(i) Faculty: All faculty, any title, who hold at least a 50 percent appointment,

- (ii) Staff (P&S): All regular staff, employed at least 50 percent or greater time,
- (iii) Staff (merit): All regular staff, employed at least 50 percent or greater time,
- (iv) Medical residents and fellows: All who hold at least a 50 percent appointment during the academic year,
- (v) Postdoctoral scholars/fellows: All who hold at least a 50 percent appointment during the academic year,
- (vi) Students (graduate/professional): All graduate/professional students who hold a teaching assistantship for a period of one semester or longer, and any other students as determined by the Provost,
- (vi) Students (undergraduate): University housing resident assistants, and any other students as determined by the Office of the Vice President for Student Life.

(b) Current faculty/staff: All current faculty and staff members meeting the criteria set out in paragraph 2(a) above are required to participate in an approved sexual harassment prevention course every three years (i.e., three calendar years from the date of their most recent training), unless more frequent training is required by the employing unit or college.

(c) New hires: All faculty and regular staff members, who hold a 50 percent or greater appointment, shall receive sexual harassment prevention education in the first six months of their employment (except for those whose positions fall under the definition of "academic and administrative officers"). Options for satisfying this requirement may include: instructor-led sessions, specifically designated online courses, and/or annual new faculty orientations.

(d) Academic and administrative officers (AAOs): All faculty/staff hired into and/or promoted to a position defined by II-4.1c(1) of this policy as an academic/administrative officer (e.g., VP, Dean, DEO, student advisor, supervisor) shall complete an approved sexual harassment prevention course for supervisors within the first two months of their appointment. Academic and administrative officers are responsible for knowing and understanding the contents of this policy and the procedures for processing complaints brought to them pursuant to this policy.

(e) The Office of Equal Opportunity and Diversity, in consultation with the Office of the Provost, shall provide centralized oversight and monitoring of compliance with this mandatory sexual harassment prevention education requirement on an annual basis.

(3) To achieve the goals set forth in paragraph (1) above, the Office of Equal Opportunity and Diversity offers programs designed to educate the University community about sexual harassment prevention. The Office of Equal Opportunity and Diversity also offers programs designed to inform those whose behavior does not rise to the level of a violation of this policy as defined in II-4.1b, but if repeated could rise to the level of a violation, of the problems they create by their insensitive conduct. Educational programs may be recommended for those described in II-4.1b(5) and may be an element in the resolution of a matter. Educational programs and/or individual training also may be mandated for persons found to have violated this policy.

b. Preparation and dissemination of information. The Office of Equal Opportunity and Diversity is charged with distributing information about this policy to all current members of the University community and to all those who join the community in the future. An annual notification from the Office of Equal Opportunity and Diversity is provided to all faculty and staff to remind them of the contents of this policy. Information about this policy will be made available continually at appropriate campus centers and offices and on the University of Iowa website.

c. Review of policy. This policy will be reviewed within three years after the latest revisions are implemented and revised as appropriate. This policy is subject to review at any other time deemed necessary by the President, the General Counsel, the Chief Diversity Officer, or the Sexual Misconduct Response Coordinator.

Appendix 12

Compliance Training & Criminal Background Checks

COMPLIANCE SCREENING & TRAINING

Physical therapy students at The University of Iowa must complete specific screening and training activities to be in compliance for clinical education activities. These training materials can be accessed on ICON (Iowa Courses OnLine). Participants must receive a score of 80% on each training module quiz to pass.

Activities to be completed:

1. Background check – initiated at time of admission to the program, attestation statement during second year of the program (see attached policy).
2. CPR – must have current BLS for Healthcare Providers throughout all clinical rotations and internships.
3. Health Screening – Forms provided by and filed with Student Health Services (see Appendix 15).
4. HIPPA (Health Insurance Portability & Accountability Act) training module and quiz.
5. Hospital Safety & Infection Control training module and quiz.
6. Mandatory Reporter training module and quiz.
7. UIHC Hospital Orientation training module and quiz.
8. Domestic Violence training module and quiz.
9. Age Specific Care training module and quiz.

CRIMINAL BACKGROUND CHECK

Enrollment in the DPT Program will be contingent on a successful criminal background check. At the time of application, applicants are required to disclose and explain any felony or misdemeanor convictions. Those applicants accepting admission offers will be contacted by the PTCAS background check service vendor, Certiphi Screening, Inc., via email to start the background check process. Their email will include a link to a secure, online form that will request additional information and your consent to initiate the background check process. The background check fee will be \$72 per applicant and will be paid to Certiphi by the applicant. The applicant is given an opportunity to review the results before they are released to us. Applicants should also be aware that some clinical education sites require drug screening for students performing clinical rotations.

Appendix 13

Health Screening & Health Insurance Information

Important Health Information for New Students

As a public health measure, and in accordance with the Centers for Disease Control guidelines, the University of Iowa requires verification of measles, mumps, rubella (MMR) immunization for all students born after 12/31/1956. Our MMR immunization policy appears below.

- New students are required to fulfill the MMR Immunization Policy before the opening of classes. Students who fail to comply will not be allowed to register for subsequent sessions.
- Please note the additional required immunizations for **health science students** on the Immunization Form. A Hepatitis B titre is required to confirm immunity to Hepatitis B before you begin patient care. In the event of a needlestick or other blood exposure, knowing your Hepatitis B immune status is important in guiding your care.
- If you have a health problem or disability, please ask your provider to send us any information which may be of assistance in providing care to you.

Measles, Mumps, Rubella (MMR) Immunization Policy

Immunization to measles, mumps, and rubella (MMR) is a requirement for registration. To comply, complete the Immunization Form and return it to Student Health & Wellness (or forward a signed photocopy of your official immunization record) by the opening of classes. Students who do not comply will not be permitted to register for subsequent sessions.

The MMR immunization requirement is FULFILLED if you meet one of the following criteria:

- Were born on or before 12/31/1956; **OR**
- Received two doses of MMR vaccine. The first must be after your 1st birthday and in 1969 or later. The second is usually given at 4-6 years of age but must be at least 28 days after your first immunization; **OR**
- Have copies of MMR blood tests that verify immunity to these diseases.

Exemption from immunization will be permitted for the following reasons:

- Immunization is contraindicated. Contraindications include severe allergy to eggs or a drug called neomycin; presence of cancer, leukemia, or lymphoma; presence of chronic disease which lowers your resistance to infection; taking cortisone, prednisone, or anticancer drugs; or having received gamma globulin within the preceding three months. Your medical contraindication must be validated by providing a signed letter from your healthcare provider, or by completing the Iowa Department of Public Health (IDPH) medical exemption form. This form must be signed by your healthcare provider.

<http://www.idph.state.ia.us/ImmTB/Immunization.aspx?prog=Imm&pg=Laws>

- Pregnancy or suspected pregnancy.
- Religious beliefs. Those seeking exemption because of religious doctrine must provide a signed letter from your religious official, or submit a completed IDPH religious exemption form. Note that a religious exemption is allowed when there is a “genuine and sincere religious belief” and not for philosophical, scientific, moral or personal opposition to immunization. The IDPH religious exemption form is only valid when notarized.

<http://www.idph.state.ia.us/ImmTB/Immunization.aspx?prog=Imm&pg=Laws>

Please complete your Immunization Form and return it promptly to:

Student Health & Wellness
The University of Iowa
4189 Westlawn
Iowa City IA 52242-1100
Fax: 319-335-7247

Make sure your name and birthdate appear on both sides of all pages of information you send or fax.

Return this Form to:

 THE UNIVERSITY OF IOWA
 STUDENT HEALTH & WELLNESS
 4189 Westlawn, Iowa City, Iowa 52242
 OR immunizations@healthcare.uiowa.edu OR Fax # 319-335-7247

 Legal Name _____
 University ID # _____
 Birth Date: Month _____ / Day _____ / Year _____
 Address _____

ALL STUDENTS:
IMMUNIZATION INFORMATION MUST BE VALIDATED BY THE SIGNATURE OF YOUR PHYSICIAN, NURSE, OR IMMUNIZING OFFICIAL.

 The University of Iowa requires verification of **Measles, Mumps, Rubella (MMR) immunization or immunity** for students born after 12/31/56. This requirement is fulfilled if you meet one of the following criteria:

- were born before 1957; **OR** provide Student Health & Wellness copies of original lab reports of MMR titers that verify immunity; **OR**
- received 2 doses of MMR vaccine after your first birthday
- MMR #1 _____ MMR #2 _____ (must be at least 28 days after first MMR)

You will have one semester to provide Student Health & Wellness with validation of your immunity to MMR. **You will not be allowed to register for subsequent semesters until you have complied.** These vaccinations are available at Student Health & Wellness for a fee.

Meningitis is an infection of the fluid surrounding the brain and spinal cord that is caused by a virus or bacteria. Bacterial meningitis can be severe and cause organ damage and death. There are vaccines available that can prevent 4 types of bacterial meningitis, including 2 of the 3 most common in the U.S. Meningitis vaccines cannot prevent all types of the disease. Meningitis vaccine is recommended for college students living in residence halls, and for other adolescents who want to decrease their risk of contracting bacterial meningitis. If you received the meningitis vaccine before age 16, a booster dose is recommended. **IOWA LAW requires us to provide this information on meningitis and meningitis vaccine. We are also required to collect data on meningitis immunization on our campus.**

 Please indicate if you have received the meningitis vaccine: Yes No If yes indicate date given (month, day, year): _____-_____-_____

Your signature verifies that you have read this information. (Signature) _____ (date) _____

The tests and immunizations below are encouraged, but not required for most students.

ONLY Health Science students are required to provide documentation of all the immunizations in BOLD below. Those that are starred (*) are optional.

—Chickenpox (Varicella). Proof of immunity may be established by having:

- Had vaccination series - (month, day, year) given: #1 ____/____/____; #2 ____/____/____; **OR**
- Had the disease - (month, day, year) ____/____/____ **OR** Have serologic immunity

—Tetanus, Diphtheria

- Td (valid only if within 10 years) - (month, day, year) given ____/____/____; **OR**
- Tdap (valid only if within 10 years) - (month, day, year) given ____/____/____

*** Polio** – date (month, day, year) given: ____/____/____

—Hepatitis B

- Hepatitis B Series (month, day, year) given: #1 ____/____/____; #2 ____/____/____; #3 ____/____/____; **OR**
- Hepatitis A/B Combination Series (month, day, year) given: #1 ____/____/____; #2 ____/____/____; #3 ____/____/____

—Hepatitis B antibody titre. (Provide a copy of the original lab report). If non-immune, boosters required according to protocol.

—Tuberculin skin test (TST) (PPD intradermally). TST is valid only if read 48-72 hours from the time it was placed.

- TST given: ____/____/____; date read: ____/____/____; Result: negative positive ____ mm; **OR**
- Interferon Gamma Release Assay (IGRA) test i.e., QuantiFERON TB Gold Test (QFT-G) or T-SPOT.TB drawn: ____/____/____; Result: negative positive

If your TB screening test is positive, please provide a copy of your chest X-ray report and treatment record if you have had or are on INH.

*** HPV series** (month, day, year) given: #1 ____/____/____; #2 ____/____/____; #3 ____/____/____

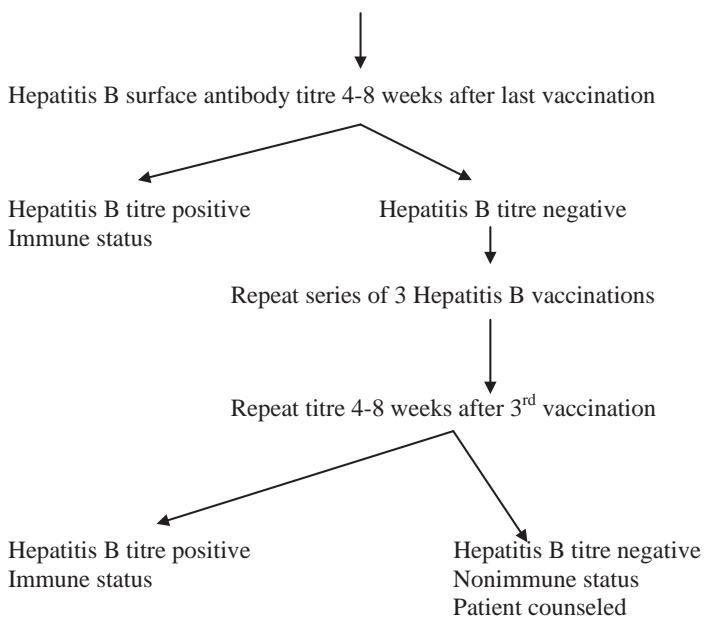
*** Hepatitis A series** (month, day, year) given: #1 ____/____/____; #2 ____/____/____

Signature of your physician, nurse, or immunizing official is required.

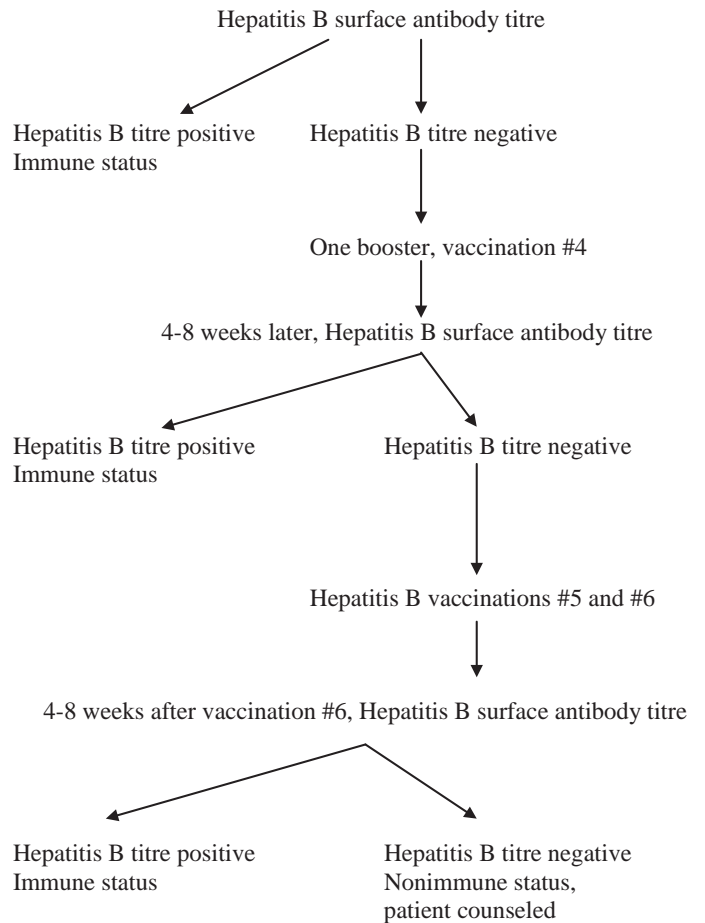
Date

HEPATITIS B TITRE PROTOCOL

**HEPATITIS B VACCINE SERIES COMPLETED < 6 MONTHS
AGO**



**HEPATITIS B VACCINE SERIES COMPLETED ≥ 6 MONTHS
AGO**



**The University of Iowa
Student Health & Wellness**

Health Science Student Form

The University of Iowa Student Health & Wellness requests this information on behalf of the UI Health Science Colleges for the purpose of patient care. This is confidential medical information and SHW does not routinely provide this information without written consent.

DATE:

NAME:

STUDENT ID#:

BIRTHDATE:

HEALTH SCREEN:

Age: _____ Place of birth _____ Gender: F, M or T (circle)

NO YES Are you currently being treated by a health care professional for any condition(s)? _____

NO YES Are you taking any medications regularly or as needed (other than aspirin/Tylenol?) _____

Medical History

NO YES Contagious skin rashes _____

NO YES Other than at birth, have you ever had hepatitis or other liver disease? List: _____

NO YES Do you have any other medical conditions not mentioned above? _____

Student Signature

Date

I have screened this patient and found them to be free of communicable illness.

MD, DO, ARNP, PA or RN Signature

Date

STUDENT HEALTH & WELLNESS
4189 Westlawn, Iowa City IA 52242
Ph: 319.335.8370 Fax: 319.335.7247

Tuberculosis Assessment Form

University of Iowa Student Health & Wellness

Print legibly or use label

Return this Form to:

THE UNIVERSITY OF IOWA
 STUDENT HEALTH & WELLNESS
 4189 Westlawn South
 Iowa City, Iowa 52242 OR Fax # 319-335-7247
 OR email copy to: immunizations@healthcare.uiowa.edu

Legal Name _____
 University ID # _____
 MRN _____
 Birth Date: Day_____/Month_____/Year_____
 Address _____

The purpose of this form is to complete the annual TB assessment health science requirement for individuals that have a history of a positive tuberculosis test.

Do you have any of the following symptoms that are sometimes symptoms of tuberculosis?		
<input type="radio"/> Chest pain	NO	YES
<input type="radio"/> Cough that has lasted for 3 weeks or longer	NO	YES
<input type="radio"/> Coughing up blood	NO	YES
<input type="radio"/> Fever	NO	YES
<input type="radio"/> Loss of appetite	NO	YES
<input type="radio"/> Night sweats	NO	YES
<input type="radio"/> Unexplained weight loss	NO	YES

If you responded yes, please contact a health care provider for further assessment of your symptoms.

Student Signature _____ Date _____

Student Printed Name _____

Student ID Number _____

Reviewed by: _____ (print) Date _____

_____ (sign)
 (Health Care Provider or Immunizing Official name and credentials)

Current Practice Location name and address _____

Written: 11/8/13
 Revised:



HUMAN RESOURCES

University Benefits

120 University Services Building, Suite 40
Iowa City, Iowa 52242-1911
319-335-2676 Toll Free 877-830-4001
Fax 319-335-2776
benefits@uiowa.edu

MEMORANDUM

TO: Graduate, Health Science, and Professional Students

FROM: Richard G. Saunders, Assistant Vice President for Human Resources

SUBJECT: Health and Dental Insurance Coverage

Welcome to the University of Iowa

The University of Iowa is concerned about the potential threat the high cost of health and dental care may pose to a student's financial well-being. For this reason, health and dental insurance coverage has been made available for Graduate, Health Science, and Professional students through the University of Iowa Student Health Insurance Plan (SHIP) and UIGRADCare, two group policies administered by Wellmark Blue Cross and Blue Shield of Iowa and a group policy administered by Delta Dental of Iowa. To be eligible for student health insurance you must be registered for classes at the time coverage begins. Your coverage will end on the last day of the month in which you cease to be a student. After graduation from the University of Iowa, or no longer a registered student, you may apply to continue coverage for up to 12 months.

If you decide that you want the SHIP or UIGRADCare coverage, your signed and completed application must be returned to the University Benefits Office by the appropriate enrollment deadline. Contact the University Benefits Office at 120 University Services Building or call (319) 335-2676 or toll-free (877) 830-4001, for additional information. Once you have enrolled in the plans, you will be sent membership cards to present to care providers. The cards include phone numbers to call if you have questions or require pre-certification for certain procedures. You will not need to re-enroll at the beginning of each academic year unless changing your coverage. Coverage will end on the last day of the month in which you cease to be a student. After leaving the University of Iowa, you may enroll in SHIP for Departing Students to continue your coverage up to 12 months.

The rates and terms of coverage described in this booklet are effective beginning January 1, 2015 through August 31, 2015.

The University of Iowa recommends that all students be covered under some type of insurance. We urge you to give the following information your immediate attention.

INTERNATIONAL STUDENTS: You are required to have health insurance in order to attend the University of Iowa and will be billed automatically for student-only, SHIP coverage for each semester in which you are registered. You do not need to return an enrollment form unless you wish to cover your dependents, want to change to the UIGRADCare plan, want to include dental insurance coverage, or you are a graduate student eligible for a University

contribution toward the cost of coverage (see next page). If you do not want the University of Iowa health insurance coverage, you must provide proof of other health insurance coverage that meets the exemption guidelines for international students. The guidelines are found on page 17 of this booklet. ***Proof of Coverage forms for International Students are included in this booklet and are available in the University Benefits Office. No refund of premiums will be given if proof of insurance is not received by the deadline.***

HEALTH SCIENCE STUDENTS IN THE GRADUATE COLLEGE AND THE COLLEGES OF MEDICINE, DENTISTRY, NURSING, AND PHARMACY: You are required to have health insurance in order to attend the University of Iowa and will be billed automatically for student-only, SHIP coverage for each semester in which you are registered. You do not need to return an enrollment form unless you wish to cover your dependents, want to change to the UGRADCare plan, want to include dental insurance coverage, or are a graduate student eligible for a University contribution towards the cost of coverage (see below). If you do not want the University of Iowa health insurance coverage, you must provide proof of other coverage. This proof must be presented at the beginning of each academic year by the stated deadline. ***Proof of Coverage*** forms for Health Science students are included in this booklet and are also available in our office. ***No refund of premiums will be given if proof of insurance is not received by the specified deadlines.***

GRADUATE ASSISTANTS WITH AN APPOINTMENT OF 25% TIME OR MORE OR GRADUATE STUDENTS WITH A FELLOWSHIP OF AT LEAST \$9,500 PER YEAR: You may be eligible to receive a contribution toward the purchase of SHIP or UGRADCare, in addition to dental insurance. Information regarding this will be sent, upon notification of your appointment, to you. You must complete ***an Employed Graduate Student Insurance Application*** which will be included in the booklet you receive. If you have questions regarding eligibility, contact the University Benefits Office at (319) 335-2676.